The Efficacy of Video Education to Improve Treatment or Illness-Related Knowledge in Patients with a Long-Term Physical Health Condition: A Systematic Review

Authors : Megan Glyde, Louise Dye, David Keane, Ed Sutherland

Abstract : Background: Typically patient education is provided either verbally, in the form of written material, or with a multimedia-based tool such as videos, CD-ROMs, DVDs, or via the internet. By providing patients with effective educational tools, this can help to meet their information needs and subsequently empower these patients and allow them to participate within medical-decision making. Video education may have some distinct advantages compared to other modalities. For instance, whilst eHealth is emerging as a promising modality of patient education, an individual's ability to access, read, and navigate through websites or online modules varies dramatically in relation to health literacy levels. Literacy levels may also limit patients' ability to understand written education, whereas video education can be watched passively by patients and does not require high literacy skills. Other benefits of video education include that the same information is provided consistently to each patient, it can be a cost-effective method after the initial cost of producing the video, patients can choose to watch the videos by themselves or in the presence of others, and they can pause and re-watch videos to suit their needs. Health information videos are not only viewed by patients in formal educational sessions, but are increasingly being viewed on websites such as YouTube. Whilst there is a lot of anecdotal and sometimes misleading information on YouTube, videos from government organisations and professional associations contain trustworthy and high-quality information and could enable YouTube to become a powerful information dissemination platform for patients and carers. This systematic review will examine the efficacy of video education to improve treatment or illness-related knowledge in patients with various long-term conditions, in comparison to other modalities of education. Methods: Only studies which match the following criteria will be included: participants will have a long-term physical health condition, video education will aim to improve treatment or illness related knowledge and will be tested in isolation, and the study must be a randomised controlled trial. Knowledge will be the primary outcome measure, with modality preference, anxiety, and behaviour change as secondary measures. The searches have been conducted in the following databases: OVID Medline, OVID PsycInfo, OVID Embase, CENTRAL and ProQuest, and hand searching for relevant published and unpublished studies has also been carried out. Screening and data extraction will be conducted independently by 2 researchers. Included studies will be assessed for their risk of bias in accordance with Cochrane guidelines, and heterogeneity will also be assessed before deciding whether a meta-analysis is appropriate or not. Results and Conclusions: Appropriate synthesis of the studies in relation to each outcome measure will be reported, along with the conclusions and implications.

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