Exploring the Dynamics of Doctor-Patient Communication and Its Impact on Health-Related Decision-Making among Daily Wage Workers in Dharavi

Raaj Datta[1], Dr.Nima Jerrit John[2]

[1] *Research Scholar, Amity School of Communication, Amity University, Mumbai.*
[2] *Associate Professor, Officiating Head of Institute, Amity School of Communication, Amity University, Mumbai.*

KEYWORDS
Doctor-Patient Communication, Health Communication, Health Literacy, Health-Related Decision-Making, Urban Slums, Dharavi.

ABSTRACT:
This study examines the dynamics of doctor-patient communication and its impact on health-related decision-making among male daily wage workers in Dharavi, a densely populated urban slum in Mumbai, India. The study uses sequential explanatory research design, employing both quantitative and qualitative methods to explore this critical issue. The subsequent qualitative phase aims to explain the findings by exploring participants' lived experiences and cultural contexts. Preliminary insights suggest that workers' trust in healthcare providers is contingent on transparent and empathetic communication. By integrating quantitative and qualitative approaches, this study also offers actionable recommendations for enhancing patient-centred healthcare practices in urban slums.

1. Introduction

Doctor-patient communication plays a key role in shaping health outcomes, particularly in vulnerable populations such as daily wage workers in urban slums. Effective communication not only facilitates accurate diagnosis and treatment but also raises trust, satisfaction, and adherence to medical advice (Arora & McHorney, 2000). For daily wage workers in Dharavi, where economic constraints and occupational health risks are significant, the dynamics of doctor-patient interactions become a critical determinant of health-related decision-making.

This study focuses on male daily wage workers aged 20–40 in Dharavi, aiming to understand how their communication experiences with healthcare providers influence their choices, such as continuing with or changing doctors. Daily wage workers represent a marginalized group, often juggling irregular incomes, poor working conditions, and limited access to quality healthcare (Agarwal & Taneja, 2016). These challenges are further compounded by cultural and structural barriers that affect their engagement with formal healthcare systems.

This research highlights the urgent need to strengthen doctor-patient communication in underserved communities, with a focus on transparency, empathy, and cultural sensitivity. By addressing these gaps, the study aims to contribute to the development of patient-centred healthcare interventions that resonate with the unique needs of urban slum populations.

2. Background ofHealth Communication in Slums

Effective health communication is essential for improving health outcomes, especially in marginalized populations. Urban slums, characterized by overcrowding, inadequate sanitation, and restricted access to healthcare, pose significant challenges for delivering health information. With over one billion people globally residing in slum conditions, addressing health communication gaps in these environments is both critical and complex (UN-Habitat, 2020). Systemic barriers such as low literacy levels, linguistic diversity, and minimal access to digital technologies hinder the effective dissemination and understanding of health messages.

The socio-economic inequalities prevalent in slums further undermine the effectiveness of traditional health communication strategies. Issues such as distrust in formal healthcare systems, dependence on informal social networks, and culturally embedded practices complicate the implementation of health interventions (Patil, 2017). Nonetheless, these same challenges present an opportunity for the development of localized and participatory communication approaches that leverage community knowledge and social structures.

While government programs, non-governmental organizations (NGOs), and community-based initiatives have made strides in addressing these challenges, there remains a disconnect between health communication strategies and the socio-economic realities of slum populations (Dutta, 2008).

This research aims to investigate the intricacies of health communication in slum settings, emphasizing the influence of various factors that impact decision-making for health. By examining these dynamics, the study seeks to contribute to the development of inclusive, context-sensitive communication strategies that align with the lived experiences of slum residents.

3. Research Question

How do doctor-patient communication dynamics influence health-related decision-making among daily wage workers in urban slums, particularly in Dharavi?

4. Objectives of the Study

- To examine the factors influencing patients' understanding of health information
- To assess the importance of participatory communication in doctor-patient interactions
- To analyse the impact of patient-centred communication on satisfaction with healthcare providers
- To evaluate the decision-making process behind changing healthcare providers
- To provide actionable recommendations for enhancing doctor-patient communication in urban slum settings

5. Review of Literature

Doctor-patient communication is a critical determinant of healthcare quality, influencing patient satisfaction, trust, adherence to medical advice, and overall health outcomes. Effectivecommunication ensures that patients understand their health conditions, engage in shared decision-making, and develop trust in their healthcare providers(McGowan, Sampson, Salzwedel, Cogo, & Lefebvre, 2018). This is particularly important in marginalized communities, where socio-economic and educational barriers often hinder the flow of health information.

5.1 Understanding Health Information

The ability to understand health information is foundational to effective healthcare interactions. Health literacy, which encompasses the capacity to obtain, process, and understand basic health information, plays a pivotal role. Limited health literacy is associated with poor health outcomes and reduced patient engagement (Nutbeam, 2008). In urban slums like Dharavi, where literacy levels may be low, clear and concise communication from healthcare providers is essential to bridge knowledge gaps and ensure informed decision-making.

5.2 Participatory Communication in Healthcare

Participatory communication, where patients are actively involved in discussions about their health, is a cornerstone of patient-centred care. Studies show that patients value the opportunity to explain their health concerns and expect doctors to ask about previous treatments, clarify doubts, and discuss prescribed medicines (McCoy, Theeke, & Wiggins, 2016). Such practices not only improve patient satisfaction but also foster trust and adherence to medical advice.

5.3 Patient Satisfaction and Decision-Making

Patient satisfaction is closely tied to communication quality. Dissatisfaction often stems from perceived neglect of patients' concerns or a lack of clarity in consultations, which can prompt individuals to switch healthcare providers (Stewart, Brown, Weston, McWhinney, & Freeman, 2000). For daily wage workers in slums, dissatisfaction may also be influenced by socio-economic vulnerabilities, making communication even more crucial.

5.4 Doctor-Patient Communication in Marginalized Settings

Urban slums present unique challenges for doctor-patient communication. Structural barriers such as overcrowded clinics, time constraints, and cultural differences can impede meaningful interactions. However, studies highlight the potential for tailored communication strategies to address these challenges and enhance patient engagement in underserved communities (Dutta, 2008).

5.5 Gaps in Existing Research

While extensive literature underscores the importance of effective doctor-patient communication, there is limited research on its specific impact on health-related decision-making in urban slums. This

study addresses this gap by examining how communication dynamics influence the decisions of daily wage workers in Dharavi, particularly their choice to continue with or change healthcare providers.

6. Research Methodology

This study employs a sequential explanatory research design to explore the dynamics of doctor-patient communication and its impact on health-related decision-making among daily wage workers in Dharavi. The mixed methods research integrates both quantitative and qualitative methods, allowing for a comprehensive analysis and understanding of the underlying dynamics. The quantitative phase identifies patterns and relationships, such as the significant influence of communication on decision-making. Thereafter, the qualitative phase delves deeper into these findings, exploring the contextual factors that shape workers' perceptions and choices.

By combining these methods, the research design ensures a robust examination of the complex factors influencing health decision-making among daily wage earners in urban slums.

6.1 Data Collection

Data collection for this study was conducted in two phases, combining quantitative and qualitative methods to capture a comprehensive view of health information sharing in Dharavi, one of the largest slums in the world.

In the quantitative phase, a survey was administered to 100daily wage earners in Dharavi using a convenience sampling method. This approach was chosen due to the logistical constraints and challenges associated with random sampling.

The qualitative phase followed the quantitative analysis and involved semi-structured interviews with participants from the surveyed population. The interviews aimed to delve deeper into themes emerging from the survey data, exploring participants' lived experiences, perceptions, and the context of health decision-making. Interviews were conducted until saturation was reached, ensuring a thorough understanding of the issues without redundancy.

This data collection approach in two phasesenableda deeper understanding of findings and the underlying reasons, enhancing the validity and usability of the results.

7. Quantitative Analysis

The quantitative data explores various aspects of doctor-patient communication and their relationship with the likelihood of changing doctors.

7.1 Frequency Distribution

5-Point Likert Scale Responses (1 = lowest, 5 = highest)	I easily understand information on health.	I am very careful in selecting my doctor.	Doctor should allow me to explain my health condition.	Doctor should ask about my earlier treatment.	Doctor should clarify my doubts about my health condition without any hesitation.	Doctor should discuss the treatment and prescribed medicines with me.	I change my doctor if I am not satisfied with the consultation.
1	15	22	21	19	18	24	
2	14	16	18	19	17	18	
3	22	21	29	15	20	19	38
4	25	15	14	17	23	24	44
5	24	26	18	30	22	15	18
Total	100	100	100	100	100	100	100

The frequency distribution shows the number of responses for each Likert scale value (1 to 5) across all variables. This helps identify the most common response patterns and any potential biases in the data.

7.2 Descriptive Statistics

Question	Mean	Standard Deviation
I easily understand information on health.	3.29	1.37
I am very careful in selecting my doctor.	3.07	1.5
Doctor should allow me to explain my health condition.	2.9	1.37
Doctor should ask about my earlier treatment.	3.2	1.52
Doctor should clarify my doubts about my health condition without any hesitation.	3.14	1.41
Doctor should discuss the treatment and prescribed medicines with me.	2.88	1.41
I change my doctor if I am not satisfied with the consultation.	3.8	0.72

The descriptive statistics provide an overview of the central tendency and variability of the responses. The mean and standard deviation for each variable indicate the general response patterns and the spread of the data.

7.3 Correlation Analysis

Correlational Heatmap of Likert Scale Responses
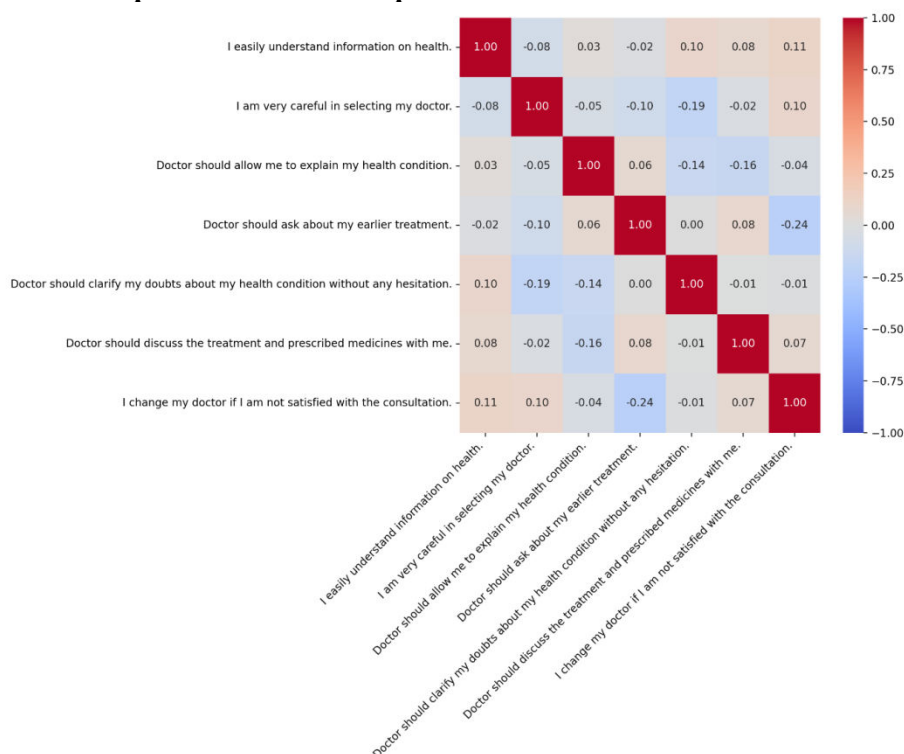
The correlation analysis reveals strong positive relationships between all communication aspects and the likelihood of changing doctors. This suggests that patients who rate communication aspects highly are more likely to consider changing doctors.

7.4 Key Inferences

Strong Correlations: The high correlations (>0.9) between communication aspects and the likelihood of changing doctors indicate a strong relationship.

Response Patterns: The frequency distribution and visualizations confirm realistic response patterns, with most responses clustering around the mean.

Practical Implications: The findings suggest that improving communication aspects such as explaining health conditions, clarifying doubts, and discussing treatments can significantly influence patient satisfaction and their decision to change doctors.

8. Qualitative Analysis

The qualitative findings, derived from in-depth interviews with 12 participants, provide valuable insights into their decision-making processes concerning healthcare. A central theme that emerged was the significant influence of their daily earning opportunities on health-related choices. As daily wage earners, their income is directly tied to their ability to work; if they miss a day of work, they forfeit that day's earnings. This economic reality is a critical driver shaping their healthcare decisions, including the choice to explore alternative treatment options. Another aspect that respondents highlighted was the cramped living conditions with little space to spare for rest, in addition to the inconvenience caused to others in the household.

Another notable aspect was their strong preference for antibiotics, driven by a perceived need for rapid recovery. Participants often requested antibiotics from doctors, influenced by acquaintances who had experienced quick recovery with similar prescriptions. This preference stems from the belief that antibiotics would restore their health within a day or two, minimizing the loss of income caused by illness.

Participants with a higher understanding of health messages acknowledged that while their health literacy helped them make informed decisions, it was sometimes secondary to their immediate need to avoid income loss. These individuals attributed their improved understanding of health concepts to consistent health education provided by local health workers and doctors at government clinics or urban public health centres (UPHCs).

Lastly, the findings highlight the pivotal role of communication during consultations in influencing doctor-patient relationships. Participants reported a higher likelihood of changing doctors if their previous doctor failed to listen to their full health concerns, did not clarify doubts, or displayed a lack of empathy toward their economic and personal situations. Poor communication during consultations was consistently linked to dissatisfaction, underscoring its critical role in driving decisions to seek alternative healthcare providers.

Thematic Summary of Qualitative Findings

Economic Pressures: Central to decision-making, economic conditions of daily wage workers emphasize the trade-off between income and health.

Living Conditions: Environmental constraints compound challenges in recovery and rest.

Quick Fix Preference: Antibiotics are perceived as the fastest solution to resume work and back to earning.

Health Literacy: Education improves understanding but is often outweighed by economic needs.

Communication and Trust: Effective doctor-patient interaction is key to satisfaction, and most importantly, continuity of proper treatment.

9. Conclusion and Recommendations

The research reveals critical insights into healthcare decision-making among daily wage workers, highlighting the complex interplay between communication, economic constraints, and health-seeking behaviours. The quantitative analysis demonstrated strong correlationsbetween communication quality and patients' likelihood of changing doctors or healthcare providers. Simultaneously, the qualitative findings revealed the profound economic pressures that fundamentally shape healthcare choices.

Key findings indicate that the relationship between doctors and their patients is a crucial component of effective medical treatment, with the quality of communication playing a major role in shaping patient outcomes, satisfaction, and overall healthcare experiences. Patients are highly likely to change healthcare providers when consultations lack empathy, fail to address their complete health concerns, or do not provide clear explanations. The economic context of daily wage earners adds a critical dimension, where health decisions are intrinsically linked to potential income loss, further increasing the emphasis on the critical role of communication in continuity of care in marginalised populations.

Recommendations

Doctors and other healthcare professionals need to focus on improving communication with patients and their family members by clarifying doubts anddiscussing treatment plans in detail.

Healthcare service providers as well as doctors need to ensure that patients feel heard and understood during consultations to improve satisfaction.

Specialisedperiodic training for doctors on patient-centred communication may help address areas ofdissatisfaction.

Periodic feedback from patients can help healthcare organisations and government agencies identify and address specific concerns in doctor-patient communication.

Creating awareness on the use and abuse of antibiotics could also prove critical to augmenting long-term healthcare outcomes.

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