



# Quality and reliability of Youtube videos as a source of patient information about root canal treatment: An analysis of Turkish content

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**Purpose:** The aim of this study was to examine the quality and reliability of Turkish videos shared on the YouTube video sharing site regarding root canal treatment.

**Methods:** A total of 360 videos were listed using three different keywords, and 99 of these were included in this study. The quality and reliability of the videos were assessed using the Quality Criteria for Consumer Health (DISCERN) and the Global Quality Scale (GQS).

**Results:** Quality assessment results demonstrated that the mean DISCERN score was  $27.95 \pm 6.93$ , and the mean GQS score was  $1.83 \pm 0.77$ . According to the DISCERN scores, the quality and reliability of the videos were mostly 'inadequate,' while the GQS score categorized the average video quality as 'poor.' A positive correlation was found between DISCERN and GQS scores ( $p < 0.001$ ;  $r = 0.917$ ).

**Conclusion:** There is a growing need for high-quality video content that delivers comprehensive and accurate information regarding the indications, clinical procedures, and postoperative prognosis of root canal treatment, ideally developed by endodontic specialists. After assessing the quality of these videos using internationally accepted criteria, it is believed that sharing only high-quality videos will provide more informative content for patients.

**Keywords:** Internet and health; root canal treatment, YouTube videos.

## Introduction

Whereas in the past the primary source of information about health problems was consultation with a physician or dentist, today, the widespread global use of the internet has led to a paradigm shift in information access (1). In the United States and Europe, approximately 80% of individuals use the internet to obtain health and medical information (2). Similarly, in a study conducted in Türkiye, more than 75% of participants reported that they consult the

internet when seeking health-related information (3).

YouTube is one of the most frequently visited websites by patients seeking information about medical problems (4) and ranks as the second most widely used social media platform worldwide (5). Although numerous video-sharing platforms have been developed, none have matched YouTube's level of success (6). Nevertheless, the absence of peer review and the lack of authoritative oversight in content creation raise serious concerns regarding the reliability of medical and dental information on YouTube and

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similar platforms (7). Recognizing YouTube's growing impact as a source of patient information, several studies have evaluated the accuracy and quality of the health-related content available on this platform (7-10).

Root canal treatment (RCT) is among the most frequently performed procedures in dentistry, with approximately 15 million people worldwide undergoing this treatment annually (11). Consequently, it is not surprising that many individuals turn to YouTube for information about RCT (7).

A review of the literature indicates that, although several studies have examined the quality of RCT-related videos published in other languages on YouTube (7,9,10), no studies have evaluated the quality and reliability of Turkish-language videos. In healthcare research, various metrics have been employed to assess the quality and reliability of YouTube content, with the DISCERN and GQS scales being among the most commonly applied tools (9,12,13). The aim of the present study is to evaluate the quality and reliability of Turkish RCT videos available on YouTube using these two scales. This research is conducted for patients, not professionals. The null hypothesis of this study is that RCT videos demonstrate optimal quality.

## Materials and Methods

Google Trends is an online tool that identifies search query trends over specific time periods and geographic locations (14). In the present study, the keywords used for the Google Trends search were 'canal treatment,' 'root canal

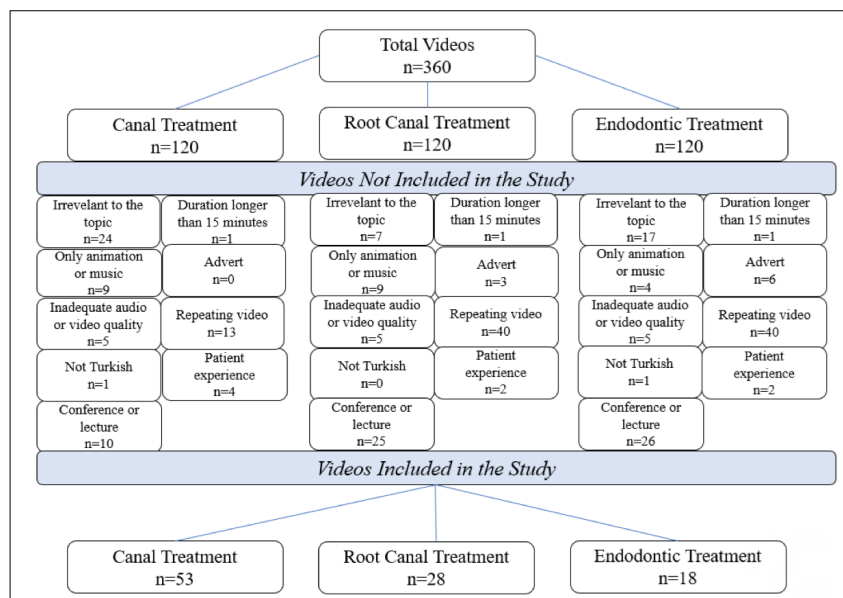
treatment,' and 'endodontic treatment.' On December 15, 2023, a YouTube search simulation was conducted from a patient's perspective. To minimize bias, user history was cleared, and new accounts were created for each keyword. The only search filter applied was 'relevance' in the ranking criteria. Previous research indicates that more than 90% of individuals searching on YouTube view only the first 60 videos (the first three pages) (15). In contrast, this study examined the first 120 videos for each keyword to maximize sample size, resulting in a total of 360 videos (Fig. 1). Of the 360 videos, 99 met the inclusion criteria outlined below.

### Inclusion criteria:

1. Shared on YouTube.
2. Presented in Turkish.
3. Ranked among the top 120 videos for each keyword.

### Exclusion criteria:

1. Content irrelevant to the study topic.
2. Videos containing only animation or music.
3. Poor audio or video quality.
4. Not in Turkish.
5. Duration exceeding 15 minutes.
6. Containing only advertisements or commercial content.
7. Duplicate or repetitive videos.
8. Videos describing patient experiences.
9. Academic content aimed at dentists or dental students (e.g., lectures, conferences, seminars).



**Fig. 1.** Flowchart illustrating the identification, screening, exclusion criteria, and final analysis stages of the YouTube videos reviewed.

For each video incorporated into the analysis, a comprehensive set of metadata was extracted and documented. The recorded parameters included the video title, uniform resource locator (URL), year of upload, the elapsed time in days since the upload date, video duration, speaker profile, uploader source, and quantitative engagement metrics (i.e., view count, like count, and comment count).

The academic or professional profiles of the speakers featured in the videos were classified into one of the following categories: Endodontists, dentists specializing in other disciplines, general dentists, or 'other' (encompassing speakers with unclear or unidentifiable profiles). Similarly, the origin of each video was categorized based on the uploader's channel type: Individual dentist channels, clinic or hospital channels, university hospital channels, or 'other' (which included channels operated by dental supply companies, television networks, or general social media platforms).

To evaluate the quality and reliability of the video content,

two validated instruments were employed: The DISCERN instrument and the Global Quality Scale (GQS). Each video was independently assessed using the DISCERN scale and assigned a score based on the criteria outlined in Table 1. Subsequently, the total score for each video was used to classify it into one of five quality tiers: Very poor (16-26 points), inadequate (27-38 points), fair (39-50 points), good (51-62 points), or excellent (63-75 points) (16,17). Furthermore, the quality of the videos was evaluated using the GQS index. Based on the scoring protocol detailed in Table 2, each video was categorized as low quality (a score of  $\leq 2$ ), medium quality (a score of 3), or high quality (a score of  $\geq 4$ ) (18). A single researcher assessed and scored all the videos (EEEK), and repeated the assessment process for both scales two months later. An internal reliability assessment was conducted for the evaluator, and the correlation coefficient was calculated as 1.

All statistical analyses were performed using SPSS for Windows, Version 17.0. Descriptive statistics are presented as

**Table 1.** Evaluation of YouTube videos based on DISCERN scores

1	Are the objectives clear?	1	2	3	4	5
2	Does it achieve the objectives?	1	2	3	4	5
3	Is the information relevant to the topic?	1	2	3	4	5
4	Are the sources of information used clearly identified?	1	2	3	4	5
5	Is the date of the information used clearly stated?	1	2	3	4	5
6	Is the information balanced and unbiased?	1	2	3	4	5
7	Does it provide details about additional sources of information?	1	2	3	4	5
8	Does it address areas of uncertainty?	1	2	3	4	5
9	Does it explain how each treatment is administered?	1	2	3	4	5
10	Does it explain the benefits of each treatment?	1	2	3	4	5
11	Does it explain the risks of each treatment?	1	2	3	4	5
12	Does it explain what might happen if no treatment is used?	1	2	3	4	5
13	Does it explain how treatment choices affect overall quality of life?	1	2	3	4	5
14	Does it clearly state that multiple treatment options are available?	1	2	3	4	5
15	Does it support shared decision-making?	1	2	3	4	5
16	Based on the answers to all the questions above, evaluate the overall quality of the information source	1	2	3	4	5

**Table 2.** Evaluation of YouTube videos based on GQS scores

Score	Description
1	Poor quality and flow, most information missing, Not at all useful to patients.
2	Generally poor quality and flow, some information listed but many important topics missing. Very limited use for patients.
3	Moderate quality and substandard flow; some important information is adequately covered, but other information is missing. Partially useful for patients.
4	High quality and generally well-flowed; most information is presented but some topics are left out. Useful for patients.
5	Excellent quality and flow, very beneficial for patients.

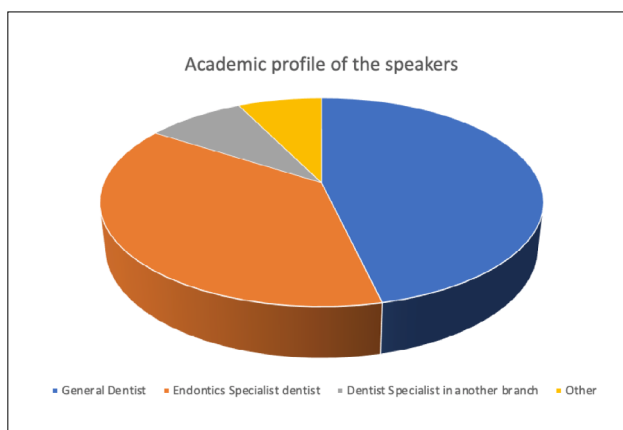
**Table 3.** Chronological analysis of YouTube videos related to root canal treatment

Loading Year	Frequency (n)	%
2013	1	1
2014	3	3
2016	3	3
2017	1	1
2018	5	5.1
2019	12	12.1
2020	12	12.1
2021	19	19.2
2022	24	24.2
2023	19	19.2
	99	100

frequencies and percentages for categorical variables. For quantitative variables, data are expressed as mean  $\pm$  standard deviation along with median and range (minimum-maximum) values. The normality of data distribution for all variables was assessed using the Shapiro-Wilk test. As the data deviated from a normal distribution, non-parametric tests were employed. Inter-group comparisons were conducted using the Kruskal-Wallis test. The strength and direction of the relationship between quantitative variables were evaluated using the Spearman's rank correlation coefficient. A p-value of less than 0.05 was defined as the threshold for statistical significance.

## Results

The distribution of videos by upload year revealed that the highest proportion were uploaded in 2022 (24.2%), followed equally by 2021 and 2023 (19.2% each). The

**Fig. 2.** Academic profile of the speakers in the videos.**Table 4.** Quality assessment of root canal treatment-related videos: Descriptive statistics for DISCERN and GQS Scores

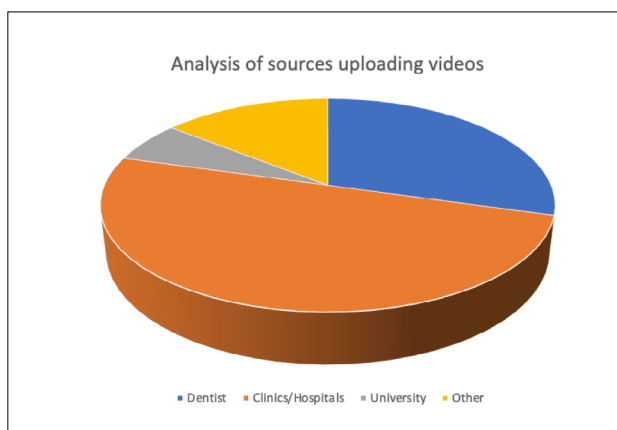
	Mean $\pm$ SD	Median (min-max)
DISCERN	27.95 $\pm$ 6.93	27 (16-46)
GQS	1.83 $\pm$ 0.77	2 (1-4)

lowest frequencies of uploads were observed in 2013 and 2017 (1% each) (Table 3).

Regarding the academic profile of the speakers, general dentists constituted the largest group (44.4%), followed by endodontists (39.4%) (Fig. 2). An analysis of upload sources indicated that channels associated with private clinics or hospitals accounted for the majority of the videos (49.2%), whereas university hospital channels contributed only 6.1% of the total (Fig. 3).

Quality assessment results demonstrated that the mean DISCERN score was 27.95 $\pm$ 6.93, and the mean GQS score was 1.83 $\pm$ 0.77 (Table 4). A positive correlation was found between DISCERN and GQS scores ( $p < 0.001$ ;  $r = 0.917$ ).

Correlational analyses identified several significant associations. A significant positive correlation was found between the number of days since upload and the cumulative view, like, and comment counts ( $p < 0.01$ ). Video duration was significantly correlated with both DISCERN and GQS scores ( $p < 0.001$ ). Furthermore, a strong positive correlation was observed between the view count and the number of likes and comments ( $p < 0.001$ ). Conversely, no significant correlations were detected between the DISCERN and GQS scores and metrics such as days since upload, view count, interaction index, or viewing rate (Table 5).

**Fig. 3.** Analysis of sources uploading videos related to root canal treatment.

**Table 5.** Correlation analysis between all quantitative variables included in the study

	DISCERN	GQS	NUMBER OF DAYS PAST	DURATION OF VIDEO	NUMBER OF VIEWS	NUMBER OF LIKES	NUMBER OF COMMENTS
DISCERN							
R	1.000	0.917	-0.096	0.515	0.098	0.209	0.212
P	.	<0.001	0.343	<0.001	0.332	<0.05	<0.05
N	99	99	99	99	99	99	99
GQS							
R	0.917	1.000	-0.125	0.499	0.059	0.197	0.212
P	<0.001	.	0.216	<0.001	0.564	≤0.05	<0.05
N	99	99	99	99	99	99	99
NUMBER OF DAYS PAST							
R	-0.096	-0.125	1.000	0.055	0.512	0.414	0.314
P	0.343	0.216	.	0.586	<0.001	<0.001	<0.01
N	99	99	99	99	99	99	99
DURATION OF VIDEO							
R	0.515	0.499	0.055	1.000	0.360	0.323	0.330
P	<0.001	<0.001	0.586	.	<0.001	<0.01	<0.01
N	99	99	99	99	99	99	99
NUMBER OF VIEWS							
R	0.098	0.059	0.512	0.360	1.000	0.766	0.681
P	0.332	0.564	<0.001	<0.001	.	<0.001	<0.001
N	99	99	99	99	99	99	99
NUMBER OF LIKES							
R	0.209	0.197	0.414	0.323	0.766	1.000	0.796
P	<0.05	≤0.05	<0.001	<0.01	<0.001	.	<0.001
N	99	99	99	99	99	99	99
NUMBER OF COMMENTS							
R	0.212	0.212	0.314	0.330	0.681	0.796	1.000
P	<0.05	<0.05	<0.01	<0.01	<0.001	<0.001	.
N	99	99	99	99	99	99	99

## Discussion

The proliferation of the internet has established it as a primary source for health-related information globally (19). Among digital platforms, YouTube has emerged as a particularly prominent channel for the dissemination and consumption of such information (6). This study evaluated the quality of root canal treatment (RCT)-related content on YouTube, revealing significant concerns pertaining to the accuracy, reliability, and educational utility of the available videos.

While YouTube is frequently utilized by individuals seeking information about RCT, our findings indicate a critical gap in content quality. The platform's inherent structure, which lacks mandatory peer-review processes and evidence-based standards, coupled with an absence of formal quality control beyond viewer discretion, fundamentally compromises the reliability of health information it hosts. This environment elevates the risk of patient exposure to inaccurate or misleading information, which can adversely

shape their perceptions and understanding of RCT.

Although alternative video-sharing platforms are gaining traction, YouTube maintains a dominant market position due to its extensive user base and unparalleled reach (6). Key attributes such as free access, ease of use, and the capacity for rapid information dissemination make it a preferred choice for patients seeking immediate answers (20). This widespread use underscores YouTube's significant influence in public health communication, justifying its selection as the platform of analysis for this study on RCT-related patient information.

The literature indicates that YouTube serves as a common medium for disseminating information on a wide range of dental topics, including cleft lip and palate, smile design, and traumatic dental injuries (21–23). While several studies have evaluated the quality of RCT-related videos in other languages (7,9,10), to the best of our knowledge, this is the first study to specifically assess the quality of Turkish-language RCT content on YouTube. Conse-

quently, the findings of this study are poised to serve as a valuable reference for Turkish-speaking healthcare professionals and content creators aiming to develop evidence-based patient information on this platform.

The selection of assessment tools was guided by established practices in the field. Previous research has demonstrated the DISCERN instrument and the Global Quality Scale (GQS) to be reliable and widely adopted indices for evaluating the quality and reliability of health-related video content (9,12,13,24). In line with this precedent, our study utilized these validated instruments to ensure a standardized and comparable assessment.

The videos analyzed in this study spanned a ten-year period from 2013 to 2023. A notable concentration of uploads was observed in the most recent three years (2021–2023), with 2022 having the highest frequency. This temporal trend is likely attributable to a confluence of factors, including the sustained global growth in internet penetration, increased user engagement with online platforms, the capacity of video content to rapidly reach broad audiences, the rising number of content creators on YouTube, and possibly growing public interest in dental health procedures such as RCT.

The distribution of uploaders in our sample revealed a notable predominance of general dentists (44.4%), a finding that aligns with previous international studies. For instance, Jung et al. reported comparable figures, with general dentists accounting for 44% and 42% of videos retrieved using the search terms “root canal treatment” and “endodontic treatment,” respectively (10). This consistency across different linguistic contexts suggests a broader trend of general dentists being primary contributors to RCT-related content on YouTube.

A concerning finding was the minimal involvement of authoritative sources. University hospitals demonstrated the lowest participation rate as uploaders, and no videos were identified from endodontic associations or other professional organizations. This scarcity of content from accredited institutions represents a significant gap in the information ecosystem. Our results corroborate the findings of McLean et al., whose study also noted a near absence of content from university-based healthcare institutions and found only a single video from the American Association of Endodontists (9). This collective evidence underscores an urgent need for universities and professional societies to enhance their digital footprint. By actively disseminating evidence-based content, these trusted entities can play a pivotal role in mitigating the spread of misinformation.

The primary objective of this study was to evaluate the quality and reliability of RCT-related videos on YouTube. The results, however, are alarming. The mean DISCERN

score was  $27.95 \pm 6.93$ , and the mean GQS score was  $1.83 \pm 0.77$ , categorizing the overall quality of the content as “inadequate” and “low,” respectively. This indicates that the information available to users is generally of poor quality and insufficient to support informed patient decision-making. These findings are consistent with quality assessments of RCT-related videos in other languages (7,9,10), pointing to a pervasive, platform-wide issue. The null hypothesis of this study has been rejected.

This widespread low quality stands in stark contrast to the perceptions of a considerable portion of internet users. Several studies indicate that many individuals perceive online health information as reliable. For example, one study found that 86% of users considered such information trustworthy (25), while another reported a figure of approximately 33% (26). The discrepancy between the objectively low quality of available content and relatively high user trust highlights a critical public health challenge and underscores the importance of initiatives aimed at improving both the quality of information and public digital health literacy.

The generally low quality of health information on YouTube observed in our study is consistent with a substantial body of research across diverse medical and dental fields, including Alzheimer’s disease, prostate cancer, orthodontic treatment, and dental implants (11, 21, 27-36). However, it is important to acknowledge that some studies have reported moderate to high quality of health-related videos (12,37-40). These discrepant findings can likely be attributed to methodological variations, such as the number of videos assessed, the specific conditions examined, the inclusion of distinct video genres (e.g., conference recordings or academic lectures), and an inherent degree of subjectivity in the quality appraisal process (41). For instance, Demirci et al. highlighted that conference videos ranked highest for the emergency treatment of traumatic dental injuries (23), suggesting that the inclusion of such academic content can skew overall quality assessments upwards.

Another factor potentially influencing quality is video duration. The mean duration of videos in our sample was 142 seconds, which is notably shorter than averages reported in several other studies (27,34,37,42-44). We observed a prevalence of brief, question-answer format videos, which by nature of their brevity, may sacrifice critical details and comprehensive explanations. This observation aligns with literature suggesting that longer videos, which allow for a more thorough discussion, tend to achieve higher DISCERN and GQS scores (23,45,46). It has been proposed that a duration of approximately seven minutes is optimal for explaining a health topic effectively without losing viewer engagement (23).

Finally, a critical finding of our study, consistent with previous research (37,44,47), was the lack of a significant correlation between video quality (as measured by DISCERN and GQS) and view count. This underscores a significant public health concern: High view counts, often interpreted as a marker of popularity or reliability, are not a valid indicator of educational quality. This discrepancy suggests that individuals searching for health information may lack the tools to critically evaluate content, making them vulnerable to widely viewed but poor-quality information. To mitigate this risk and enhance the public's dental health literacy, a multi-faceted approach is recommended. Primarily, authoritative bodies such as endodontic associations and dental schools should take a more active role in creating and disseminating evidence-based, high-quality video content. Furthermore, healthcare professionals are encouraged to produce comprehensive, longer-format videos that address the topic in sufficient detail, moving beyond brief question-and-answer snippets. Finally, the implementation of a pre-publication quality assessment process using validated instruments like the DISCERN and GQS scales is strongly advised. Such a practice would help ensure that only high-quality, reliable information reaches the public, ultimately empowering patients to make better-informed healthcare decisions.

This study is subject to several limitations inherent to its design and the dynamic nature of the platform under investigation. First, the search results on YouTube are influenced by algorithms that personalize content based on factors such as the user's geographical location and search history. Consequently, the sample captured for this study may not be fully representative of all Turkish-language videos available globally. Second, the content on YouTube is in a constant state of flux, with new videos being uploaded and existing ones being removed or modified daily. This temporal variability means that the findings provide a snapshot in time and may not reflect the current state of available content.

A further limitation is the exclusive focus on videos in the Turkish language, which, while providing valuable insights for a specific linguistic group, limits the generalizability of the results to other languages or cultural contexts. Additionally, videos hosted on alternative platforms (e.g., Vimeo, Dailymotion) were not included. Another limitation is that the video scanning and data collection process must be completed by the end of 2023.

## Conclusion

This study demonstrates that the overall quality and reliability of Turkish-language YouTube videos pertaining to root canal treatment are inadequate. The prevalence of

such low-quality information poses a significant risk, as it may negatively influence patient perceptions and informed decision-making regarding this essential dental procedure.

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