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Doctors on YouTube: Exploring the Uses and Gratifications of Health Vloggers

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Background

Since its launch in 2005 as a venture-funded technology startup, YouTube has grown into the world's largest online video platform—used by more than 2.2 billion daily active users globally (Statista Research Department, 2021; Ceci, 2021). Among these users, a number of physicians are creating health content. In particular, survey data suggests Egyptian physicians spend significantly more time on social media than those based in other countries (Elkhayat et al., 2018). This heavy use may be linked to Egypt's unique health communication context; with high levels of social media use but limited access to affordable healthcare, many Egyptians turn to the internet to learn about their health (Ghweeba et al., 2017). While physicians' use of social media has clear benefits for their audiences (Hassan 2018; Osman 2019), much less is known about what they themselves gain from this use.

Objectives

This study explores **how vlogging on YouTube gratifies health professionals** through the lens of Uses and Gratifications theory. Using Egypt as a case study, it investigates 1) *What goals motivate health professionals to use YouTube for vlogging?* and 2) *What gratifications does YouTube provide health professionals for their goal-oriented use?*

Theory

Uses and Gratifications Theory (UTG) suggests that audiences are motivated to select media and content that meets their needs (Katz, 1959; 1973; 1974). Broadly, the needs they seek to satisfy can be conceptualized as being either *subjective* (related to self) or *social* (related to one's relationships with others). Needs can be further categorized as *cognitive* (need for information and

knowledge), *affective* (need for aesthetic, pleasurable, and emotional experiences), *integrative* (need to strengthen credibility, confidence, and contact with family, friends, and the world), and *tension release* (need to temporarily give up of the one's social roles; Katz et al., 1973).

Gruzd et al. (2018) have praised the flexibility of UGT, as it “does not assume a pre-defined set of motivational factors, but instead lets factors emerge from data” (p. 48). This flexibility has been demonstrated in recent years, as the scope of the theory has expanded beyond needs related to media consumption to those related to media creation. This extension of the theory is linked to the rise of user-generated content (UGC), such as vlogs on YouTube. Researchers have proposed new needs, goals, uses, and gratifications for applying UGT to their findings (e.g. Dolan et al., 2016; Ratcliff et al., 2017; Gruzd et al., 2018), allowing them to better capture the multiple roles social media users hold as content creators and consumers (i.e. vloggers and viewers). This paper identifies the uses and gratifications of Egyptian health professionals who use YouTube for vlogging.

Method

This study applied a qualitative multi-method approach, in which we collected both in-depth interview and focus group data.

Participants for this study were sampled purposively to include a range of Egyptian health professionals who use YouTube to vlog. To identify these vloggers, we first searched YouTube for health content using Arabic search terms, then manually filtered through the results, saving only those videos published on channels created by Egyptian physicians, psychologists, or pharmacists. YouTube channels were filtered to include only those whose owners who self-identified as licensed **health professionals** (i.e., physicians, psychologists or pharmacists) and used **YouTube** to share **original** (i.e., User Generated) videos (i.e., vlogs) in the Egyptian dialect of **Arabic** about **health-related topics**. For inclusion in the study, the vlogger's content also had to be appropriate for **non-specialist audiences** (i.e., academic lectures were excluded) and their channels had to have a minimum of **50K subscribers**.

Using these criteria, we identified 40 accounts and recruited 12 participants. Each participant took part in a 45-55 minute in-depth interview, conducted on the phone or via WhatsApp voice calls. During the interview, they were asked 1) *Why did you start vlogging?* and 2) *Why do you continue vlogging?* All communication with participants was recorded, transcribed, and analyzed on Microsoft Word using Thematic Analysis (Braun & Clarke, 2012). We used an inductive approach to condense extensive and varied raw text data into a summary format (Thomas 2003).

Five months after the interviews, all participants were invited to take part in Zoom-hosted focus group discussions titled *Can Doctor Vloggers Mediate Health Research to Social Media Users?* during which we collected their feedback on the preliminary results from the interview analysis. Each focus group lasted for 90 minutes, and consisted of two parts: first, a researcher presented

the results, then participants were invited to comment on them. Specifically, vloggers were asked: *What do you think about these results? What do you agree/disagree with? In your case, have these goals been achieved?* Again, their answers were recorded and analyzed using thematic analysis.

Findings

1) What goals motivate health professionals to use YouTube for vlogging?

Participants described a variety of motivations for vlogging about health. When asked why they first started vlogging, many reported *self goals* (i.e., linked to furthering their careers) as well as *societal goals* (i.e., linked to fulfilling their perceived role in society). Self goals included **self-branding**—building a public image as a skilled health professional—and **answering patients’ recurring questions** in vlogs instead of repeating their answers multiple times. As for societal goals, doctors said that they aimed to **spread medical awareness** by teaching audiences about common illnesses and their treatment; describing early symptoms of medical conditions; and sharing lifestyle advice about how to cope with chronic illnesses. Other common societal goals included **addressing cultural and social issues** related to health and wellbeing, particularly the stigma about mental health, and **offering free medical advice**, such as by teaching first aid or providing information about common health problems that could be accessed by viewers who would otherwise be unable to afford a doctor’s consultation.

2) What gratifications does YouTube provide health professionals for their goal-oriented use?

YouTube rewarded the vloggers with multiple tangible and intangible gratifications, which fell into the following categories.

Recognition: Participants reported receiving recognition from YouTube in multiple ways. First, they received *tangible* recognition through positive audience feedback. Many also received *tangible* recognition in the form of the YouTube Creator Award, a play button-shaped award delivered to vloggers whose channels hit 100K subscribers. One participant also received tangible recognition through YouTube Next Up, a special prize for the promising channels that provide quality content but have less than 100K subscribers.

Influence: Participants described how vlogging on YouTube made them feel like they were able to have an impact on others and on society. This feeling of influence was closely tied to YouTube’s social functionalities, such as user comments that allowed the vloggers to see the impact their content had made on their audiences’ lives (e.g. through health improvements, switching to a healthier lifestyle). YouTube was also appreciated for its ability to facilitate the circulation of vloggers’ content on the web, as many reported that their vlogs had been reshared on other social media platforms, especially Facebook. Third, YouTube was valued because it allowed vloggers to access demographic data about their content viewership, making them aware of their impact beyond their geographical location.

Professional Fulfillment: Feelings of recognition and influence were further boosted by the comments the vloggers received from their own patients. All of the participants said that they had encountered patients at their practices who told them they had been alerted to early symptoms after watching one of their vlogs, then decided to come to that vlogger for treatment.

Learning: Finally, creating content on YouTube prompted the vloggers to boost their own digital and communication skills. Creating health videos involves extensive research and digital work, including finding evidence about the topic, simplifying it for the public, then explaining it in an entertaining but accurate way—all skills which the vloggers had to master. In addition to developing this communication expertise, using YouTube motivated many vloggers to learn to use the platform more effectively. Several reported they had taken courses in content creation, search engine optimization (SEO), or digital marketing, especially in the early days of starting their channels.

Conclusion

In sum, the health professionals in this study reported using YouTube to achieve a range of *self* and *societal* goals, and were rewarded for this use with a diverse mix of tangible and intangible gratifications. In documenting these vloggers' goals and gratifications, this study builds on a growing body of research applying UGT to content *creation*, rather than consumption, extending this work to the understudied context of Egyptian social media use.

In addition to these contributions, this work raises several questions to be addressed in future studies. Further research is needed to explore the ethics of doctors' vlogging activities and their impact on doctor-patient communication or the communication of health research. Additionally, more research is needed to assess the degree to which these findings are generalizable to other doctor vloggers, particularly beyond the Egyptian context, or to other platforms where users can share medical videos. Finally, more scholarship is needed to explore the risks or drawbacks of vlogging for health professionals, as this research focused solely on the gratifications vloggers received.

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