



International Journal of Research Publication and Reviews

Journal Homepage: www.ijrpr.com ISSN 2582-7421

Beyond Health Information Exposure: Examining How Conflicting Social Media Health Content Influences Trust in Professional Healthcare Advice

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DOI : <https://doi.org/10.55248/gengpi.07.1026.3243>

ABSTRACT

While traditional mass media are still being used, social media has become a major channel of health information. Social media make it possible for us to get health information in the form of medical advice, treatments, tips on prevention, and personal experiences. Misinformation and the overabundance of health-related information on social media create barriers for the population to get trustworthy medical information. Social media users are increasingly encountering competing medication advice, vaccines, diets, treatments, and disease prevention methods, which cause confusion about which to follow. This paper studies the impact of conflicting health information on social media on the trust in medical advice. It also studies the mediating roles of perceived credibility, digital health literacy, previous healthcare experiences, and doctor-patient interactions. It takes a conceptual research approach, drawing information from secondary data collected from literature sources and making a proposal for a quantitative research approach. Existing research suggests that perceived health misinformation impacts trust in healthcare negatively, although the impact's strength varies with users' health literacy levels. The paper concludes that trustworthy medical communication, health literacy, and online social media behavior are key factors in fostering trust in medical advice.

Keywords: social media, health misinformation, conflicting health messages, trust in health care, health advice, digital health literacy, patient education.

Problem Statement

Social media services like Instagram, YouTube, Facebook, and WhatsApp enable people to find and share health information instantly. While they can create greater understanding of health matters, social media may also increase the risk of receiving and sharing inaccurate or exaggerated health advice from medical professionals.

For instance, a case study, an expert's opinion or information in a book may state that the treatment is beneficial and the same or a different social media post might say that the same treatment is harmful. Another similar example is having different websites for medicines, vaccines, food & nutrition, as well as the prevention of infection.

These experiences can cause ambiguity and confusion. If you hear different health information multiple times over a short period of time, you may start to doubt the credibility of health care professionals and lose faith in evidence-based health care recommendations.

On the other hand, increased exposure to contradictory information doesn't always diminish trust in every case. Others may use online information to help them formulate questions, get clarifications, and reach more informed decisions about their health.

So, the question this study asks is how competing health information on social media creates trust in health professionals and what factors work to increase or decrease it.

Further, the research addresses whether the use of digital health literacy and healthy communication between professionals and patients can assist them in assessing these conflicting pieces of information better.

Introduction

The explosive growth of digital communication has revolutionized how we learn about health. People used to turn primarily to doctors, hospitals, medical books, and the media for information. Now they can quickly turn to social media for health info in just a matter of seconds.

Social media can be used for education regarding symptoms, medicines, fitness and nutrition, mental health, disease prevention and treatments. It is a medium for people and patients to communicate and exchange information, experiences and interact with the health care system.

Yet this is a significant problem, given the proliferation of false and misleading health information available online. Some of this information is generated by medical professionals, while others have no medical expertise and may be the work of influencers, corporations, or laypeople.

The situation gets even more complex when users are presented with different accounts of the same health problem. However, being faced with conflicting messages time and time again can create confusion about which sources are trustworthy and which pieces of advice need to be obeyed.

A study conducted by Stimpson et al. (2025) from a survey of 3,805 adult participants from the United States revealed that the perception of a significant amount of health misinformation on social media was correlated with increased likelihood to report low trust of the health system. The association also varied by personal healthcare experiences and discrimination.

Trust is also very important in the patient-doctor relationship. Patients who have confidence in the doctor might be more inclined to take part in their care plan, including feeling comfortable talking about their symptoms, adhering to their treatment, and questioning their doctor.

In contrast, a patient who does not trust the professional counsel might either postpone treatment, follow a different course of actions or home in on a lot of online websites which are credible.

The connection between social media and healthcare trust is more complex than that. This access to accurate health information can make someone more knowledgeable, but as we've said above, contradictory information can be an incentive to think critically and, in some cases, to distrust.

So we need to step back from this question of whether we get health information on social media. And instead ask how conflicting content influences our perceptions, evaluation and trust in professional health care advice.

According to the study, since social media are widely used in India to exchange information and connect with others, this problem may be relevant. This knowledge could assist healthcare providers, teachers, and public health agencies in adopting new methods of communication.

Literature Review

A review of the previous research helps to provide context for the link between social media health information, misinformation, and trust in professional healthcare sources.

Social media as an information source for health

The internet and social media have broadened possibilities for people to learn about health, and to discuss health concerns.

Provides users with information on symptoms, treatment, prevention and lifestyle. The accuracy of the data is dependent upon the resources, evidence and weight of all the claims, and cannot be guaranteed.

If misinformation can be differentiated from reliable information, social media use could impact people's health beliefs and behaviors.

Health Misinformation and Public Trust

Stimpson et al. (2025) explored the link between social media exposure to health misinformation and trust in healthcare in a sample from the 2022 Health Information National Trends Survey.

They discovered that those who thought misinformation was prevalent on social media were more likely to have very little trust in the healthcare system. The association between these, and the healthcare and discrimination experiences, differed.

Huang et al. This article is the first to demonstrate a correlation between online misinformation and patient trust in the healthcare system. And shows that the association does not exist outside of the experience of healthcare.

Conflicting Health Information and Trust

Zhang and Gai (2026) examined the effect of conflicting health information, mis- and disinformation, and patient-centered communication on trust in a health care provider and social media behaviour.

In their paper, the researchers found a nonlinear relationship between exposure to misinformation and confidence. Medium exposure had a different relationship to trust than high exposure, which had an opposite relationship to that of greater exposure to misinformation. Patient-centered communication was directly linked to increased trust and decreased use of social media.

These results suggest that the impact of online information might be influenced by how much they encounter online, as well as the quality of patient-provider communication.

Healthcare Providers: Correcting Misinformation

Bautista et al. (2021) investigate how HCWS correct social media health misinformation.

The study uncovered ways that health workers can factcheck online and set the record straight. It also showed the value of professionals contributing to online health communities.

Medical professionals are able to assist individuals in assessing untrustworthy information by providing factual information and directing individuals to reliable resources.

Strategies for Combating Health Misinformation

In their review of approaches and requirements for countering social media health misinformation, (2025/2026), Keikha et al. focus on how to control the adverse impact of health disinformation.

This approach can be used as a starting point to guide you in addressing misleading information on health topics online.

Research Gap

There has been previous literature on the issue of health misinformation and public trust; however, there are more topics that can be explored.

1. While plenty of research into misinformation exists, the experience of multiple competing ideas and conflicting claims is a topic that should be taken up independently.
2. Trust in the health care system and trust in an individual doctor are related but distinct. Further research is required to establish whether conflicting messages online have an impact on trust in professional medical advice.
3. The skills needed to filter credible sources, comprehend medical information and assess claims on the internet, among others, varies between people. How these variations influence trust is an area for further investigation.
4. Impact of healthcare encounters: How people have been treated in the past by physicians, perceived quality of care, and quality of patient communication can impact a person's response to conflicting online information.
5. Indian perspective: Results from research conducted in other nations may not be able to adequately address the situation of Indian social media users. Research with Indian samples might reveal helpful information about the culture of communication and healthcare needs.
6. Separating exposure and response: Exposure to conflicting information does not prove that a person's trust has been affected. Investigations need to identify how individuals would seek, interpret, and react to the information.

Research gap statement: In the present study, this framework will fill the identified research gaps by studying how exposure to conflicting social media health content influences trust in professional health advice, while taking into account digital health literacy, the subjective source credibility and past experiences with healthcare, and patient-centered communication.

Purpose of the study

The primary goals of the study are:

1. To analyze the degree to which users are exposed to conflicting information regarding health on social media.
2. To investigate the effect of conflicting health information on confidence in health professionals.
3. Objective To determine whether perceived credibility of health-related information online is associated with a greater level of trust in doctors.
4. Objective To explore the influence of digital health literacy in the process of judging contradictory information regarding health.
5. To understand the impact of prior care experiences on people's reactions to online health information.
6. Looking for reasons as to whether effective communication between the patients and the provider can build up the trust.
7. To propose recommendations for public education and for minimizing the adverse consequences of health misinformation.

7. Research Methodology

7.1 Research Design

The study is descriptive and analytical research design.

The descriptive approach aims to describe how people have come into contact with conflicting health information on social media. The analytical approach aims to examine how such contact influences trust in advice from health professionals.

The paper here develops a conceptual framework of using literature. The next methodology outlines how the research will be conducted.

7.2 Type of Research

The focus of the study will be quantitative, but may include qualitative responses as not to limit the information gained from participants.

The questionnaire would gather data about social media use, exposure to contradicting health information, perceived credibility of this information, digital health literacy and trust in professional healthcare advice.

7.3 Data Sources

Primary Data: Questionnaire could be distributed to respondents.

Secondary data: Existing data would be sourced from journal articles, systematic reviews, and various other reputable sources about social media, fake health news and health trust.

7.4 The Population of the Study

The potential participants are adult social media users who have viewed health-related information on social media and who have attempted to seek professional medical care.

For a research study that is conducted in India, participants can be obtained from reputed colleges, villages, community or local areas as per the preference of the investigator and resources available.

7.5 Sample Size and Sampling Method

Sample of 150 respondents proposed for a group research project subject to time, resources and access to persons.

It would be possible to conduct a convenience sample to obtain participants who are willing to participate and meet the criteria.

As a non-probability sampling method, the results would not be assumed to be typical of the general population.

7.6 Instrument of Data Gathering

A structured questionnaire could contain the following sections:

- Section A: Personal or demographic information such as age category, gender and level of education.
- Section B: Use of social media and average frequency of exposure to health information
- C. Additional Section-Experiences of exposure to conflicting health claims.
- Section D: The information that is said to be credible online.
- E Trust in physicians and other qualified health care professionals.
- Section F: Digital health literacy and patient-centered communication.

Any or all of the following answers were to be coded on a five point Likert scale (Strongly Disagree to Strongly Agree).

Example questionnaire statements include:

1. I see all types of contradictory health data on social media.
2. Online health claims are often conflicting and difficult to decipher.
3. Sometimes social media health content can leave me questioning what my doctor has told me.
4. I check online health information before I believe it.
5. I trust my healthcare provider when they explain what they recommend.
6. I am risk averse from my last encounters with healthcare providers.

7.7 Data Analysis Tools

In the case of primary data collection, the following techniques can be employed:

- Percentage analysis: To describe the use of social media and exposure to conflicting health information by the respondents.
- Average and standard deviation: To present results of responses to the questionnaire statements.
- Correlational analysis- To investigate the relationship between exposure to conflicting content and level of trust.
- Logistic regression: To explore if conflicting content is related to trust after controlling for the selected factors.
- Between-group comparison: To investigate the difference according to digital health literacy or prior experience of health-care.

7.8 Ethical Issues

The actors should: have participated voluntarily, should be aware of the purpose of the study.

Personal information is to be avoided, and data to be aggregated as a matter of course.

Questions must not seek sensitive medical information that is not needed. Participants must be free to withdraw without penalty.

8. Conceptual Background

Underlying concept discusses the main concepts involved in the relationship between social media health content and professional healthcare trust.

8.1 Conflicting Social Media Health Content

Definition of conflicting social media health content: health content that presents a clashing, inconsistent, uncooperative, or not compatible explanation(s), advice or claim(s).

Another example might be a post touting a specific home remedy and another discussing why it doesn't work. Users might also receive conflicting advice about food, medicines, and health maintenance.

Crucially, at the core of different content is not wrong information; in certain cases, there are distinct recommendations for various patients, or conditions. The key is whether people can navigate these differences and can recognise the advice that is relevant to them.

8.2 Trust in Professional Healthcare Advice

Trust in professional healthcare advice – generally, an individual's willingness to follow advice given by trained and expert healthcare professionals.

Trust might be rooted in aspects such as perceived competency, truthfulness, communication skills, professional experience, and confidence that information is evidence-based.

Trust is not blindly following care recommendations. It is about feeling confident that the healthcare team will be honest, clarify the uncertainty and help meet the patient's needs.

8.3 Perceived Source Credibility

Perceived source credibility is how much a person believes the author is intelligent, dependable, and honest.

Just because a post on social media looks convincing or has received a lot of likes and shares does not mean that the information is accurate.

It is also possible that the perceived credibility of the source might be a reason to either accept the online posts, compare it to that professional advice or challenge the information received.

8.4 Digital Health Literacy

Digital health literacy is the skill set that enables individuals to be best equipped to appropriately find, comprehend, and evaluate digital health information.

Those with higher digital health literacy may be more able to distinguish between valid sources, catch unsubstantiated claims, and fact check before making health decisions.

However, digital health literacy does not safeguard against misinformation.

8.5 Patient-Centered Communication

Patient-centred communication involves healthcare professionals listening to patients, explaining information clearly and showing respect for patient concerns.

Patients may be more likely to talk about conflicting information if doctors handle questions about social media content with regard.

It can provide an opportunity to set things straight and avoid damaging the caregiver–patient relationship.⁹ Conceptual framework

The proposed conceptual framework illustrates how contradictory content on social media may affect trust in medical advice from health professionals.

9. CONFLICTING SOCIAL MEDIA

HEALTH CONTENT

|

v

Perceived Confusion and

Information Uncertainty

|

v

PROFESSIONAL TRUST

HEALTHCARE ADVICE

The relationship may also be influenced by the following factors:

Independent Variable:

Exposure to Conflicting Health Content

|

v

Perceived Confusion and

Information Uncertainty

|

v

Dependent Variable:

Trust in Professional Healthcare Advice

Variables That Might Affect the Connection:

- Perceived Source Credibility

- Digital Health Literacy

- Past Healthcare Experiences

- Patient-Centered Communication

Explanation of the Framework

Variable of independent: Social media information received contradictory health.

Dependent variable: Trust in professional healthcare advice.

Potential mediators: Confusion or information uncertainty may serve as a mechanism for the relationship between conflicting messages and trust.

Possible moderators: Digital health literacy, perceived source credibility, past patient healthcare experiences, and patient-centered communication.

The models suggest that the regular conflicting health information could cause confusion and erode trust in professional advice. However, it might have a weaker effect if a person is able to assess health information online or receives an explicit description from a health professional.

These are hypotheses to be tested, not causal relationships to be assumed.

Research Hypotheses Proposed

H₀: No correlation can be statistically inferred between exposure to contradicting health information on social media and general trust in professional advice.

H₁ (altern. Hypothesis): There is a statistically significant correlation between exposure to conflicting medical advice on social media and trust in professional health care.

Another potential hypothesis might test for the impact of digital health literacy on the link between conflicting online health information and trust.

10. Key Findings and Analysis

This section of research details a review of the literature and discussion on implications for our study. It is not reporting the results of a new survey.

10.1 Conflicting Health Information Can Create Uncertainty

People may also be unsure about what to do when they are faced with different explanations about the same disease or condition.

Pervasiveness of such information may lead to uncertainty among the general public and create doubts about what they hear from the health care providers.

But, others may have a different reaction by looking for clarification.

Analysis: The impact of conflicting health information might be influenced by its interpretation and by whether people are able to get trustworthy clarifications.

10.2 Misinformation Perception Is Linked to Reduced Trust in Health Care

Stimpson et al. (2025) reported that exposure to high amounts of health misinformation online was associated with higher odds of reporting low trust in the healthcare system.

Furthermore, the results showed that experiences with healthcare discrimination and perceived quality of care were relevant to the relationship with trust.

Analysis: How people may react to encounters with misinformation is a piece of the puzzle that should not be viewed in isolation. Past encounters with health care services could influence their ability to comprehend contradictory online content.

10.3 The Relationship May Not Be Linear

Zhang and Gai (2026) found a nonlinear impact of exposure to misinformation on trust in providers. The analysis indicated that there was a differential impact of moderate and high levels of exposure to misinformation on trust.

Analysis: It is not reasonable to assume that each and every additional encounter with incompatible information decreases trust by the same amount. Future work should explore whether the effect scales as a function of the number, severity, and type of incompatibility.

10.4 Professional Communication May Help Maintain Trust

Set out clear reasons from the healthcare professionals if the online advice differs.

They might simply want to reassure patients they can make inquiries about social media content.

Research on misinformation correction suggests that clinicians have an important role in flagging incorrect claims and providing corrections.

Analysis: Effective professional communication may curb the evolution of uncertainty into distrust. This hypothesis requires a test.

10.5 Evaluation of Information Could Be Enhanced by Digital Health Literacy

People who know how to critically evaluate online information might be more likely to assess the validity of a health claim.

For example, they might verify the author's credentials, seek evidence and cross-check facts with other trusted medical information, and speak with their doctor when the evidence differs.

Analysis: The ability to interpret digital health information could affect how people respond to potentially conflicting messages. But, this will also depend on the information that is available and a person's ability to apply those evaluation skills.

10.6 Trust Is More Than Exposure to Social Media

Trust in healthcare can be affected by professional skills, communication, past experiences of care, ease of access and perceptions of quality of care.

As a result, two individuals may have varying reactions to the same content.

The suggested research should factor in individual variation and not solely blame social media for changes in healthcare trust.

Overall Analysis

The reviewed literature indicates that information about conflicting social media health content is a factor worth exploring in relation to trust in professional doctor advice.

This framework, which is proposed, provides a framework to explore the relationship with consideration for uncertainty, source credibility, digital health literacy and healthcare experiences.

However, further empirical studies should be conducted to confirm the strength of these correlations and to identify if they vary in different cultural and demographic groups.

11. Future Research Directions

This study could be expanded upon in future studies in several ways.

11.1 Study of Indian Social Media Users

Future researchers might explore how Indian social media users deal with contradicting medical information and if their reactions differ based on age, education, language, and geography.

This will help us know if the results from other countries are applicable to Indian health care scenarios.

11.2 Social Media Platform Comparison

There is potential for research to compare Instagram, YouTube, Facebook, WhatsApp, etc to find whether format and presentation of health information impact on their credibility and trust.

11.3 Longitudinal Research

Longitudinal study designs could investigate if repeated experiences of exposure to contradictory health information increases or decreases trust.

This methodology would enable researchers to identify trends that can't be determined through one survey taken at one point in time.

11.4 Role of Artificial Intelligence

Investigation into whether AI-generated information regarding health, automatic suggestions, and the performance of AI chatbots affect the reliability of information and have an impact on people's trust in medical professionals can be subjects of subsequent studies.

11.5 Experimental Research

Researchers could assess whether various types of health messages, such as conflicting evidence, contradictory information, and corrections by a professional, influence credibility depending on the source qualifications.

These experiments could be useful to separate correlations from possible causal effects.

11.6 Role of Healthcare Professionals

Further research might look at how physicians and other clinicians react to patients who come to the doctor's office armed with counter-information from social media.

Scientists might explore if other communication styles enhance comprehension and confidence.

11.7 Influence on health Care decisions

Additional studies might explore if contradictory social media content correlates with treatment hesitation, avoidance of suggested health interventions, unwarranted self-treatments, or the need for follow-up care.

The results observed should be carefully examined, without the assumption that, for anyone who is exposed to false information, their healthcare behaviour is affected.

12. Conclusion

Social media has changed how people consume and share health information. While the media can help raise health literacy and facilitate communication, it can also make it difficult for people to obtain clear medical information due to the proliferation of information that is not accurate.

This paper discusses how contradictory content on social media health may impact the trust one places in advice from professional health care and explores possible moderating factors, including digital health literacy and perceived source credibility.

The literature examined suggests that perceived health misinformation relates to diminished trust in healthcare, but that this may depend on individual contexts and experiences. Prior research has identified that clear communication and suitable correction of misinformation as possibly worthy of additional examination.

A proposed model for review This paper has outlined a conceptual framework to explore the associations between conflicting online health information and trust in professional healthcare advice. Ultimately, however, relationships will need to be confirmed from primary data.

Healthcare providers should assess patients' online sources, teach patients to report online information they receive, inform patients about the information they are offering and provide patients with high-quality sources of health information. Those using social media should check with a healthcare professional before taking action based on the information received.

In summary, the problem is less about the overwhelming flow of health information on social media, but rather how each person makes sense of conflicting messages and whom they choose to trust. Enhanced digital health literacy and better patient-physician communication might empower individuals to make better health care decisions.

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This section is shown below in APA Style. Here are the references below are listed in the APA Style. Journal information and DOI if available are also included.

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