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Influence of Social Media in Healthcare Decision Making: Evidence from Prem Niketan Hospital, Jaipur

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Abstract

Background: Social media has become a routine channel through which patients and the general public seek, share, and interpret health information, with potential influence on treatment choices, provider selection, and health behaviours, alongside persistent concerns about information reliability.

Methods: A cross-sectional descriptive study was conducted at Prem Niketan Hospital, Jaipur, and among the general public residing within a 3 km radius of the hospital. Quantitative data were collected from 150 respondents (75 hospital patients and 75 from the general public) using a pre-tested semi-structured questionnaire containing 25 items (multiple-choice, Likert-scale, and open-ended questions). Data collection occurred between April 15 and May 15, 2024, using both online and offline modes, and analysis relied on descriptive statistics (frequencies, percentages, means, standard deviations).

Results: The findings indicate that social media exerts a substantial influence on healthcare decision-making, including treatment decisions, choice of healthcare providers, and health behaviours. At the same time, respondents expressed scepticism about the reliability of health information available on social media, with perceived credibility shaped by source credibility, user reviews/comments, shares/likes, and visual content quality. Key challenges reported include misinformation, lack of credible information, information overload, and privacy concerns, while opportunities include peer support, exposure to diverse opinions, and timely access to health-related information.

Conclusion: Social media functions as a high-reach but uneven-quality health information ecosystem. Strengthening health literacy, improving professional presence on social platforms, developing guidance for trustworthy information sharing, and enabling fact-checking and public awareness initiatives are central to improving patient engagement and supporting more informed healthcare decisions.

Keywords: Social media; Healthcare decision-making; Patient engagement; Health information reliability; Misinformation; Health literacy; Digital health communication; Jaipur.

Introduction

Social media has moved from being primarily a space for social interaction to an everyday infrastructure for information exchange, including health-related knowledge and experiences. In the healthcare context, these platforms are used to search for symptoms, explore treatment options, identify healthcare providers, and engage with peers who share similar conditions, often providing emotional reassurance and practical advice. The same features that make social media attractive speed, reach, interactivity, and user-generated content also raise concerns

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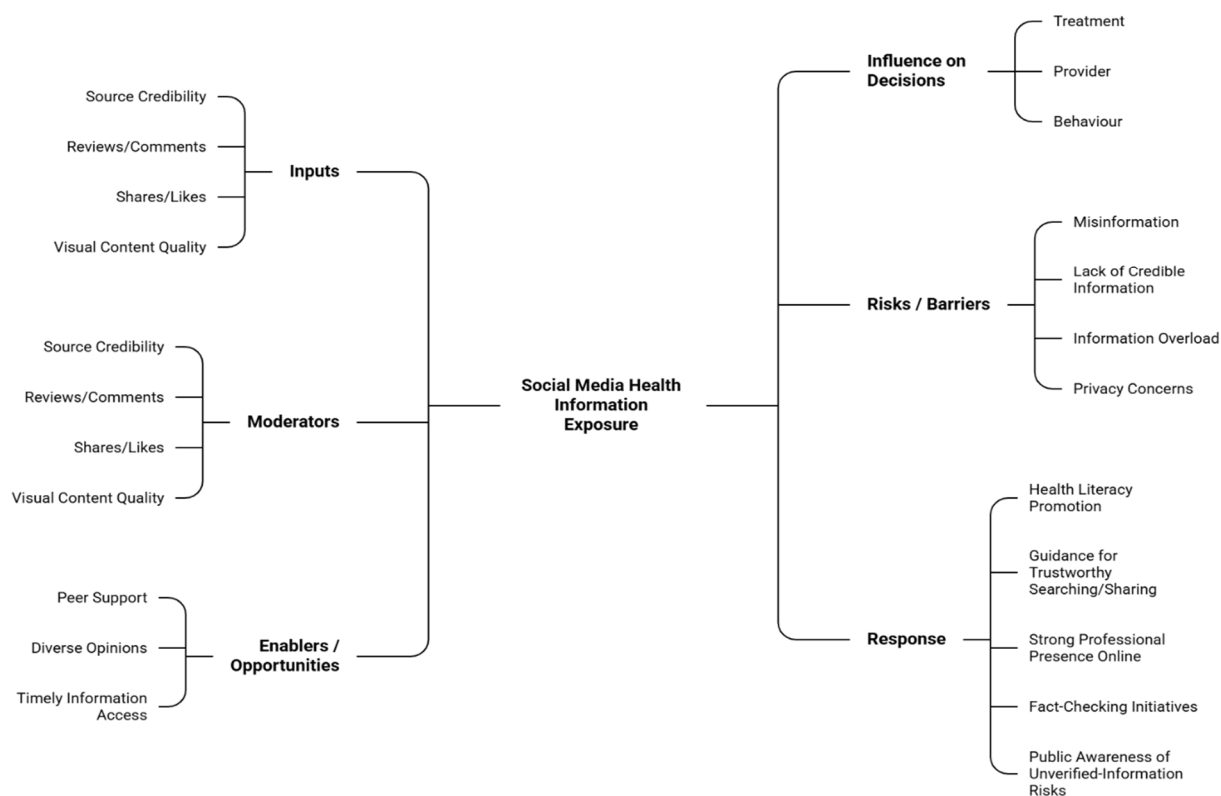
about quality control because information is not consistently peer-reviewed or formally verified.

This study is situated in Prem Niketan Hospital, Jaipur, a prominent healthcare institution in Rajasthan with a heterogeneous patient population and a broad spectrum of services, providing a practical context to examine how social media influences patient choices. The inquiry was informed by observations made during a two-and-a-half-month internship at the hospital, where the interaction between patients, healthcare providers, and information sources (including social media) was visible in routine care pathways. Against this background, the study pursued two objectives:

- i. To find out the use of social media on healthcare decisions; and
- ii. To identify challenges and opportunities of social media in healthcare and provide recommendations.

A conceptual thread running through the study is the tension between empowerment and risk. On one hand, social media can widen access to health information, expose individuals to multiple viewpoints, and create peer-support networks that may strengthen confidence and engagement. On the other hand, the absence of consistent verification processes can permit misinformation, anecdotal advice, and unverified claims to spread quickly, potentially shaping harmful decisions or undermining trust in clinical guidance. Understanding how respondents interpret reliability and how they integrate online content into decisions is therefore central to the problem investigated.

Figure 1: Conceptual Framework: Social Media Health Information Exposure: Factors and Responses



Materials and methods

2.1 Selection of the study area and population

The study was conducted at Prem Niketan Hospital, Jaipur, and included members of the general population living within a 3 km radius of the hospital to capture both patient and community perspectives. Eligible participants were individuals aged 18 years and above who were current social media users and had sought health-related information on social media within the last year. The combined hospital-plus-community frame was intended to support a more representative view of how social media influences healthcare decision-making in the local setting.

2.2 Sampling techniques and sample size

A sample size of 150 respondents was considered, consisting of 75 patients from Prem Niketan Hospital and 75 respondents from the general population. Participants were selected using a convenience sampling approach due to practicality and ease of access in both the hospital setting and the community.

2.3 Survey instruments

Data were collected using a semi-structured questionnaire designed to elicit information on respondent demographics (age, sex, education), patterns of social media use for health information, types of health information sought, influence on healthcare decisions, and perceptions of reliability and credibility of social media health content. The instrument comprised 25 questions, mixing multiple-choice items and Likert-scale questions, alongside open-ended questions to capture additional perspectives.

2.4 Construction of questionnaire

The questionnaire was structured to remain clear and accessible to a broad respondent group, with emphasis on concise wording and easy comprehension. It was pre-tested on a small sample before the main data collection to support validity and reliability. The content domains reflected the study objectives capturing both “what people do” (usage and influence) and “what people think” (reliability judgments and perceived challenges).

2.5 Data collection procedures

Data collection occurred over one month, from April 15 to May 15, 2024, using both online and offline approaches to increase reach and response rates. Digital questionnaires were shared through social media and email, while in-person data collection occurred within the premises of Prem Niketan Hospital. Participation was voluntary, and respondents were informed about the intent of the study and their right to withdraw at any time.

2.6 Data processing and analysis

Responses were checked for completeness and accuracy, and incomplete or invalid responses were removed prior to analysis. Data were coded and entered into statistical software, and descriptive statistics were used to summarize respondent characteristics and patterns, including

frequencies, percentages, means, and standard deviations. The analysis was aligned to the objectives and presented through figures depicting demographic distributions, usage patterns, perceived reliability, influence on decisions, and reported challenges/opportunities.

Ethics: Ethical approval was obtained from the Ethical Committee of Prem Niketan Hospital. Informed consent, confidentiality/anonymity, and data security (including password-protected files and secure storage systems) were explicitly addressed.

Results

3.1 Sample characteristics

The respondent profile comprising of percentage of age, gender and education level is presented in Table 1. These figures collectively establish the demographic heterogeneity of the sample, consistent with the study's intention to include varied respondent backgrounds across hospital patients and the local public.

Table 1: Demographic characteristics of respondents

Age Group	Percentage (%)
18–25 yrs	20.0
26–35 yrs	33.3
36–45 yrs	26.7
46–55 yrs	13.3
56 yrs and above	6.7
Gender	
Male	53.0
Female	47.0
Education Level	
High School or less	13.0
Undergraduate	40.0
Graduate	34.0
Postgraduate	13.0
Total	100

3.2 Patterns of social media usage for health information

The study presents respondent patterns of social media use for health-related purposes, including frequency of use and preferred platforms. The platforms observed during the study includes commonly used social networking and messaging/video platforms (e.g., Facebook, Twitter, Instagram, YouTube, WhatsApp), reflecting the mainstream ecosystem through which respondents access information. These results provide the behavioural baseline for interpreting downstream influence on decisions: frequent exposure increases the probability that online information becomes part of the decision environment.

Figure 2: Social Media Usage for Health Information

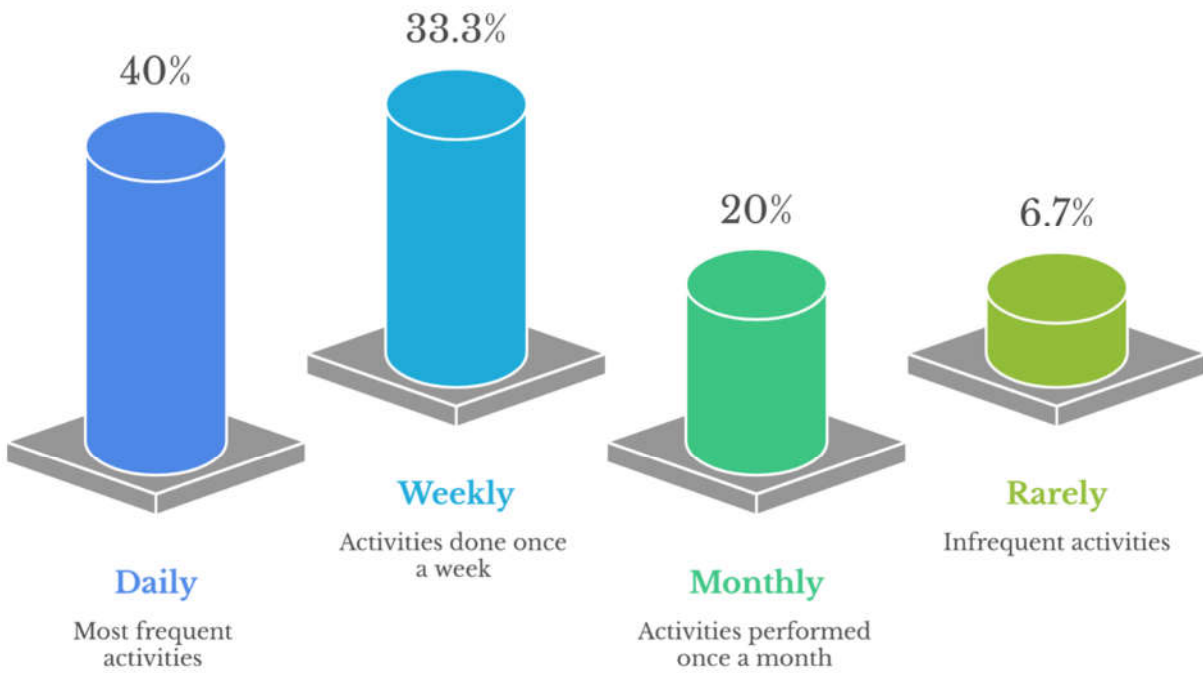
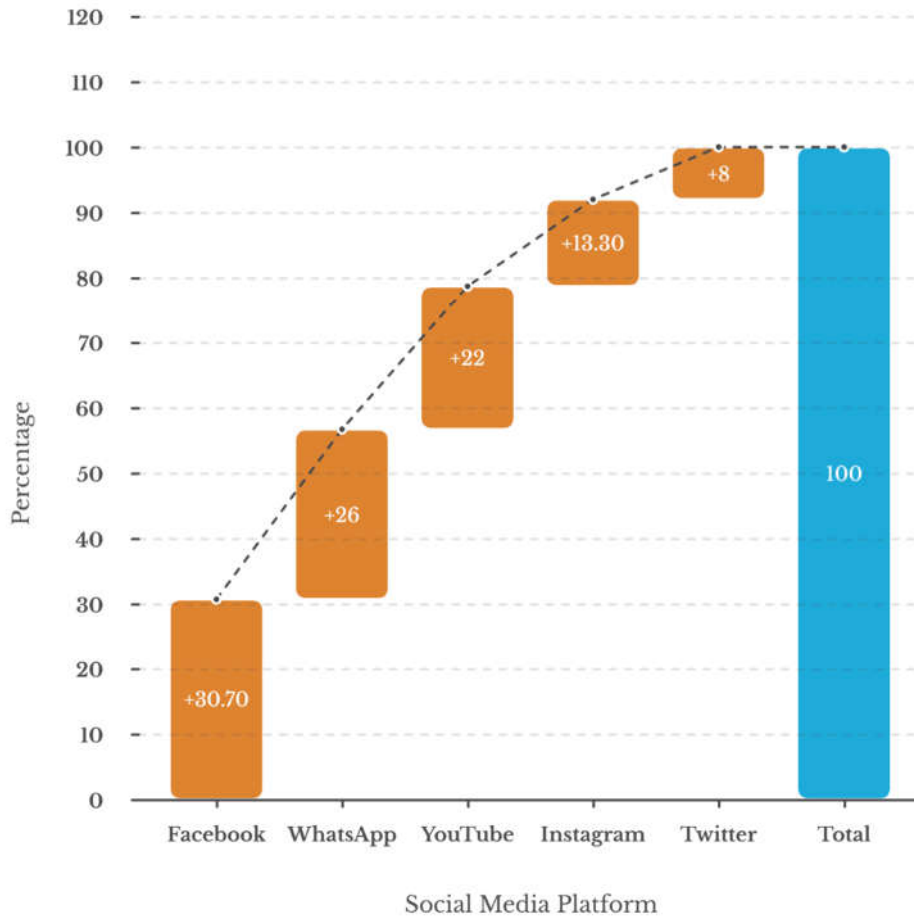


Figure 3: Popular Social Media Platform for Health Information



3.3 Influence of social media on healthcare decisions

The findings indicate that social media has influenced respondents' healthcare decisions in a "vast way," including treatment decisions, choice of healthcare providers, and general health behaviours. The figures in the results chapter visually represent the degree and direction of influence across these decision domains, and the narrative emphasizes that influence is widespread rather than marginal. Importantly, the study also recognizes that social media influence is not purely substitutive of clinical care; respondents reported patterns consistent with checking or discussing information with healthcare professionals after encountering it online.

3.4 Perceived reliability and credibility judgments

A central empirical contribution of the study is the coexistence of high influence with reliability scepticism. Respondents frequently used social media for health information yet expressed limited confidence in the reliability of that information, reinforcing that "use" does not imply "trust." The study identifies factors shaping perceived credibility: credibility of the source, user reviews/comments, the number of shares/likes, and quality of visual content. This is analytically important because it shows that credibility is often inferred from platform-native signals (engagement metrics and presentation cues) rather than clinical validation.

3.5 Challenges and opportunities of social media in healthcare

The results explicitly name major challenges: misinformation, absence of credible information, information overload, and invasion of privacy. These challenges demonstrate that harm is not limited to incorrect content; it also arises from volume and uncertainty (overload) and from risks to confidentiality and personal boundaries (privacy). At the same time, the study identifies opportunities that are tightly linked to social media's affordances peer support, exposure to alternative views, and timely access to health information suggesting that the same channels creating risk can be repurposed for benefit if credibility and governance are strengthened.

Discussion

Social media has become deeply integrated into how patients seek and use health information, influencing decision-making across a wide range of clinical and community settings [Chen & Wang, 2021; Zollo et al., 2025]. Systematic evidence shows that people routinely turn to platforms such as Facebook, YouTube, WhatsApp, Twitter/X, and Instagram to obtain information about symptoms, treatment options, and healthcare providers, as well as to share experiences and seek emotional support [Chen & Wang, 2021; "Peer support for chronic pain in online health communities," 2024]. In a large synthesis of studies on social media and health purposes, social media was found to be used extensively for information seeking, self-management, and interaction with professionals and institutions, indicating that these platforms now operate along the entire care pathway rather than at its margins [Chen & Wang, 2021]. Research conducted in Indian outpatient settings reports that a high proportion of adults acknowledge that health-related messages on WhatsApp and Facebook influence their own or their family's health-related choices, demonstrating that this embeddedness is also evident in

low- and middle-income country contexts [“Influence of social media on health-related decision-making among adults attending an outpatient department,” 2024].

The overall impact of social media on healthcare decisions is, however, consistently described as ambivalent, with benefits for engagement sitting alongside substantial risks for confusion and conflict with professional advice [Chou, Oh, & Klein, 2018; “The impact of social media on health behaviors: A systematic review,” 2025]. Analyses of internet health information and patient decision-making show that online content can support more active participation and shared decision-making, but can also overwhelm patients with limited health literacy or numeracy, especially when information is complex or contradictory [“Internet health information on patient’s decision-making,” 2023]. A review of social media’s impact on health behaviours similarly concludes that digital channels can successfully promote behaviour change in some domains while simultaneously exposing users to low-quality or misleading content that undermines evidence-based practice [“The impact of social media on health behaviours: A systematic review,” 2025]. These findings support an interpretation of social media as a high-influence environment whose net effect depends heavily on the quality of information and the support available to users in interpreting it [Chen & Wang, 2021; Chou et al., 2018].

Concerns about misinformation and reliability are central in empirical and policy discussions on social media and health [Chou et al., 2018; Zollo et al., 2025]. Commentaries on health misinformation stress that social platforms enable rapid diffusion of false or misleading claims about vaccines, treatments, and preventive behaviours, often outpacing corrective communication from public health agencies and clinicians [Chou et al., 2018]. The World Health Organization has characterized this environment as an “infodemic,” in which an overabundance of information, including rumours and manipulated content, makes it difficult for individuals to locate trustworthy guidance when they need it most [World Health Organization Regional Office for Europe, 2022]. A detailed analysis of social media and misinformation notes that engagement-based ranking systems, algorithmic amplification, and emotionally charged narratives increase the visibility of inaccurate but attention-grabbing content, which can distort perceptions of consensus and credibility [Zollo et al., 2025]. These dynamics are particularly dangerous in health, where misinformation has been linked to vaccine hesitancy, delayed care, and harmful self-medication practices [Chou et al., 2018; World Health Organization Regional Office for Europe, 2022].

Studies investigating how users assess the credibility of online health information show that many people rely on heuristic cues such as professional titles, medical jargon, visual polish, and social endorsement metrics (likes, shares, and supportive comments) rather than on verifiable evidence or source transparency [Chen & Wang, 2021; Zollo et al., 2025]. The systematic review of social media for health purposes reports that users frequently equate high engagement and appealing infographics with trustworthiness, even when posts lack citations or originate from non-expert accounts [Chen & Wang, 2021]. Work on misinformation spread demonstrates that repeated exposure and strong social endorsement both increase the perceived accuracy of claims, irrespective of their factual correctness, thereby compounding the problem in environments where popularity and truth are poorly aligned [Zollo et al., 2025]. Surveys of

patients using online health information similarly find that many individuals read comments and peer reviews to judge whether to accept or reject particular advice, with these social cues often outweighing institutional or expert labels in practice [“Internet health information on patient’s decision-making,” 2023; *Frontiers in Public Health*, 2022]. These patterns provide a useful lens for understanding why people may simultaneously voice skepticism about social media health information while still letting highly endorsed or emotionally compelling content influence their decisions [Chen & Wang, 2021; Zollo et al., 2025].

Alongside these risks, a substantial body of research emphasizes the positive contributions that social media can make to patient education, engagement, and peer support when used appropriately [Chirumamilla & Gulati, 2021; Chen & Wang, 2021]. Analyses of patient education via social platforms argue that social media can help bridge gaps in health literacy by presenting information in accessible formats, enabling patients to follow credible organizations or clinicians, and allowing real-time clarification through comments and direct messages [Chirumamilla & Gulati, 2021]. Systematic reviews on online health communities show that peer-to-peer interaction in digital environments can reduce isolation, increase perceived social support, and strengthen self-efficacy among people living with chronic conditions, even though information quality within these communities is heterogeneous [“The impact of social media on health behaviors: A systematic review,” 2025; “Peer support for chronic pain in online health communities,” 2024]. Studies of chronic pain and other long-term illnesses indicate that sustained participation in supportive online communities is associated with more positive emotional trajectories for some users, as well as with the sharing of practical coping strategies not always covered in standard clinical encounters [“Peer support for chronic pain in online health communities,” 2024; “When people with chronic conditions turn to peers on social media,” 2023]. These findings suggest that social media, when grounded in accurate information and mindful moderation, can complement, rather than replace, traditional care [Chirumamilla & Gulati, 2021; Chen & Wang, 2021].

The way clinicians and health systems respond to patients’ use of online information appears to be a crucial determinant of whether social media use ultimately improves or undermines satisfaction and trust [“Internet health information on patient’s decision-making,” 2023; *Frontiers in Public Health*, 2022]. Research on consultation dynamics shows that when clinicians acknowledge and discuss the material patients bring from the internet, patients report higher satisfaction and feel more engaged in shared decision-making, even if some of the material is inaccurate [*Frontiers in Public Health*, 2022]. Conversely, when clinicians dismiss or ignore online information, patients may perceive them as unresponsive or paternalistic, reinforcing a divide between digital experiences and clinical care [“Internet health information on patient’s decision-making,” 2023]. These findings support calls for healthcare professionals to develop communication skills specifically oriented toward addressing social media information—clarifying inaccuracies, highlighting trustworthy sources, and encouraging patients to ask questions about what they encounter online [Chou et al., 2018; *Frontiers in Public Health*, 2022].

Equity considerations are increasingly foregrounded in discussions of social media and health information [“A systematic review on social media utilization by health communicators in

India,” 2024; Chen & Wang, 2021]. Reviews focusing on India report that many digital health campaigns disproportionately reach urban, higher-educated, and English-speaking users, leaving rural populations and those with lower literacy less likely to benefit from credible online health messaging [“A systematic review on social media utilization by health communicators in India,” 2024]. At the same time, smartphone penetration and low-cost data have created new opportunities for reaching marginalized groups if content is localized and co-designed with communities [“A systematic review on social media utilization by health communicators in India,” 2024; Chen & Wang, 2021]. Work on health behaviours and digital media stresses that differences in digital literacy, language, and connectivity can cause social media to widen existing health disparities when misinformation disproportionately affects those with fewer resources to evaluate competing claims [“The impact of social media on health behaviors: A systematic review,” 2025; Zollo et al., 2025]. These observations underscore that any strategy to leverage social media for health decision support must explicitly address access, literacy, and inclusion rather than assuming that digital diffusion alone will reduce inequities [World Health Organization Regional Office for Europe, 2022; “A systematic review on social media utilization by health communicators in India,” 2024].

In response to these challenges and opportunities, international organizations and scholars increasingly advocate for structured governance approaches to health-related social media use [Chen & Wang, 2021; World Health Organization Regional Office for Europe, 2022; Zollo et al., 2025]. Policy guidance from the WHO recommends combining fact-checking mechanisms, collaboration with technology companies, promotion of authoritative sources in search and recommendation systems, and public education campaigns to strengthen critical evaluation skills [World Health Organization Regional Office for Europe, 2022]. Reviews of social media for health purposes argue that research should move beyond descriptive usage studies toward intervention trials comparing different content formats, platform combinations, and targeting approaches to determine which strategies most effectively disseminate accurate information and counter misinformation [Chen & Wang, 2021]. Analyses of social media’s impact on health behaviours likewise call for the development of theory-informed digital interventions that are rigorously evaluated for both effectiveness and equity, rather than relying on ad hoc or purely marketing-driven campaigns [“The impact of social media on health behaviors: A systematic review,” 2025; “Understanding the complex links between social media and health behaviour,” 2023]. Together, this work indicates that health systems should treat social media as a core domain of health communication that requires evidence-based design, evaluation, and regulation [Chen & Wang, 2021; World Health Organization Regional Office for Europe, 2022].

Placed against this broader evidence, the findings from the Jaipur context are consistent with earlier research that documents high levels of social media use for health decisions, significant influence on treatment and provider choices, and pervasive concerns about misinformation and overload [“Influence of social media on health-related decision-making among adults attending an outpatient department,” 2024; Chen & Wang, 2021; Chou et al., 2018]. The observation that individuals rely on cues such as source reputation, comments, likes, and visual quality to assess credibility mirrors patterns described in both global systematic reviews and focused misinformation studies [Chen & Wang, 2021; Zollo et al., 2025]. The identification of

opportunities in peer support and timely information access parallels findings from research on online health communities and patient education through social media [Chirumamilla & Gulati, 2021; “Peer support for chronic pain in online health communities,” 2024]. Where the Jaipur experience may offer a distinctive nuance is in the relatively frequent reporting of subsequent consultation with healthcare professionals, suggesting a potential foundation for integrating online and offline decision support if clinicians are equipped and willing to engage with patients’ digital information sources [Frontiers in Public Health, 2022; “Internet health information on patient’s decision-making,” 2023]. Overall, the alignment between this local evidence and international work underscores the need for proactive, evidence-informed strategies that recognize social media as both a risk and a resource in contemporary healthcare decision-making [Chen & Wang, 2021; World Health Organization Regional Office for Europe, 2022; Zollo et al., 2025].

Conclusion

The conducted research studied that social media plays a significant role in shaping healthcare decisions including treatment choices, provider selection, and health behaviours, among respondents connected to Prem Niketan Hospital, Jaipur. At the same time, perceived unreliability of social media health information and concerns about misinformation, overload, and privacy create a governance and engagement challenge for healthcare institutions. Strengthening health literacy, expanding credible professional engagement on social platforms, and operationalizing mechanisms that improve the reliability of disseminated health information are essential to realizing social media’s opportunities while reducing harm.

Declaration

Ethical approval for the study was obtained from the Ethical Committee of Prem Niketan Hospital, and participants provided informed consent with confidentiality and anonymity safeguards.

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Declaration of competing interest

Authors declare that there is no conflict of interest.

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