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ORIGINAL RESEARCH

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Evaluation of the quality of thyroidectomy-related posts on a video-based social media platform

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Abstract

Objective: To evaluate the quality of thyroidectomy-related posts on TikTok, the fastest-growing social media platform worldwide.

Methods: Videos posted from April 2020 to September 2022 were queried on TikTok using the search terms "thyroidsurgery," "thyroidectomy," and "thyroidremoval." Two reviewers recorded thematic, demographic, and performance data of these posts. The DISCERN instrument was used to evaluate the quality and reliability of the information contained in the videos. Descriptive statistics were used to characterize post-submitter demographics and video content. Simple and multiple linear regression analyses were used to evaluate the association between DISCERN scores and video characteristics. Univariate analysis of variance was performed to compare DISCERN scores between author types.

Results: In this study, 228 TikTok videos were included which totaled over 23 million views. On average, each video accumulated more than 6000 "likes," 300 comments, and 70 shares. The average total DISCERN score was 27.46, which is deemed to be of poor overall quality. Upon multiple linear regression, video duration ($\beta = 4.66$, $p < .001$) and educational subject type ($\beta = 3.97$, $p < .001$) significantly positively predicted aggregate DISCERN scores, while journey subject type ($\beta = -3.19$, $p = .006$), and reassurance subject type ($\beta = -2.52$, $p = .035$) significantly negatively predicted aggregate DISCERN scores. Aggregate DISCERN scores varied significantly ($p < .05$) between author types.

Conclusion: Social media posts on TikTok about thyroidectomy are mostly of poor quality and reliability but vary by authorship, subject type, and video characteristics. Given its widespread popularity, TikTok videos may have an increasing role in shaping patient perception of thyroidectomy and may represent an opportunity to provide education.

Lay summary: TikTok posts about thyroidectomy are mostly of poor quality but vary by authorship, subject, and video characteristics. Given its popularity, TikTok videos may have a role in shaping the patient perception of thyroidectomy and may represent an opportunity to provide education.

Level of evidence: Level 4.

KEYWORDS
DISCERN, social media, thyroidectomy, TikTok

1 | INTRODUCTION

Thyroidectomy is a common surgical procedure that is performed approximately 150,000 times annually in the United States (US).[1] Thyroid disease tends to affect a younger demographic, and thyroid surgery is often recommended for a variety of indications.[2,3] While it is generally associated with good outcomes, there are a variety of treatment-related effects and risks with thyroidectomy.[1,4–6] Postoperatively, patients may require lifelong medication and continued medical care with or without oncologic follow-up.[3] In addition, either as complications or expected effects from surgery, patients must cope with quality of life issues ranging from hypothyroidism and hypoparathyroidism symptoms, transient voice and swallowing disturbances,[8] neuropsychiatric symptoms, and body image concerns related to scarring in a cosmetically sensitive area.[3,7,8] These intricacies are important for patients to understand before pursuing treatment, which traditionally has been communicated in discussion with a physician or through primary scientific literature. However, physicians are often constrained by limited appointment times, and scientific literature is written in technical language intended for a knowledgeable target audience, making it largely inaccessible to the general population.

Research shows that patients are increasingly turning to the internet as their primary source of medical information, and more specifically, patients are beginning to seek general health information from social media sources.[9,10] TikTok is a rapidly emerging social media platform in which users can post multifarious genres of short-form videos, which garnered 850 million downloads in 2020 and is the first non-Facebook app to reach 3 billion downloads.[11] According to research conducted by the Pew Research Center, a staggering 67% of US 13–17 year-olds, 48% of US 18–29 year-olds, and 21% of all US adults use TikTok, with significantly more females using the platform than males.[12,13] An additional study of theirs showed that in 2022, 26% of US adults under age 30 regularly consumed news on TikTok, rising from 9% in 2020.[14] Nevertheless, the quality of the medical information posted on TikTok and other social media platforms may be lacking and could negatively influence health-related decisions.

Prior studies have utilized the DISCERN instrument, a health information grading tool with 16 questions assessing patient-centered information regarding treatment choices, to evaluate health related TikTok videos for specific topics such as genitourinary cancers, aesthetic procedures, and orthodontic aligners.[15–18] Studies have reported flaws such as misinformation and a large imbalance in the number of videos that are promotional versus cautionary in nature.[17,19] At present, there are a plethora of videos on TikTok relating to thyroidectomy, although no studies have been done assessing the characteristics or quality of these videos. Considering the previously described complexities surrounding thyroidectomy and the fact that TikTok users and thyroidectomy patients share similar demographics, it is crucial to assess this content accordingly. Thus, our study aims to survey the content of TikTok videos surrounding thyroidectomy and evaluate the reliability and quality of their information using the validated DISCERN instrument.

2 | METHODS

This was a cross-sectional analysis of videos related to thyroidectomy on TikTok. The first 200 videos that resulted from the search terms "thyroidsurgery," "thyroidectomy," and "thyroidremoval" were initially chosen for analysis. However, few of the resulting videos were created by physicians, so a subsequent pointed search for physician-created videos was done to attain sufficient power for analyses. This yielded 28 more videos for analysis. All videos were searched for on an incognito browser to avoid search biases.

Video duration, number of likes, views, comments, and shares were recorded for each TikTok video. The videos were also classified by subject (lifestyle, educational, journey, reassurance, complications, and apprehension), video authorship (patient, physician, institution, and other), and video tone (positive, neutral, and negative). Lifestyle videos were defined as those about the effect of surgery on the patient's life and the postoperative period. Educational videos were defined as those created for informative purposes. Journey videos were defined as those about patients' medical experiences leading up to their surgery. Reassurance videos were defined as those intended to uplift and/or reassure patients approaching surgery or managing the postoperative period. Complication videos were defined as those advising viewers of possible complications of surgery. Finally, apprehension videos were defined as those where patients express their apprehension prior to surgery to their viewers.

The informational quality of thyroidectomy-related TikTok videos was assessed using the DISCERN tool—a 16-question validated tool that uses 5-point Likert scales (where higher scores indicate higher quality content) to assess patient-centered treatment-related informational sources (Table S1).[18] The 16 questions on the DISCERN tool are split into the categories of reliability of the videos, quality of treatment choices, and overall information quality. The DISCERN handbook does not provide guidance on the interpretation of DISCERN scores, though prior studies have offered some guidance. Weil et al. aggregate the scores of questions 1–15 (ranging from 16 to 75) to make the following interpretations: 63–75 denotes excellent, 51–62 denotes good, 39–50 denotes fair, 27–38 denotes poor, and 15–26 denotes very poor.[20] Another study done by Song et al. interprets

TABLE 1 Thyroidectomy-related TikTok video characteristics.

Characteristic	All videos ($n = 228$) (n, %)
Video metrics (Total)	
Views (#)	23,368,382
Likes (#)	1,417,697
Comments (#)	65,979
Shares (#)	15,412
Video metrics (Mean, SD)	
Views (#)	106,218 (557,070)
Likes (#)	6190 (40,522)
Comments (#)	288 (2966)
Shares (#)	67 (452)
Duration (min)	0.84 (0.86)
Author	
Patient	183 (80.62)
Physician	31 (13.66)
Institution	5 (2.20)
Other	8 (3.52)
Type of video	
Lifestyle	77 (34.1)
Educational	54 (23.9)
Journey	38 (16.8)
Reassurance	35 (15.5)
Complications	17 (7.5)
Apprehension	5 (2.2)
Video tone	
Positive	115 (50.4)
Neutral	80 (35.1)
Negative	33 (14.5)
Cumulative DISCERN score (Mean, SD)	27.46 (7.97)

individual Likert scores with scores 4.5 and higher considered excellent, 4.2–4.4 considered very good, 3.4–4.1 good, 2.6–3.3 average, 1.9–2.5 poor, and <1.8 very poor.[21] Language discussing scores in the results section uses interpretations from Weil et al. and Song et al. where appropriate. Two reviewers independently scored each TikTok video using the DISCERN tool, and scores that differed by three points or more were rescored by a third independent reviewer.

Data analysis was performed in Microsoft Excel (Version 16.70) and R (Version 2023.03.0+386). To characterize the videos, descriptive statistics were used; means and standard deviations were used for continuous variables, and frequencies and percentages were used for categorical variables. The intraclass correlation coefficient (ICC), ranging from 0 to 1 was calculated on R to determine interrater reliability. Based on Koo et al., scores above 0.90 indicate excellent reliability, scores between 0.75 and 0.90 indicate good reliability, scores between 0.50 and 0.75 indicate moderate reliability, and scores below 0.5 indicate poor reliability.[22] Simple linear regression was used to determine if and how video characteristics such as views, comments, likes, duration, author type, subject, or tone predicted the aggregate DISCERN score of questions 1–15. Variables associated with a significant change in DISCERN score in the simple linear regression models were included in the multivariable linear regression model, except authorship which was not included due to the presence of interactions between author and subject variables.

Analysis of Variance (ANOVA) was used to compare DISCERN scores by video author type (patient, physician, institution, and other) in terms of reliability scores (aggregate score of questions 1–8, ranging from 5 to 40), quality scores (aggregate score of questions 9–15, ranging from 5 to 40), overall score (score of question 16, ranging from 1 to 5), and total score (aggregate of questions 1–15, ranging from 16 to 75). Significance was set at $p < .05$.

3 | RESULTS

3.1 | Overall cohort characteristics

There were 228 TikTok videos analyzed (Table 1), with an average of 106,218 views (SD = 557,070), 6190 likes (SD = 40,522), 288 comments (SD = 2966), and 67 shares (SD = 452) per video. Most user accounts belonged to patients (80.62%, $n = 183$), followed by physicians (13.66%, $n = 31$), "others" (3.52%, $n = 8$), then institutions (2.20%, $n = 5$). The most common video subjects were lifestyle (34.1%, $n = 77$), educational (23.9%, $n = 54$), journey (16.8%, $n = 38$), and reassurance (15.5%, $n = 35$). In terms of tone, about half of the videos (50.4%, $n = 115$) were considered positive, while 35.1% ($n = 80$) were neutral, and 14.5% ($n = 33$) were negative.

Overall, the average aggregate DISCERN score for reliability (questions 1–8) was 15.24 (SD = 4.83), while quality (questions 9–15) was 11.07 (SD = 3.98). The average overall video rating from question 16 ranging from 1 to 5 (Mean = 1.36, SD = 0.74) was deemed very poor based on Song et al. Additionally, the average aggregate score for questions 1–15, ranging from 16 to 75 was deemed poor (Mean = 27.46, SD = 7.97) based on Weil et al. The ICC between the two independent raters was 0.815, indicating good agreement.[25]

3.2 | Differences between physician-created and nonphysician-created videos

Characteristics of videos made by physicians were compared with those made by nonphysicians. Videos made by physicians had a similar number of views (Mean = 106,302.16, SD = 360,433.00) to those made by nonphysicians (Mean = 107,255.72, SD = 581,051.89); however, videos made by physicians were significantly longer (1.91 vs. 0.67 min, $p < .001$). Physicians were more focused on education (100%, $n = 31$) as compared to nonphysicians (11.17%, $n = 22$), while nearly half of nonphysicians focused on lifestyle after thyroidectomy (39.60%, $n = 78$). Among educational videos, there was no significant difference in DISCERN scores between physicians and patients in the

TABLE 2 Univariate and multivariate regression of factors associated with variation in average cumulative DISCERN scores.

	Univariate		Multivariate	
Variable	***β*-coefficient**	***p*-value**	***β*-coefficient**	***p*-value**
Duration	5.733	<.001	4.662	<.001
Views	0.000	.867		
Comments	−0.036	.108		
Likes	0.000	.718		
Author				
Patient				
Physician	9.536	<.001		
Institution	−0.633	.846		
Other	8.117	.002		
Subject				
Lifestyle				
Educational	7.738	<.001	3.974	<.001
Complications	−0.810	.661	−0.617	.692
Apprehension	−2.628	.369	−3.694	.135
Journey	−3.063	.026	−3.186	.006
Reassurance	−3.252	.021	−2.518	.035
Tone				
Positive				
Negative	−1.048	.513		
Neutral	−0.214	.854		

Note: Tone, views, comments and likes were not associated with a significant change in DISCERN score and interactions between author and subject variables were discovered, so tone, views, comments, likes and authorship were not included in the multivariate analysis.

reliability and quality sections ($p = .15$ and .96, respectively) and the total score ($p = .60$). However, the average aggregate score for physician-made educational videos was 33.65 (SD = 7.90) and for patient-made educational videos was 35.22 (SD = 8.27). Therefore, educational videos made by both author types were deemed "poor" in quality.[25] Most physician videos had a positive tone (67.74%, $n = 21$), while the rest of their videos had a neutral tone (32.26%, $n = 10$). Comparatively, 47.71% ($n = 94$) of nonphysician videos had a positive tone, while 35.53% ($n = 70$) had a neutral tone, and 16.24% ($n = 32$) had a negative tone. Of note, 74% of videos created by physicians were by the same user.

3.3 | Effect of video characteristics on DISCERN scores

Simple linear regression and multiple linear regression were used to determine whether video characteristics significantly predicted the aggregate DISCERN score of questions 1–15 (Table 2). Using simple linear regression, video duration ($\beta = 5.73$, $p < .001$), physician authorship ($\beta = 9.54$, $p < .001$), "other" authorship ($\beta = 8.11$, $p = .002$), and educational subject type ($\beta = 7.74$, $p < .001$) significantly positively predicted aggregate DISCERN scores, while journey subject type ($\beta = -3.06$, $p = .026$) and reassurance subject type ($\beta = -3.25$, $p = .021$) significantly negatively predicted aggregate DISCERN scores. Using multiple linear regression, video duration ($\beta = 4.66$, $p < .001$) and educational subject type ($\beta = 3.97$, $p < .001$) significantly positively predicted aggregate DISCERN scores, while journey subject type ($\beta = -3.19$, $p = .006$), and reassurance subject type ($\beta = -2.52$, $p = .035$) significantly negatively predicted aggregate DISCERN scores.

DISCERN scores were further analyzed after being divided into the designated categories of reliability of the videos, quality of treatment choices, and overall information quality. ANOVA yielded significant variation among author types ($p < .001$) (Table 3). A post hoc Tukey's Honestly Significant Difference test showed that the patient and physician author groups differed significantly at $p < .001$ for all sections of the DISCERN instrument and the scores of the three sections combined. The average scores for institution and physician author groups differed significantly in the treatment choices and overall information quality sections and total score ($p < .001$).

4 | DISCUSSION

TikTok is rapidly growing as a source of medical information and medical support networks, especially in the predominantly young demographic also undergoing thyroidectomies.[12] This study aims to

TABLE 3 Average DISCERN scores of thyroidectomy-related TikTok videos by source.

	Reliability of the videos (items 1–8)*	Quality of treatment choices (items 9–15)*	Overall information quality (item 16)*	Total DISCERN scores*
Video source	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Physician ($n = 31$)	19.48 (3.11)	14.16 (5.91)	2.42 (0.91)	35.42 (8.75)
Patient ($n = 183$)	14.34 (4.96)	10.97 (4.01)	1.37 (0.73)	27.25 (8.18)
Institution ($n = 5$)	11.5 (2.83)	7.70 (1.30)	1.60 (0.42)	25.25 (4.28)
Other ($n = 8$)	19.31 (5.57)	12.56 (4.86)	2.13 (1.53)	34.00 (11.34)

*$p < .001$.

characterize TikTok videos about thyroidectomy and evaluate the videos' quality and reliability using the DISCERN instrument. In our survey of thyroidectomy-related TikTok videos, we found that these videos were highly viewed and engaged within the forms of likes, comments, and shares by other TikTok users. Most videos focused on patients' postoperative experiences, including topics such as how the surgery affects their quality of life and how patients feel after surgery, and a great majority of videos had a positive or neutral tone. As seen in other medical-related TikTok videos, the popularity and content of thyroidectomy-related videos indicate that consumers of the social media platform seem to be interested in gaining knowledge about the procedure.[15–17] However the video reliability and quality ranged widely and the overall average DISCERN score was 27.46, which can be classified as "poor" in quality.[20] This is consistent with many other studies which also found that the overall informational quality was poor, across video characteristic variables.[15–17]

Regression models and ANOVA were used to determine video characteristics that are associated with greater or lesser information quality and reliability. Educational videos were associated with a nearly four-point increase in DISCERN score compared to the most common subject matter, postoperative lifestyle. Furthermore, a 1-min increase in video duration was associated with a nearly five-point increase in total DISCERN score. Longer form content allows authors to provide viewers with greater amounts of information, explanation, and nuance, such as explanations of the procedure, alternative therapeutic options, risks and benefits of treatment, and resources for more information, than shorter videos, thereby leading to videos of higher DISCERN scores. On the other hand, TikTok videos are generally designed to be consumed on a mobile application that uses artificial intelligence to personalize video recommendations to the user, which often results in longer use of the application than intended.[23] This may be an inherent barrier in creating "high-quality" videos that perform well on a platform meant for high-volume engagement.

As could be expected, physician-created videos had significantly higher DISCERN reliability, quality, and overall scores relative to patient-created videos. In addition, physicians only filmed videos intended for education, which were of longer duration, on average, compared to patient-made videos. However, the average total DISCERN score was categorized as being of "poor" quality and there were relatively few physician-created videos.[20] These findings are consistent with previous research on the quality and reliability of health-related videos on TikTok. In studies by John et al., Chen et al., and Kong et al., tonsillectomy, hearing aid, and diabetes-related TikTok videos created by physicians had higher DISCERN scores than those made by nonphysicians.[24–26] A study by Om et al. on aesthetic surgery procedure, TikTok videos found that educational videos had the highest average DISCERN scores.[16] It should be recognized that certain questions included in the DISCERN instrument, especially those about whether the video had referenced publications and contained information on the risks, benefits, and details of the procedure, are more applicable to videos that are educational when compared to more experiential videos, resulting in a naturally higher DISCERN scores for these types of videos. Nevertheless, these data suggest that physicians have an opportunity to improve the quality of videos and engagement with the public through the TikTok platform.

Patients who underwent thyroidectomy were the most prevalent authors of thyroidectomy-related TikTok videos and play a valuable and unique role in the distribution of knowledge about the procedure and its lasting effects on quality of life. The subject matter of videos by nonphysicians was diverse: while most videos detailed postoperative recovery and lifestyle, 11% of the videos also provided educational insight about the indications for and details about thyroidectomy. As previously discussed, videos relating to patient experience had lower DISCERN scores compared to educational videos. Despite this, our analysis revealed patient and physician-created educational videos were comparable in quality and reliability. Furthermore, there is clearly value in having patient-creators sharing their pre-, peri-, and postoperative experiences through storytelling, offering reassurance, and discussing their complications and the healing process. These patient videos offer unique perspectives and a valuable ability to distribute easily digestible, relatable, and accessible information about what patients can expect perioperatively. Therefore it must be recognized that many of the important benefits of these social media videos such as the creation of meaningful support networks, may not be well assessed with the DISCERN tool and is outside the scope of this study. Provider and patient joint videos could be an effective way to create well-rounded videos that are high quality, educational, and relatable.

This study has limitations. It is important to mention that the authorship distribution reported in Table 1 is not reflective of the true authorship distribution of thyroidectomy-related TikTok videos in existence. As stated in the methods, the search terms used to identify

videos about thyroidectomy resulted in the authors finding videos mainly created by patients. Therefore, searches in the application had to be redirected to identifying physician-created videos to have a large enough sample size to perform statistical analyses. With this effort, the authors were able to find 31 videos created by physicians, however, 74% of these were made by the same user, further emphasizing the lack of physicians creating thyroidectomy-related videos on the platform. In addition, although the DISCERN instrument is a popular and verified tool to assess the quality and reliability of consumer health information, we believe this questionnaire may not be the most accurate in judging the videos in our study, especially those of patient experiences. In addition, the applicability of DISCERN for use in video content has not been well assessed. Unfortunately, there are no alternative validated methods. In the future, developing a tool like DISCERN for evaluating video content may be useful, especially as more patients turn to social media for health information.

5 | CONCLUSION

Our findings show that the overall quality of these thyroidectomy-related videos on TikTok was poor. Educational videos, physician-created videos, and videos of longer duration were associated with greater scores of reliability and quality. As the popularity of such platforms continues, physicians should be aware of the content their patients consume. Physicians also have an opportunity to participate and improve available health-related social media content.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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