

SIGN: Evaluation of the SIGN YouTube playlist on eating disorders

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# Background

The Scottish Intercollegiate guidelines Network (SIGN) produces patient versions of clinical guidelines to help patients and the public understand the latest evidence about healthcare and treatments. Providing this information helps to empower patients and the public to take part in making decisions about their care. To produce patient versions of guidelines, SIGN works in partnership with voluntary sector representatives, patients, carers and members of the public. We invited people who had participated in an earlier workshop about the guideline to tell us, though a survey, who the audience for the patient version of SIGN’s eating disorders guideline should be. Eleven people participated in the survey. All 11 respondents said the information should be available for young people and parents and carers. When asked which formats would be helpful to share guideline recommendations, the preference was a YouTube video for young people and a PDF booklet for parents and carers. In this report, we aim to evaluate the YouTube playlist as a method for getting recommendations from guidelines to young people and potentially other audiences.

The objectives of this evaluation were to:

1. evaluate the success of a YouTube playlist for sharing guideline recommendations
2. understand the resources required for producing information in this format

The play list and booklet can be found on the [SIGN website](https://www.sign.ac.uk/patient-and-public-involvement/patient-publications/eating-disorders/).

# Methods

The SIGN team worked with Healthcare Improvement Scotland’s Communications team and a production company to produce the playlist. Three people with lived experience of eating disorders helped select guideline content for use in the videos. All three were members of the guideline development group. They suggested a video showing patient experience stories about people accessing treatment and their recovery journey would be a useful addition to the playlist. This is called Claire and Cara’s stories. It was agreed the other videos in the playlist would be aminations to share the guideline recommendations.

**Qualitative data collection**

We invited young people and relevant stakeholders to provide feedback on the playlist through a survey (see appendix 1). A total of 18 people provided feedback. Stakeholders who participated are listed in appendix 2.

Although the small number of people who provided feedback means results cannot be generalised to all users, it does give insight into people’s views and experiences of accessing guideline recommendations by watching YouTube videos.

Stakeholders were asked to comment on format, content, quality, understandability and suitability of the videos for the target audience. Data were gathered and analysed using a thematic analysis.

**Quantitative data collection**

Quantitative data were collected and analysed to determine the reach of the information. This included the number of views on YouTube and Vimeo.

To understand the staff resources required, communications staff and the Patient Involvement Advisor recorded their time spent on the project.

# Results

Video views on YouTube and Vimeo over ten months are shown below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Video** | **YouTube views** | **Vimeo views** | **Total views** |
| Claire and Cara’s stories | 99 | 53 | **152** |
| Treating bulimia nervosa | 451 | 33 | **484** |
| Treating anorexia nervosa | 214 | 54 | **268** |
| Treating binge eating disorder | 272 | 44 | **316** |
| Transition | 60 | 58 | **118** |
| **Total views** | **1,096** | **242** | **1,338** |

**Survey results**

Respondents to the survey were positive about the videos and found them valuable. Respondents thought the animations were informative and a useful way of sharing recommendations from the guideline, in particular the way the information was split into short videos. Results from the survey are shown below, including comments from respondents.

**Suitability as method for presenting recommendations from guidelines**

The video format was welcomed by stakeholders. All survey respondents strongly agreed or agreed that the videos shared evidence-based information from the guideline.

|  |  |  |
| --- | --- | --- |
| The videos achieved their objective of sharing evidence-based information | Number of respondents | Percentage of respondents (%) |
| Strongly agree | 11 | 61 |
| Agree | 7 | 39 |
| Neither agree nor disagree | 0 | 0 |
| Disagree | 0 | 0 |
| Strongly disagree | 0 | 0 |

“Aim was to share information from the guideline and the videos did this.”

“Said it was to share information in guideline and videos told you about the research.”

**Portrayal of eating disorders in videos**

Respondents mostly agreed that the videos accurately portray eating disorders. However, there were some comments about the need to have diverse representation in the videos to show eating disorders can affect anyone.

|  |  |  |
| --- | --- | --- |
| The videos accurately portray eating disorders | Number of respondents | Percentage of respondents (%) |
| Strongly agree | 1 | 6 |
| Agree | 13 | 72 |
| Neither agree nor disagree | 4 | 22 |
| Disagree | 0 | 0 |
| Strongly disagree | 0 | 0 |

“Two white females in the stories isn't very diverse. You've shown this in the animations though.”

“This is quite hard really, I think you’ve shown that eating disorders can affect anyone.”

“Good to see stereotypes avoided.”

“What about eating disorders in males?”

**Value of sharing patient experience stories**

The majority of respondents found the patient experience stories valuable. Comments from respondents indicate that people found this video helpful in showing how people can get support. However, some respondents felt the videos would not be helpful for everyone.

|  |  |  |
| --- | --- | --- |
| The videos sharing Claire and Cara’s stories is valuable | Number of respondents | Percentage of respondents (%) |
| Strongly agree | 9 | 50 |
| Agree | 6 | 33 |
| Neither agree nor disagree | 3 | 17 |
| Disagree | 0 | 0 |
| Strongly disagree | 0 | 0 |

“Helpful to let people see that eating disorders is a long journey but it can be overcome.”

“I thought this was really good, helpful for young people to know that they are not alone and you can get help to get over it.”

“Could maybe have done animation for that too?”

“Helpful to hear other people's experiences but not everyone has a good story to share.”

“A bit cringy.”

“This may be helpful for some but not all. Some may just want the information from the guideline.”

“Would have been good to hear from a male too as they are often forgotten about.”

“Shows how the treatments in the guideline can help people and people should ask for them if not offered.”

“Some people have no one to talk to so good to hear how it was for others.”

**Quality of video sharing stories**

All respondents thought the content of the video sharing stories was of good quality.

|  |  |  |
| --- | --- | --- |
| The content of the video sharing stories is of good quality | Number of respondents | Percentage of respondents (%) |
| Strongly agree | 9 | 50 |
| Agree | 9 | 50 |
| Neither agree nor disagree | 0 | 0 |
| Disagree | 0 | 0 |
| Strongly disagree | 0 | 0 |

“Very professional looking.”

“Like how this isn't interview style and Cara and Claire are outdoors and in café.”

**Technical quality of videos sharing stories**

|  |  |  |
| --- | --- | --- |
| The video sharing stories is of good technical quality | Number of respondents | Percentage of respondents (%) |
| Strongly agree | 3 | 17 |
| Agree | 15 | 83 |
| Neither agree nor disagree | 0 | 0 |
| Disagree | 0 | 0 |
| Strongly disagree | 0 | 0 |

“I think this has been done really well. The scene in the café works really well.”

**Length of video sharing stories**

|  |  |  |
| --- | --- | --- |
| The video sharing stories is of adequate length | Number of respondents | Percentage of respondents (%) |
| Strongly agree | 7 | 39 |
| Agree | 11 | 61 |
| Neither agree nor disagree | 0 | 0 |
| Disagree | 0 | 0 |
| Strongly disagree | 0 | 0 |

“Was fine for me, I could have listened to them talk for longer but this wouldn’t be helpful for everyone. Depends how much people want to hear about others' experiences.”

“Just a good length.”

“Not too long for people, just about right.”

**Suitability of the tone of the video sharing stories**

“Sometimes it seemed a bit false and you could tell they were acting.”

“Might have been better to have real experience rather than actors but must have been good reason for this.”

**Suitability of animation videos to share guideline recommendations**

All respondents thought the animation videos were valuable. Comments from respondents indicate they found the animations informative and well presented.

|  |  |  |
| --- | --- | --- |
| The animation videos are valuable | Number of respondents | Percentage of respondents (%) |
| Strongly agree | 9 | 50 |
| Agree | 9 | 50 |
| Neither agree nor disagree | 0 | 0 |
| Disagree | 0 | 0 |
| Strongly disagree | 0 | 0 |

“I watched the anorexia one and that is so encouraging. Could have been a bit more in the transition video.”

“These are really helpful.”

“Really informative and presented well. Some animations try to achieve too much.”

“Easy to follow and understand.”

“I really like animations to get information.”

“These are informative and not too long.”

“Nice. Inclusive.”

“Call to action helpful.”

“Appealed to me as I like videos for information, rather than having to read on a website or phone.”

**Quality of animation videos**

|  |  |  |
| --- | --- | --- |
| The content of the video animation is of good quality | Number of respondents | Percentage of respondents (%) |
| Strongly agree | 8 | 40 |
| Agree | 10 | 60 |
| Neither agree nor disagree | 0 | 0 |
| Disagree | 0 | 0 |
| Strongly disagree | 0 | 0 |

“Colours a bit childlike.”

**Length of animation videos**

|  |  |  |
| --- | --- | --- |
| The animation videos are of adequate length | Number of respondents | Percentage of respondents (%) |
| Strongly agree | 4 | 22 |
| Agree | 14 | 78 |
| Neither agree nor disagree | 0 | 0 |
| Disagree | 0 | 0 |
| Strongly disagree | 0 | 0 |

“The transition animation was shorter could maybe have added that to the others.”

“These were a good length, especially to hold the attention of younger people.”

“Ideal length so you could watch relevant one. Good you spilt them up.”

“I think it's useful that these are broken up.”

**Resources required**

Time required for Communications staff was 3 days to advise on branding, style, edit scripts, comment on and edit storyboards.

Time required for the Patient Involvement Advisor was 5–6 days to liaise with Beat (the UK’s eating disorders charity) and people with lived experience, gather stories, draft script, liaise with guideline group members, liaise with external production company, review and edit storyboards.

Time required for SIGN’s Programme Lead was 1 day to approve text based and visual storyboards.

The total cost for the production of the videos including the hire of two actors was £4,960 plus VAT.

# Conclusion

Feedback suggested that stakeholders welcomed the YouTube playlist as a format for sharing guideline recommendations. The use of lived experience stories was seen to be of value by the majority of respondents but did not demonstrate that eating disorders can affect a diverse range of people. Efforts must be made to ensure videos produced to share experiences are diverse and inclusive. The use of actors to share lived experience stories may not be helpful for all and consideration should be given to filming the people sharing their stories in any future videos. The animations were seen to be a useful way of sharing information from guidelines for a young audience. This shows the importance of having the appropriate format for the audience. It was important to respondents that the animations did not try to cover too much in one video. The length of the four animations was acceptable to them. Any future animations should be no longer than two minutes. When comparing the cost with the production of an online booklet, the playlist was more expensive. However, if printing copies of booklets and translating into other languages is taken into account, the cost is similar. The playlist was produced in two months with approximately ten days of input from staff. This is significantly less time than is required for a booklet which takes approximately six months. To help decide which format to produce information in for different audiences, consultation should take place with guideline group members and stakeholders. When making decisions on format, consideration must be given to the allocated budget for the project.

# Acknowledgements

We would like to acknowledge the support provided to develop this playlist by Electrify Marketing and Communications.

We would also like to thank the stakeholders who provided feedback on the playlist.

# Appendix 1: Questionnaire

**About you**

**Please tell us who you are**

* Someone with lived experience of an eating disorder
* Someone who cares for a person with an eating disorder
* Someone who is a health and social care professional
* Someone who is a member of the public
* Other

**Questions about the playlist**

1. The videos achieved their objective of sharing evidence-based information with young people about managing eating disorders

* Strongly agree
* Agree
* Neither agree nor disagree
* Disagree
* Strongly disagree

Please explain your selection

1. **The videos accurately portray eating disorders**

* Strongly agree
* Agree
* Neither agree nor disagree
* Disagree
* Strongly disagree

Please explain your selection

1. **The video sharing Claire and Cara’s stories is valuable**

* Strongly agree
* Agree
* Neither agree nor disagree
* Disagree
* Strongly disagree

Please explain your selection

1. **The content of the video sharing Claire and Cara’s stories is of good quality**

* Strongly agree
* Agree
* Neither agree nor disagree
* Disagree
* Strongly disagree

Please explain your selection

1. **The video sharing Claire and Cara’s stories is of good technical quality, for example sound, light and camera angles**

* Strongly agree
* Agree
* Neither agree nor disagree
* Disagree
* Strongly disagree

Please explain your selection

1. **The video sharing Claire and Cara’s stories is of adequate length**

* Strongly agree
* Agree
* Neither agree nor disagree
* Disagree
* Strongly disagree

Please explain your selection

1. **Please comment on the tone of the video sharing Claire and Cara’s stories**
2. **The animation videos are valuable**

* Strongly agree
* Agree
* Neither agree nor disagree
* Disagree
* Strongly disagree

Please explain your selection

1. **The content of the video animations is of good quality**

* Strongly agree
* Agree
* Neither agree nor disagree
* Disagree
* Strongly disagree

Please explain your selection

1. **The animation videos are of adequate length**

* Strongly agree
* Agree
* Neither agree nor disagree
* Disagree
* Strongly disagree

Please explain your selection

# Appendix 2: Stakeholders who participated

|  |  |
| --- | --- |
| **Stakeholder** | **Number of participants** |
| People with lived experience of eating disorders | 16 |
| Carer of someone living with eating disorders | 1 |
| Health and social care professional | 1 |

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