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RESEARCH ARTICLE

Assessment of Quality and Reliability of YouTube Videos on Cognitive-Behavioral Therapy including Hypnosis

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---------- **ABSTRACT** ----------

Hypnosis combined with cognitive behavioral therapy (CBT-hypnosis) is a type of psychological treatment that focuses on how people think and behave in various mental and medical illnesses. It treats behavioral and emotional issues by tapping into the subconscious mind. Patients who are hypnotized are more open to new ideas and less prone to decline hard ones. The result is that it is simpler to adopt the healthy cognitive patterns and habits that CBT tries to promote. YouTube is a great resource for health-related education that has the power to greatly impact the choices and actions of medical professionals, patients, and their primary caregivers, because they visit the YouTube platform to investigate and obtain guidance regarding CBT-hypnosis. However, unreliable and deceptive information on YouTube could encourage undesirable habits, making patients, primary caregivers, and hypnosis practitioners avoid CBT-hypnosis. Thus, the purpose of this study was to assess the quality and reliability of YouTube videos about CBT-hypnosis as a source of supportive information for practitioners, patients, and their primary caregivers. A total of 354 YouTube videos about CBT-hypnosis were analyzed. The videos' reliability and quality were assessed using the Global Quality Scale and a modified DISCERN tool. The analysis found that the median overall GQS score was 3 (IQR: 2; min-max: 1-5), indicating that the videos had moderate quality and some important information was adequately covered. The modified DISCERN tool yielded a median total score of 3 (IQR: 1; min-max: 0-5), indicating that the videos were moderately reliable and that the information was presented in a balanced and unbiased manner. Most of the included videos came from science and technology sources (academic channels) (57.6%; n = 204). While 42.4% of videos came from non-profits and activism, people and blogs, and others lay in public. As a supportive source of information, YouTube videos about CBT-hypnosis are regarded as being of a moderate level of quality and reliability. Therefore, formal presenters should promote the distribution of good-quality content, which helps to improve the quality of information available on the YouTube platform.

KEYWORDS: Behavioral therapy, cognitive therapy, cognitive behavioral therapy, hypnosis, YouTube.

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Introduction

Cognitive-behavioral therapy, including hypnosis (CBT-hypnosis), is a type of psychological treatment that combines cognitive-behavioral therapy with hypnosis to address undesirable and unhelpful thoughts, beliefs, and attitudes, as well as to influence our language, memory, creativity, reasoning, problem-solving, and learning abilities.[1, 2] In other words, it focuses on the unconscious mind, which includes implicit thoughts, behaviors, and emotions, to generate more beneficial, healthy beliefs while challenging and eliminating unhealthy ones.[3,4] CBT-hypnosis meets the criteria for an assimilative model of psychotherapy, which is thought to be an effective model of integrating psychotherapy.[5] The literature has shown that CBT-hypnosis is utilized as an adjunctive treatment for various mental illnesses, such as anxiety, phobias, depression, PTSD, and emotional disorders, as well as to assist in managing symptoms that are difficult to alleviate.[6-8]

Integrating hypnosis and cognitive-behavioral therapy is one of the many innovative methods that mental health professionals are always looking for to improve therapeutic outcomes.[9,10] It is simply a very powerful method of bringing about constructive change.[11] Hypnosis opens the subconscious mind and treats deeply ingrained problems that could be resistant to conventional therapy techniques, whereas cognitive-behavioral therapy is excellent at treating conscious patterns of thinking and behaviors.[12,13]

According to the literature, the majority of patients who utilize CBT-hypnosis reported recovering compared to patients receiving alternative therapies[8,14,15] Even though CBT-hypnosis is effective, its use in clinical settings, as inpatients or outpatients, remains uncommon and unique.[10,16-18] This is because of misperceptions of CBT-hypnosis; a lack of resources, encouragement, and specialized training; or a lack of supportive information about CBT-hypnosis that can be shared with patients, primary caregivers, and practitioners.[19,20] To overcome the aforementioned factors, patients, primary caregivers, and practitioners should seek out additional supporting sources of knowledge about CBT-hypnosis.

Modern media sources can offer a surprising wealth of information for both professionals and the lay public.[21-23] Thus, YouTube has observed a rise in the number of videos about health in recent years.[23,24] Previous studies have proven that the media in general can be considered one of the sources of information for both professionals and the lay public, such as patients and primary caregivers, although the quality and reliability of this information are challenged and debated.[25-27] For instance, a recent study, 88% of participants watched health-related videos on YouTube, and of those viewers, 85% made decisions about their health based on what they saw and advice on whether to see a doctor or follow particular health practices.[28] As a result, most patients, their primary caregivers, and practitioners visit YouTube to obtain information regarding health-related issues, which can have a big influence on their treatment choices and behaviors.[27,29,30] However, unreliable and deceptive information on YouTube could encourage undesirable habits, making patients, primary caregivers, and practitioners avoid a variety of health-related interventions, such as CBT-hypnosis.[31,32] This has led to the topic being an important area of research. Therefore, the main objective of this study was to assess the quality and reliability of YouTube videos about CBT-hypnosis as a source of supportive information for practitioners, patients, and their primary caregivers. The term "primary caregivers" refers to a person who is considered an essential and primary partner in sustaining healthcare outcomes for patients, most likely a family member.

Method

Search Strategy

The following search terms were used to look for videos on the YouTube website (http://www.youtube.com): "cognitive hypnotherapy," "cognitive hypnosis," "hypnosis," " CBT-hypnosis," "cognitive therapy," "behavioral therapy," "cognitive- behavioral therapy," "anxiety disorder," "post-traumatic stress disorder," "emotional disorders," "depression disorders," and "phobias." The Boolean operators “AND” and “OR” were used to combine different search terms to get more specific results, like this: (cognitive hypnotherapy OR cognitive hypnosis OR hypnosis OR CBT-hypnosis) AND (cognitive therapy OR behavioral therapy OR cognitive-behavioral therapy) AND (anxiety disorder OR post-traumatic stress disorder OR emotional disorders OR depression disorders OR phobias). The first YouTube search took place on January 15, 2024, and the last one was completed on March 15, 2024.

Eligibility Criteria

All videos were filtered using inclusion criteria as a guide to remove unnecessary, duplicate, irrelevant, and redundant content. Four criteria must be met for the videos to be included: (1) met the study's objective by focusing on CBT-hypnosis; (2) had clear sound and good visual quality to ensure that high-quality information is obtained; (3) were published in English; and (4) had video lengths that did not exceed 30 minutes because the video should be as concise as possible, the literature places a strong emphasis on narration, and the video's duration should be minimized, ideally not exceeding 30 minutes.[33,34] This is because viewers would rather see a solution to their problem while still paying attention and staying focused than come across something ineffective.

Video Selection Process

Figure 1 shows the flowchart of the chosen, eligible videos. A total of 665 videos were taken from the YouTube site using the search terms used to find videos on the platform. A total of 208 videos were removed before screening due to duplication. Leaving 457 videos for titles and contents review. Two researchers, who held PhD degrees in psychiatric and mental health nursing and were certified as Clinical Nurse Specialists (CNS) (H.A.R. and M.A.S.), independently reviewed the titles and contents of the chosen videos. The kappa of inter-rater agreement showed that the two researchers were completely in agreement (0.81–1.00); the kappa for H.A.R. was 0.81, and the kappa for M.A.S. was 1.00. Any differences were discussed with a third researcher (K.S.). After reviewing and refining titles and content, 103 videos were eliminated: 60 because they had nothing to do with CBT-hypnosis, 25 because they lacked clear sound and high-quality visuals, 10 because they weren't published in English, and 8 because their durations exceeded 30 minutes. Ultimately, 354 videos were deemed eligible and included in the final analysis.

Instruments

Three measuring tools were used to assess the quality and reliability of the video information: the modified DISCERN tool, the Global Quality Scale (GQS), and a data sheet used to examine each video created by the authors.

The first instrument, the modified DISCERN tool, was used to examine the reliability of video content; clarity and comprehensibility, additional information in videos, bias, and objectivity are all evaluated using five questions.[35,36] A rating system asks "yes" or "no" questions, with "1" implying yes and "0" implying no. Thus, this tool has a maximum score of 5 points. In this rating system, videos were then classified into three reliability groups: scores of 4 or 5 indicated high reliability, scores of 3 indicated moderate reliability, and scores of 2 or 1 indicated low reliability (see Table 1).

The second tool, the Global Quality Scale (GQS), was developed to evaluate the quality of

content offered in videos, including its general flow and simplicity of use [37]. A rating system employs a 1–5 scale, where "poor quality" is represented by a "1" and "excellent quality" by a "5". The GQS defined videos with 5 points as "Excellent quality," videos with 4 points as "Good quality," videos with 3 points as "Moderate quality," videos with 2 points as "Generally poor," and videos with 1 point as "Poor quality.". Videos with ratings of 1 or 2 were seen as low quality; those with ratings of 3 were regarded as moderate quality; and those with ratings of 4 or 5 were regarded as high quality (see Table 2). Any discrepancies in the score were explained during discussions and by a third reviewer.

In the third tool, the authors constructed a data sheet to analyze each video using the following criteria: content, information presentation methods, presenters' involvement, source, and parameters. The content of the video includes the treatment plan, mechanism of action, indications, efficacy, method of administration, contraindications, adverse effects, quality of life of the patient, and primary caregiver education. The presenters who appear in the reviewed video include formal or informal presenters. The methods of information presentation include a slide presentation, an interview, role-play, simulation and demonstration, multiple presentations, and other types of presentations. The sources of video include education, science and technology, non-profits and activism, people and blogs, and others. The video parameters include video length, number of views, likes, dislikes, subscribers, and comments.

Statistical Analysis

The data were analyzed using version 27 of the Statistical Package for the Social Sciences (SPSS).[38] All entered data sets were examined for outliers and missing data. The data analysis encompassed both descriptive and inferential analyses. The descriptive analysis included frequency, percentages, median, minimum, maximum, and interquartile range (IQR). The inferential analysis assessed the videos' quality and reliability. Additionally, the normality assumptions of continuous outcome variables were evaluated using the Kolmogorov-Smirnov normality test.[39] Since most of the outcomes violate the assumption of normality, medians and interquartile ranges (IQR) were used to report continuous variables. Moreover, the Kruskal-Wallis tests were conducted to identify any significant differences between the global quality scale, video parameters, and the modified DISCERN score. In addition, the Mann-Whitney U test was used to compare the videos' quality and reliability across two groups based on their origins: science and technology versus all the others. P-values of less than 0.05 were deemed statistically significant.

Results

Descriptive analysis

Source of Videos

The source of 354 videos was investigated. The analysis revealed that videos from science and technology sources (academic channels) were the most frequent (57.6%; n = 204), followed by non-profits and activism (18.4%; n = 65), people and blogs (14.4%; n = 51), and other sources (9.6%; n = 34).

Presentation Methods

An analysis was conducted on the 354 videos' methods of information presentation. The investigation revealed that slide presentations (23.4%, n = 83) were the second most frequently utilized method, behind videos that presented content using multiple methods (26%, n = 92). The term "multiple methods" refers to the usage of various methods together in the same video, which may include speaking, role-playing, simulation and demonstration, interviews, and slide presentations. The interview methods were then categorized as the third most frequently used (17.8%, n = 63). Then followed role-playing methods, which represented 11.6% (n = 41). On the other hand, the least used methods were speech (9.6%, n = 34), other types of presentations

(7.9%, n = 28), and simulation and demonstration techniques (3.7%, n = 13).

The Video Content

The content of 354 videos was analyzed for the following six criteria: (1) treatment plan; (2) indications; (3) efficacy; (4) adverse effects; (5) patient quality of life; and (6) primary caregiver support. The analysis showed that most of the videos described the indications (purpose) of using CBT-hypnosis (63.8%; n = 225), followed by the treatment plan of cognitive-behavioral therapy, including hypnosis (56.8%; n = 201), followed by the primary caregiver support (53.1%; n = 188), followed by the efficacy of CBT-hypnosis (41.8%; n = 148), and then patients' quality of life (41.0%; n = 145). On the other hand, the videos included the least amount of information about the adverse effects of employing CBT-hypnosis (32.8%, n = 116), as well as the way in which this therapy is administered (19.2%; n = 68), compared with other criteria analyzed. Note: the numbers and percentages are not mutually exclusive

The Number of Medical Patients and Presenters Who Appear in the Eligible Videos

A total of 354 videos have been analyzed for the presence of medical patients (clients) in the reviewed video as real, simulated, or no patients. The result revealed that most videos don't have medical patients (55.4%; n = 196), followed by 37.3% (n = 132) of videos that have real medical patients and 7.3% (n = 26) of the videos that have simulated medical patients.

On the other hand, 354 videos were assessed for the presence of presenters, whether formal or informal. According to the analysis, the qualified hypnotherapist was the most common of the formal presenters seen in the video (62.1%; n = 210). A "qualified hypnotherapist" is a certified professional who practices clinical hypnotherapy and hypnosis. followed by Other health team (19.4%; n= 69) and Psychiatric Nurses (18.4%; n= 65). In contrast, 40.3% (n = 143) of the reviewed movies show family members and friends as informal presenters. Note: the numbers and percentages are not mutually exclusive

Video Parameters

A total of 354 video parameters were examined, including video length, the number of likes, dislikes, views, comments, and subscribers. The analysis found that the median video length was 4.0 minutes (min-max: 1-30; IQR: 5.6), the median number of views was 604.5 (min-max: 5-854838; IQR: 3545.8), the median number of likes was 3.0 (min-max: 0-1000300; IQR: 14.0), the median number of dislikes was 5.0 (min-max: 0-505; IQR: 7.0), the median number of subscribers was 185.5 (min-max: 0-38900000; IQR: 2348.0), and the median number of comments was 2 (min-max: 0-1450; IQR: 6).

Inferential analysis

Assessment of the Videos' Quality

In order to assess the video quality and usability of the material provided, 354 relevant videos were examined using the global quality scale (GQS). The analysis revealed that 16.1% (n = 57) of the videos scored a 5 out of 5, indicating that the videos were of excellent quality and excellent flow, making them very useful for patients and their primary caregivers. Then, 24.6% (n = 87) of the videos had a score of 4 out of 5, meaning that they had good quality, good flow, and covered most relevant information regarding CBT-hypnosis making it useful for patients and their primary caregivers. Following that, 25.4% (n = 90) of the videos scored a 3 out of 5, indicating that they had moderate quality and some important information was adequately discussed about CBT-hypnosis. After that, 16.7% (n = 59) of the videos had a score of 2 out of 5, meaning that they were generally poor, with some information given but of limited use to patients and their primary caregivers. Lastly, 17.2% (n = 61) of the videos scored a 1 out of 5, indicating that they had poor

quality, poor flow, and most information was missing about CBT-hypnosis, so it is not helpful for patients and their primary caregivers (see Table 2).

Considering the results above, videos with ratings of 1 or 2 were considered as low quality; those with ratings of 3 were regarded as moderate quality; and those with ratings of 4 or 5 were regarded as high quality. Consequently, of the 120 videos, 33.9% had low quality, 25.4% had moderate quality, and 40.7% had high quality (n = 144). As a result, the analysis revealed that the global quality scale (GQS) total score for the evaluated videos was moderate, with a median score of 3 (IQR: 2; min-max: 1–5), indicating that the videos had moderate quality and some important information was adequately covered (See Table 2).

Assessment of the Videos' Reliability

The information reliability of 354 eligible videos was assessed using the modified DISCERN tool. This tool is adopted to verify the information reliability of the included videos from another perspective, whereby the video's information reliability includes several aspects, such as whether the video is clear and achieved, reliable sources of information are used, the information presented is balanced and unbiased, additional sources of information are listed for patient reference, and areas of uncertainty are mentioned. The term "uncertainty" means the videos involve imperfect or unknown information. The analysis revealed that 65.0% (n = 230) of videos had a clear aim and achievement, 61.6% (n = 230) of videos had trustworthy sources of information, 72.9% (n = 258) of videos mentioned imperfect or unknown information, 67.8% (n = 240) of videos had information presented in an in a balanced and unbiased manner, and 67.5% (n = 239) of videos had enough additional sources of information listed for patient reference. As a result, the analysis revealed that the modified DISCERN tool total score for the evaluated videos was moderately reliable, with a median score of 3 (IQR: 1; min-max: 0–5), indicating that the videos' information was presented balanced and unbiased (see Table 3).

Differences between a GQS, the modified DISCERN score, and video parameters

The normality assumptions of numerical variables that were not normally distributed were assessed using the Kolmogorov-Smirnov normality test. Thus, any significant differences between a global quality scale, video parameters, and the modified DISCERN score were found using the nonparametric statistical method of the Kruskal-Wallis test. According to the analysis, there was a significant difference between the modified DISCERN scores and the global quality scale (H = 14.31; P = 0.014; effect size = 0.53; Cl = 3.23 – 3.50), but not between the global quality scale and the video parameter (see Table 4).

Comparison Between the Videos' Quality and Reliability Based on Their Origins

The Mann-Whitney U test was used to compare the videos' quality and reliability across two groups based on their origins: science and technology versus all the others. The analysis revealed that there was no significant difference in the quality of the videos between science and technology versus all the others (Z = -.536; P = 0.592). On the other hand, the analysis found that there was no significant difference in the reliability of the videos between science and technology versus all the others (Z = -.236; P = 0.814) (see Table 5).

Discussion

Seeking supporting information about CBT-hypnosis has been recognized as essential to increasing therapeutic awareness among practitioners, patients, and primary caregivers. As a result, they increase their desire and curiosity to obtain therapeutic information and search various websites and platforms such as YouTube. Consequently, patients and their primary caregivers should exercise caution while utilizing this information because a lot of users upload videos that contain medical information, but the quality and reliability of this material are still in doubt. There may be

variances between these groupings. Some are seeking professional content, while others are looking for material intended for the general public. We must ensure the reliability and quality of the available information in both scenarios.

Based on the above, this topic is considered an important research area. Therefore, this study aimed to assess whether the YouTube platform provides supportive information for practitioners, patients, and their primary caregivers by analyzing the content of YouTube videos about CBT-hypnosis to investigate the quality and reliability of eligible videos.

In this study, the analysis revealed that the eligible videos that are available on the YouTube platform regarding CBT-hypnosis had moderate quality, and some important information was adequately covered. Additionally, the analysis found that the eligible videos were moderately reliable, and the information on CBT-hypnosis was provided in a balanced and unbiased manner. This implies that the information in these videos is moderately helpful to practitioners, patients, and their primary caregivers. in practice. This, in turn, increases the chances of potential risks, such as misinformation and lack of access to adequate information. This can significantly impact their treatment choices and behaviors. However, unreliable and misleading information on YouTube may encourage undesirable habits, leading patients, primary care providers, and practitioners to avoid a variety of health interventions, such as CBT-hypnosis. The primary reasons most patients, primary care providers, and practitioners visit the YouTube platform are misconceptions about CBT-hypnosis; a lack of resources, encouragement, and specialized training; or a lack of supportive information about cognitive behavioral therapy with hypnosis that can be shared with patients, primary care providers, and practitioners.

One of the most important factors contributing to the mediocre quality and reliability of videos is that the video's source may not be scientific or trustworthy. According to the analysis of this study, 57.6% of the video sources were science and technology, indicating that video sources are posted by formal presenters who are derived from scientific practical applications and uses of scientific knowledge. While 42.4% of videos came from nonprofits and activism, people and blogs, and others in the public, it seems that video sources are posted by informal presenters using non-scientific resources. As a result, the formal presenters were more likely to develop these videos than the informal presenters.

One explanation for why informal presenters create medical content, such as CBT-hypnosis, is that they create content for their followers and may have more time to create and publish online content than formal presenters. This would account for the higher levels of engagement indicated by the number of views, likes, and comments. Therefore, this study recommended continuously encouraging formal presenters to create content with good flow and cover the most relevant information about CBT-hypnosis. This, in turn, contributes to raising the quality of information offered on the YouTube platform.

The findings of this study are in harmony with those of other studies that assessed the benefits of the YouTube platform as a source for information on various medical or psychiatric conditions and therapies. For instance, Ghate and colleagues[40] revealed that YouTube provides a positive and useful message for individuals with trichotillomania. Another study discovered that the YouTube platform is useful for dental fear, anxiety, and phobias.[41] Two studies were undertaken to analyze the quality and reliability of electroconvulsive treatment videos on YouTube, and the results showed that the information regarding ECT is considered supportive information for patients and their primary caregivers.[25,42]

Altunsoy[43] found that videos on YouTube related to bipolar disorder have good flow and cover most relevant information about bipolar disorder. Zainab et al.[44] studied the “valuable” versus “misleading” information in YouTube videos about anxiety by using the global quality scale and discern tool. They reported that 137 out of 169 videos had useful information. Only 32 videos contain misleading information. Kim and colleagues[45] examined the relationship between the intention to engage in health exercise activities and the experience of watching YouTube videos

related to health exercise, as well as the mediating impact of digital health literacy and the moderating effect of parasocial interactions. They found that Increased YouTube viewing experience improved digital health literacy's cognitive, skill, and evaluative elements, all of which were important in raising the intention to engage in healthy exercise activity. In the study by Schröder et al.,[46] brief instructional YouTube health videos are useful resources for raising mental health literacy among instructors and students.

Other studies reported results that contradicted the findings of this study. For instance, Kwak et al.[47] found that YouTube videos about carpal tunnel syndrome were of low quality, meaning that they were imprecise and unreliable sources of information. They also had poor flow, and most of the information was not helpful. Another study found that the video content related to obsessive-compulsive disorder was largely inadequate.[48] The other study found that YouTube videos about Alzheimer's disease are inaccurate and incomplete.[49] Chidambaram et al.[50] investigated YouTube videos that contained misinformation on the human gut microbiota. They discovered that YouTube's content regarding the human gut microbiota is often of low reliability and quality. There are well-known issues with misinformation spreading on YouTube. A recent comprehensive review found that YouTube videos about health range in quality from average to poor.[23] Therefore, YouTube has responded to the issue of misleading information by implementing its own solutions, such as giving preference to content created by medical professionals in search results.

This study has some limitations. First, it was limited to countries where English is spoken because only English-language videos of CBT-hypnosis were reviewed. Secondly, it only examined content on YouTube and ignored other platforms like Facebook, Instagram, TikTok, and Facebook where users could find medical information.

Conclusion

This study gives an overview of the YouTube platform and whether it is considered a source of good-quality and reliable information related to CBT-hypnosis for practitioners, patients, and their primary caregivers. According to our findings, the eligible videos that are available on the YouTube platform had moderate quality and reliability, indicating that the content is moderately objective (unbiased) and clear, and some important information is adequately discussed about CBT-hypnosis. This study may contribute to the body of knowledge and strengthen the case for adopting such media platforms as a helpful source of information.

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Table 1. The modified DISCERN tool

N	Items	Yes	No	points	Reliability
1	Are the aims clear and achieved?	1	0	1	Low
2	Are reliable sources of information used?	1	0	2	Low
3	Is the information presented balanced and unbiased?	1	0	3	Moderate
4	Are additional sources of information listed for patient reference?	1	0	4	High
5	Are areas of uncertainty mentioned?	1	0	5	High

Table 2. Video Quality Assessment

Scoring	Classification of video quality	A global quality scale (GQS) description	N of videos	%	Video quality after analysis
1	Low quality	Poor quality, poor flow, and most information is missing, so it is not helpful for patients and their primary caregivers.	61	17.2%	Low quality (33.9%, n=120)

2	Low quality	Generally poor, with some information given but of limited use to patients and their primary caregivers.	59	16.7%	
3	Moderate quality	Moderate quality and some important information are adequately discussed	90	25.4%	Moderate quality (25.4%, n= 90)
4	High quality	Good quality, good flow, and most relevant information are covered, making it useful for patients and their primary caregivers.	87	24.6%	High quality (40.7%, n= 144)
5	High quality	Excellent quality and excellent flow, making it very useful for patients and their primary caregivers.	57	16.1%	
	GQS total Score: median (IQR, Min- Max)		3 (IQR: 2; min-max: 1–5)		

Table 3. Video Reliability Assessment

The Modified DISCERN Tool	N of videos	%
Are the aims clear and achieved?	230	65.0%
Are reliable sources of information used?	218	61.6%
Is the information presented balanced and unbiased?	240	67.8 %
Are additional sources of information listed for patient reference?	239	67.5 %
Are areas of uncertainty mentioned?	258	72.9 %
Modified DISCERN total Score: median (IQR, Min- Max)	3 (IQR: 1; min-max: 0–5)	

Note**.** The numbers and percentages are not mutually exclusive

Table 4. Kruskal-Wallis Test for Video Parameter, GQS, and the modified DISCERN score

Global Quality Scale (GQS)		H	P	Effect size	CI (Min-Max)
Video parameter	Number of views	1.91	0.386	0.15	10095.9 - 30395.94
	Number of likes	5.12	0.077	0.16	2519.4 - 8596.1
	Number of dislikes	3.95	0.139	0.17	5.3 - 12.2
	Number of subscribers	4.37	0.113	0.14	95413.5 - 928138.4
	Number of comments	1.84	0.398	0.11	9.8 - 28.7
Modified DISCERN Score		14.31	0.014*	0.53	3.23 – 3.50

Note: H: Kruskal Wallis Test, CI: Confidence interval P: significant level less than 0.05

Table 5. Comparison Between the Videos' Quality and Reliability Based on Their Origins

Variables	Source of Videos	N	Mean	Mann-Whitney U	Z	P
Videos' Reliability	Science and Technology	204	176.4	15083.5	-.236	0.814
	All the Others	150	178.9			
Videos' Quality	Science and Technology	204	179.9	14802.0	-.536	0.592
	All the Others	150	174.2			

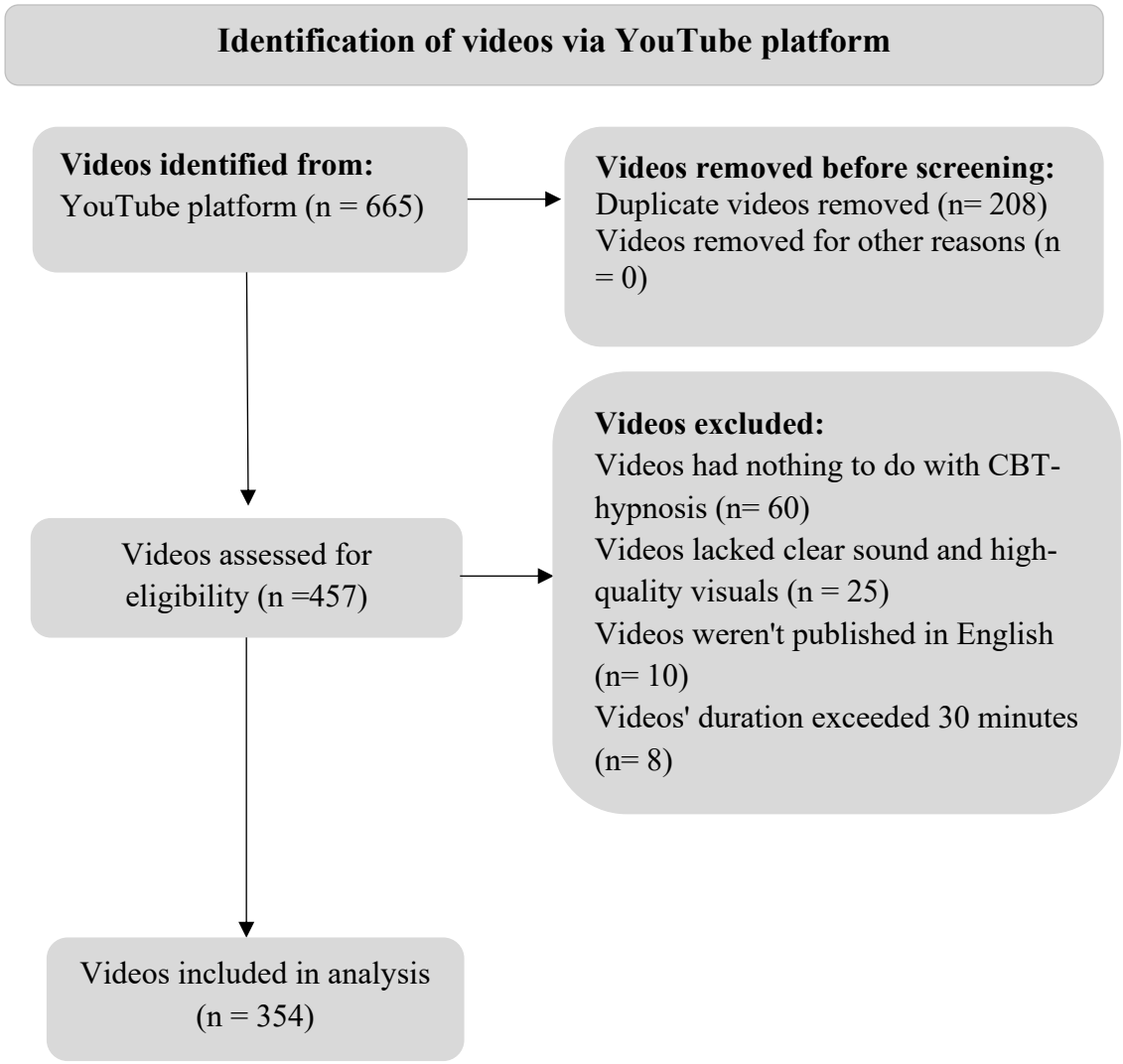

Figure 1: Selection process.

PSYCHIATRIKI

ΕΡΕΥΝΗΤΙΚΗ ΕΡΓΑΣΙΑ

Αξιολόγηση της ποιότητας και της αξιοπιστίας των βίντεο στο YouTube σχετικά με τη Γνωσιακή-Συμπεριφορική Θεραπεία που περιλαμβάνει Ύπνωση

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---------- **ΠΕΡΙΛΗΨΗ** ----------

Η ύπνωση σε συνδυασμό με τη γνωσιακή-συμπεριφορική θεραπεία (CBT-hypnosis) αποτελεί μία μορφή ψυχολογικής παρέμβασης που εστιάζει στους τρόπους σκέψης και συμπεριφοράς των ατόμων σε διάφορες ψυχικές και σωματικές παθήσεις. Στοχεύει στην αντιμετώπιση συμπεριφορικών και συναισθηματικών δυσκολιών μέσω της ενεργοποίησης διεργασιών του υποσυνείδητου. Οι ασθενείς που βρίσκονται σε υπνωτική κατάσταση, εμφανίζονται περισσότερο δεκτικοί σε νέες ιδέες και λιγότερο επιρρεπείς στην απόρριψη απαιτητικών ή δύσκολων παρεμβάσεων. Ως αποτέλεσμα, διευκολύνεται η υιοθέτηση υγιών γνωσιακών προτύπων και συνηθειών, τα οποία επιδιώκει να ενισχύσει η γνωσιακή-συμπεριφορική θεραπεία. Το YouTube αποτελεί σημαντική πηγή εκπαίδευσης σε θέματα υγείας και διαθέτει τη δυναμική να επηρεάζει ουσιαστικά τις επιλογές και τις πρακτικές επαγγελματιών υγείας, ασθενών και κύριων φροντιστών τους, δεδομένου ότι η πλατφόρμα χρησιμοποιείται ευρέως για την αναζήτηση πληροφοριών και καθοδήγησης σχετικά με την CBT-hypnosis. Ωστόσο, η παρουσία αναξιόπιστων ή παραπλανητικών πληροφοριών στο YouTube ενδέχεται να ενθαρρύνει ανεπιθύμητες πρακτικές και να αποθαρρύνει ασθενείς, φροντιστές και επαγγελματίες της ύπνωσης από τη χρήση της CBT-hypnosis. Σκοπός της παρούσας μελέτης ήταν η αξιολόγηση της ποιότητας και της αξιοπιστίας των βίντεο του YouTube σχετικά με την CBT-hypnosis ως πηγή υποστηρικτικής πληροφόρησης για επαγγελματίες, ασθενείς και κύριους φροντιστές. Συνολικά αναλύθηκαν 354 βίντεο. Η αξιοπιστία και η ποιότητα των βίντεο αξιολογήθηκαν με τη χρήση της Κλίμακας Παγκόσμιας Ποιότητας (Global Quality Scale, GQS) και μίας τροποποίησης του εργαλείου DISCERN. Η ανάλυση έδειξε ότι η διάμεση συνολική βαθμολογία GQS ήταν 3 (IQR: 2· ελάχιστο–μέγιστο: 1–5), υποδηλώνοντας μέτριο επίπεδο ποιότητας, με επαρκή κάλυψη ορισμένων σημαντικών πληροφοριών. Το

τροποποιημένο εργαλείο DISCERN απέδωσε διάμεση συνολική βαθμολογία 3 (IQR: 1· ελάχιστο–μέγιστο: 0–5), γεγονός που υποδηλώνει μέτριο επίπεδο αξιοπιστίας και παρουσίαση της πληροφορίας με σχετικά ισορροπημένο και αμερόληπτο τρόπο. Η πλειονότητα των βίντεο προερχόταν από πηγές επιστήμης και τεχνολογίας (ακαδημαϊκά κανάλια) (57,6%, n = 204), ενώ το 42,4% προερχόταν από μη κερδοσκοπικούς οργανισμούς και ακτιβιστικές ομάδες, άτομα και ιστολόγια, καθώς και άλλες πηγές του ευρύτερου κοινού. Συνολικά, τα βίντεο του YouTube σχετικά με την CBT-hypnosis θεωρούνται πηγή υποστηρικτικής πληροφόρησης μέτριας ποιότητας και αξιοπιστίας. Ως εκ τούτου, οι θεσμικοί και επιστημονικοί φορείς θα πρέπει να ενθαρρύνουν την παραγωγή και διάδοση περιεχομένου υψηλής ποιότητας, συμβάλλοντας στη βελτίωση του επιπέδου της διαθέσιμης πληροφόρησης στην πλατφόρμα YouTube.

ΛΕΞΕΙΣ ΕΥΡΕΤΗΡΙΟΥ: Συμπεριφορική θεραπεία, γνωσιακή θεραπεία, γνωσιακή-συμπεριφορική θεραπεία, ύπνωση, YouTube.

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