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An Assessment of the Quality of YouTube Videos on the Treatment of Nosebleeds.

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ABSTRACT

Background: Epistaxis (nosebleed) is a common clinical condition that is often managed with simple first-aid measures. With the increasing use of online platforms such as YouTube, many individuals rely on video-based content for medical guidance. However, the accuracy and reliability of such information remain uncertain.
Objective: This study aimed to evaluate the quality, reliability, and accuracy of YouTube videos related to the treatment of nosebleeds.
Methods: A cross-sectional observational study was conducted by analyzing 150 videos identified using the keywords "nosebleed treatment," "epistaxis first aid," and "how to stop a nosebleed." After applying inclusion and exclusion criteria, 120 videos were included. Data extracted included views, duration, and source of upload. Videos were categorized as uploaded by healthcare professionals, medical institutions, or laypersons. Quality and reliability were assessed using the DISCERN score and Global Quality Scale (GQS), while accuracy was evaluated using a checklist based on established clinical guidelines.
Results: The mean DISCERN score was 2.8 ± 0.9, indicating moderate reliability, and the mean GQS score was 3.1 ± 1.0, reflecting average educational quality. Videos produced by healthcare professionals demonstrated significantly higher quality scores ($p < 0.01$). Correct recommendations such as leaning forward and applying nasal compression were present in 62% and 58% of videos, respectively, while only 40% specified the appropriate duration of compression.
Conclusion: YouTube videos on nosebleed management show considerable variability in quality and accuracy. While professional sources provide more reliable information, a substantial proportion of videos contain misleading or incomplete guidance. Greater involvement of healthcare professionals and improved content regulation are needed to enhance public health education.
Keywords: Epistaxis; Nosebleed; Health Information; Video Quality; First Aid; YouTube;

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INTRODUCTİON

Epistaxis, commonly known as a nosebleed, is a frequent clinical condition affecting individuals of all age groups, with an estimated lifetime prevalence of up to 60%. Although most cases are benign and self-limiting, appropriate first-aid management is essential to control bleeding effectively and to prevent potential complications such as prolonged hemorrhage or unnecessary medical intervention (1,2).

Standard treatment guidelines recommend simple measures, including sitting upright, leaning forward, and applying firm pressure to the soft part of the nose for an adequate duration. Despite the simplicity of these measures, misconceptions and incorrect practices remain widespread among the general public (3).

With the rapid expansion of digital media, the internet has become a primary source of health-related information. Among various platforms, YouTube stands out as one of the most popular and accessible resources, hosting millions of videos on medical topics (4) .

Patients and caregivers increasingly rely on such content for immediate guidance, particularly in situations requiring first aid. However, unlike traditional medical literature, YouTube videos are not subject to rigorous peer review or quality control, raising concerns about the reliability, accuracy, and educational value of the information presented (5,6).

Previous studies have highlighted significant variability in the quality of online health information, often identifying the presence of misleading or incomplete guidance. In the context of epistaxis management, inaccurate advice—such as tilting the head backward—can potentially lead to adverse outcomes (7,8). Therefore, evaluating the quality of YouTube videos on this topic is of considerable importance (9).

This study aims to systematically assess the reliability, accuracy, and overall educational quality of YouTube videos related to the treatment of nosebleeds, with the goal of identifying gaps and informing strategies to improve public health education.

MATERİALS AND METHODS

This study was designed as a cross-sectional observational analysis to evaluate the quality and reliability of videos related to nosebleed (epistaxis) treatment on YouTube. The search was conducted on a single day to minimize fluctuations in video metrics such as views and likes.

Three keywords were used: “nosebleed treatment,” “epistaxis first aid,” and “how to stop a nosebleed.” For each keyword, the first 50 videos sorted by relevance were selected, yielding an initial pool of 150 videos.

Videos were included if they were in English and provided educational or instructional information on the management of nosebleeds. Exclusion criteria included duplicate videos, non-relevant content (e.g., entertainment or personal stories without instructional value), advertisements, and videos lacking clear audio or visual explanation. After applying these criteria, the final sample was established. For each video, data were extracted including the number of views, likes, comments, duration, upload date, and source of upload. Sources were categorized as healthcare professionals, medical institutions, or laypersons.

The quality and reliability of the videos were assessed independently by two reviewers using validated tools. The DISCERN score was used to evaluate the reliability of health information, while the Global Quality Scale (GQS) assessed overall educational value.

In addition, an accuracy checklist based on established clinical guidelines was used to determine whether key steps in noseble

RESULTS

A total of 150 videos were initially identified on YouTube using the selected keywords. After applying inclusion and exclusion criteria, 120 videos remained for final analysis. The mean number of views per video was about 1.2 million, with an average duration of 4.5 ± 2.1 minutes (Tab. 1).

Table 1. Summary of YouTube Video Characteristics and Quality Assessment

Variable	Result
Total videos identified	150
Videos included in analysis	120
Mean views per video	1.2 million
Mean duration (minutes)	4.5 ± 2.1

Regarding the source of upload, 42 videos (35%) were created by healthcare professionals, 24 (20%) by medical institutions, and 54 (45%) by laypersons. Videos produced by healthcare professionals and institutions generally had higher engagement in terms of likes and comments compared to those uploaded by laypersons. (Tab. 2)

Table 2. Characteristics of Participants According to Recruitment Source

Source	Number	%
Healthcare professionals	42	35%
Medical institutions	24	20%
Laypersons	54	45%

The overall quality assessment revealed a mean DISCERN score of 2.8 ± 0.9, indicating moderate reliability. The mean Global Quality Scale (GQS) score was 3.1 ± 1.0, reflecting average educational value. Videos

uploaded by healthcare professionals achieved significantly higher DISCERN and GQS scores compared to those uploaded by laypersons ($p < 0.01$). (Tab. 3)

Table 3. Quality Scores

Assessment Tool	Mean Score (± SD)
DISCERN	2.8 ± 0.9
Global Quality Scale (GQS)	3.1 ± 1.0

In terms of accuracy, 62% of videos correctly recommended leaning forward during a nosebleed, while 58% demonstrated proper nasal compression. Only 40% specified the appropriate duration of compression (10–15 minutes). Notably, 30% of videos included incorrect advice, most commonly recommending tilting the head backward. (Tab. 4)

Table 4. Accuracy of Key First-Aid Steps

Parameter	Correct (%)
Leaning forward	62%
Nasal compression	58%
Correct duration (10–15 min)	40%
Incorrect advice (head tilted backward)	30%

Table 5. Comparison of Videos by Healthcare Professionals vs Laypersons

Variable	Healthcare Professionals	Laypersons	p-value
Number of videos (n, %)	42 (35%)	54 (45%)	—
Mean views	Higher engagement	Lower engagement	—
Mean DISCERN score (± SD)	Higher (~3.5 ± 0.8)	Lower (~2.2 ± 0.7)	< 0.01
Mean GQS score (± SD)	Higher (~3.8 ± 0.9)	Lower (~2.5 ± 0.8)	< 0.01

In the Table 5 compares the characteristics and quality of videos intended for healthcare professionals and laypersons. Of the analyzed videos**,** 42 (35%) were primarily intended for healthcare professionals, whereas 54 (45%) targeted laypersons. Videos aimed at healthcare professionals demonstrated higher audience engagement than those targeting laypersons, although no quantitative engagement metrics are presented in the table.

Regarding information quality, videos for healthcare professionals achieved a significantly higher mean DISCERN score (approximately 3.5 ± 0.8) compared with videos intended for laypersons (2.2 ± 0.7), indicating better reliability and quality of health information **(**$p < 0.01$**).**

Similarly, the Global Quality Scale (GQS) score was significantly higher among videos targeting healthcare professionals **(**3.8 ± 0.9**)** than among those targeting laypersons **(**2.5 ± 0.8**) (**$p < 0.01$**),** suggesting superior overall educational quality.

DİSCUSSİON

This study evaluated the quality, reliability, and accuracy of YouTube videos related to the management of epistaxis and identified substantial variability in the information presented. While a portion of the analyzed videos demonstrated acceptable educational value, a significant number were found to contain incomplete or misleading guidance (10).

Given the widespread use of YouTube as a source of health information, these findings raise important concerns regarding public health education and patient safety. One of the key findings of this study is that videos produced by healthcare professionals and medical institutions consistently scored higher in both reliability (DISCERN) and educational quality (GQS) (11).

These videos were more likely to align with established clinical guidelines, including correct positioning (leaning forward) and appropriate nasal compression techniques (12). In contrast, videos uploaded by laypersons frequently lacked comprehensive explanations and were more likely to include incorrect practices, such as tilting the head backward. This misconception remains particularly problematic, as it may increase the risk of blood aspiration or swallowing, potentially leading to complications such as nausea or airway compromise (13).

Another important observation is that even among higher-quality videos, essential details were sometimes omitted. For example, fewer than half of the videos clearly specified the recommended duration of nasal compression (10–15 minutes), which is a critical component of effective first-aid management (14).

This suggests that while some content is generally accurate, it may still be insufficient for proper patient education. The inconsistency in the completeness of information highlights a broader issue in online health communication, where partial accuracy can still lead to suboptimal outcomes (15).

The high view counts observed across videos indicate that YouTube plays a significant role in shaping public understanding of basic medical care. However, the platform's lack of peer-review mechanisms allows the dissemination of unchecked information.

Unlike traditional medical resources, content on YouTube is driven largely by popularity rather than accuracy, which may amplify misleading videos (16-18). This underscores the need for healthcare professionals to take a more active role in digital education by producing accessible, evidence-based content and engaging with wider audiences (19).

Furthermore, the findings support previous research indicating that online medical information often varies in quality depending on the source (20).

The present study adds to the literature by specifically focusing on epistaxis, a common condition that is typically managed outside clinical settings. Ensuring that accurate first-aid guidance is readily available is therefo-

re particularly important (21-23).

This study has several limitations that should be considered when interpreting the results.

First, the analysis was limited to English-language videos, which may restrict the generalizability of the findings to non-English-speaking populations. Given the global reach of YouTube, future studies should include multilingual content to provide a more comprehensive assessment (24,25). Second, the cross-sectional design captures video characteristics at a single point in time. YouTube content is dynamic, with view counts, rankings, and available videos changing continuously (26). As a result, the findings may not fully reflect future trends or newly uploaded content.

Third, the selection of videos was based on relevance ranking, which is influenced by YouTube's proprietary algorithm. This may introduce selection bias, as the algorithm prioritizes factors such as engagement and watch time rather than accuracy or educational value (27-29).

Consequently, some high-quality but less popular videos may have been excluded. Additionally, although standardized tools such as DISCERN and GQS were used, the evaluation process involves a degree of subjectivity. Efforts were made to minimize this by using multiple reviewers; however, some variation in scoring may still exist. Finally, this study did not assess viewer comprehension or behavioral outcomes (30). While video quality was evaluated, it remains unclear how users interpret and apply the information in real-life situations. Future research should explore the impact of online health videos on user knowledge, attitudes, and practices.

CONCLUSİON

This study demonstrates that videos on YouTube related to the management of epistaxis exhibit considerable variability in terms of quality, reliability, and accuracy. Although a subset of videos—particularly those produced by healthcare professionals and medical institutions—provide accurate and evidence-based guidance, a substantial proportion of content remains incomplete or misleading.

The presence of incorrect practices, such as advising head tilting backward, highlights the potential risks associated with unverified online health information. Given the high viewership and widespread reliance on YouTube for first-aid guidance, these findings underscore the platform's significant influence on public health knowledge and behavior. However, the absence of standardized quality control and peer-review mechanisms allows inaccurate information to proliferate, potentially leading to inappropriate management practices.

Editorial Statements

Ethics Approval and Consent to Participate: This study analyzed publicly available YouTube videos and did not involve human participants, patient data, or animal subjects. Therefore, according to institutional and international research ethics standards, formal ethical approval and informed consent were not required.

Data Availability Statement: The datasets generated and/or analyzed during the current study are available from the corresponding author upon reasonable request. All analyzed videos were publicly accessible on YouTube at the time of data collection.

Author Contributions (CRediT): Conceptualization & Methodology: RNO, CB; Data Curation, Investigation and Writing – Original Draft: RNO: Formal Analysis: RNO, FS: Writing – Review & Editing: SB, FS: Supervision: Cihan Bedel. All authors have read and approved the final version of the manuscript.

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