Original Article

Factors Influencing Patients' Selection of Healthcare Providers: A Cross-Sectional Study in Al-Majmaah, Riyadh, Saudi Arabia

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ABSTRACT

Background: In the current healthcare system, patients increasingly play a significant role in selecting their healthcare providers (HCPs). This decision-making process has the potential to enhance service quality and reduce expenses. Access to quality information about HCPs is essential for patients to make informed choices. This study aims to identify the factors influencing HCP selection among residents of Al-Majmaah, Saudi Arabia, to suggest improvements in healthcare satisfaction and efficiency.

Methods: This cross-sectional, descriptive study was conducted in Al-Majmaah, Saudi Arabia (Feb-Apr 2024), targeting 414 adults aged ≥18 via an online questionnaire (Appendix A). Statistical analysis using R v 4.3 included linear regression, Sidak adjustment, and multinomial logistic regression to assess demographic associations with HCP preferences and trust in recommendation sources. Results were visualized with box/violin plots and tested at a 5% significance level.

Results: Analysis of 414 participants revealed reputation and experience as critical HCP selection factors. Family was the most trusted recommendation source (54.6%), followed by friends (20.1%) and social media (15.9%). The X platform was most trusted (61.4%), with TikTok (14.0%) and Snapchat (13.8%) nearly equal. A significant majority (85.5%) believed more information would improve decision-making. Age influenced social media preference: younger respondents (mean age 23.63 years) preferred TikTok, while older (mean age 38.50 years) favored Facebook.

Conclusion: This study emphasizes patient HCP preferences, highlighting family and social media influence, and provider reputation and experience. It suggests prioritizing transparency, reputation, and communication to enhance patient satisfaction.

Keywords: Healthcare Provider Selection; Patient Preferences; Social Media Influence; Al-Majmaah.

Introduction

Patients are increasingly empowered to participate in their care as active, knowledgeable decision-makers in a healthcare system that is becoming more consumer-centric.

It has been suggested that expanding patient choice will boost competition, improve the standard of service, and lower healthcare expenditures [1,2].

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Patients need to be aware of the quality of providers to actively select the finest one. As a result, quality indicators were created. A quality indicator is a quantifiable feature of care that indicates the quality of care and can relate to the structure, process, or results of care provided by a provider. Healthcare organization is the subject of structure indicators, whereas care delivery is the subject of process indicators, and results are the subject of outcome indicators. Patients can select the information that is relevant to them and choose a provider based on that information because comparative information for all indicators has been generated, catering to diverse preferences. [3,4,5]. Choosing a physician to meet their medical requirements is one of the most important decisions patients make [6]. Many believe that their decision will affect the course of their therapy and, eventually, their health outcomes. Patients may consider several variables and gather information from a variety of sources before selecting a provider. [6,7]. There are limited studies on this topic in our region of Saudi Arabia. Therefore, the current study will attempt to find the most significant factors that influence the population of Al-Majmaah in selecting HCPs. By identifying the factors that guide patients' choices—provider experience, reputation, and professional characteristics—this study adopts a consumer perspective for healthcare quality improvement and patient satisfaction. It also emphasizes the part that can be taken by comparative quality indicators, whether structural, process, or outcomes-based, in facilitating informed decision-making. Lastly, the study aims to emphasize the development of more patient-centered, efficient, and competitive healthcare services, with a recognition of how varied these may need to be based on demographics and prior healthcare experience.

Methods

Study Design and Setting: This cross-sectional, descriptive study was conducted in Al-Majmaah city, north of Riyadh, Saudi Arabia, from February 10, 2024, to April 10, 2024.

Ethical Considerations: Ethical approval MUREC-Mar.25/COM-2024/11-2 was obtained from the Al-Majmaah University's Ethics Committee. To ensure confidentiality, the questionnaire did not collect any identifying information from the participants.

Participants and Sampling: Our target population included all residents of Al-Majmaah City aged 18 years and older. Based on the most recent demographic data, the total population of Al-Majmaah is approximately 151,877. The required sample size was calculated using Cochran’s formula for large populations, assuming a 95% confidence level (Z = 1.96), a 5% margin of error (e = 0.05), and a proportion (p) of 0.5 to maximize variability. This calculation yielded a minimum required sample size of 384 participants. Although the calculated minimum was 384, we included all 414 eligible respondents who completed the online questionnaire. Including all valid responses above the minimum enhanced statistical power and improved the precision of our estimates. These 414 participants were the only individuals whose data were analyzed in the study.

Data Collection and Study Tool: An online questionnaire was developed based on a review of relevant literature. The questionnaire underwent several assessments before being translated into Arabic and distributed to the participants. This comprehensive instrument assessed various factors influencing patients' choice of HCPs, including demographic information, healthcare knowledge, sources of influence, and perceived importance of HCP characteristics. A detailed description of the questionnaire and its contents is provided in Appendix A.

Statistical Analysis

Statistical analysis was performed using R version 4.3. Descriptive statistics summarized demographic characteristics and preferences. Linear regression analyses identified associations between demographic factors and HCP preferences, with Sidak adjustment for post-hoc comparisons. Multinomial logistic regression assessed the likelihood of trusting different recommendation sources (friends, social media reviews, family doctors) compared to family, reporting Odds Ratios (OR) with 95% Confidence Intervals (CI). Welch ANOVA, followed by Games-Howell test, examined age differences across social media platform preferences. All hypothesis testing was performed at a 5% level of significance.

Results

Descriptive Statistics: The study's questionnaire was completed by 414 respondents. The sample comprised 62.6% females (N= 259) and 37.4% males (N= 155). The mean age of the participants was 29.8 years (SD=11.6). Regarding marital status, 38.6% (N= 160) were married, while 61.4% (N= 254) were single. Educational attainment varied, with 48.6% (N= 201) being university graduates or students. Income per month distribution showed that 37.4% (N= 155) earned less than 5000 SAR. Regarding medical insurance, 61.6% (N= 255) did not have medical insurance, whereas 38.4% (N= 159) had medical insurance. (Table 1). The analysis of HCP characteristics preferences revealed clear priorities

among respondents. Reputation and standing, along with years of experience, emerged as the most critical factors, each receiving a median rating of 1 (most important). Reputation and standing had a mean score of 2.52 (SD = 2.38), while years of experience had a mean score of 2.68 (SD = 2.45). Conversely, published studies were deemed the least important factor, with a median rating of 5 and a mean score of 5.39 (SD = 2.99). Sex and nationality also showed higher variability with mean scores of 4.48 (SD = 3.30) and 4.38 (SD = 3.32), respectively. (Table 2) (Figure 2) illustrates these preferences, showing Years of Experience, Reputation and Standing, and Grooming and Appearance clustered around rank 3 as most important, while Published Studies ranked around 5 as least important. Respondents demonstrated limited knowledge about available healthcare providers, with only 11.1% reporting knowing "a lot" about different HCPs available to them, while 32.1% knew "very little." This knowledge gap is reflected in their information-seeking behaviors: 31.2% did not seek information at all before choosing a HCP, while only 20.8% "always" sought information. However, the majority of respondents (62.3%) reported having changed their decision to choose a particular HCP based on new information. A significant proportion (85.5%) believed that having more information about HCPs would improve their decision-making. When examining social media's role in healthcare decisions, 44.0% reported having chosen a physician based on social media recommendations, while 56.0% had not. Regarding the perceived importance of social media recommendations, 24.2% found them "very important" and 42.3% "fairly important." However, experiences with social media-based HCP choices were mixed: 52.4% had never had such an experience, 30.2% had positive experiences, and 17.4% had negative experiences. The influence of the Sihaty Programme on physician selection showed varied responses: 22.2% found it "very influential," 29.0% "fairly impressive," 28.0% "not effective," and 20.8% "not impressive at all." (Table 3). Single respondents placed significantly less importance on published studies (B = -1.37, 95% CI: -2.24 to -0.51, P < 0.01) and status/prestige of the doctor (B = -1.24, 95% CI: -2.11 to -0.36, P < 0.01) compared to married counterparts. Educational attainment significantly influenced HCP selection criteria. Respondents with diploma-level education placed higher importance on the doctor's age (B = 1.17, 95% CI: 0.20 to 2.14, P < 0.05) but lower importance on years of experience (B = -1.05, 95% CI: -1.86 to -0.24, P < 0.05). Those with secondary education or less placed significantly higher importance on the doctor's age (B = 1.51, 95% CI: 0.79 to 2.22, P < 0.001), sex (B = 0.99, 95% CI: 0.19 to 1.80, P < 0.05), and nationality (B = 1.06, 95% CI: 0.24 to 1.87, P < 0.05). Middle-income respondents (5000-15000 SAR) placed lower importance on years of experience (B = -0.70, 95% CI: -1.27 to -0.13, P < 0.05) but higher importance on published studies (B = 0.94, 95% CI: 0.25 to 1.63, P < 0.01) and status/prestige (B = 0.73, 95% CI: 0.03 to 1.43, P < 0.05). Medical insurance holders placed significantly higher importance on provider accepting insurance (B = 1.39, 95% CI: 0.71 to 2.08, P < 0.001). (Table 4). Influence of Recommendation Sources and Social Media: Family was the most trusted source of recommendation for choosing a HCP, with 54.6% (N= 226) indicating their trust in family members. This was followed by friends (20.1%, N= 83) and social media reviews (15.9%, N= 66). The family doctor was the least trusted source, with only 9.4% (N= 39) considering them the most reliable source. (Figure 1)

Among social media platforms, the X platform was the most trusted for HCP recommendations, with 61.4% (N= 254) indicating their trust in it. TikTok and Snapchat were nearly equally trusted, at 14.0% (N= 58) and 13.8% (N= 57) respectively, followed by Instagram (8.9%, N= 37) and Facebook (1.9%, N= 8). Age was a critical factor influencing social media platform choice. A Welch ANOVA (F (4, 42.7) = 10.21, P < 0.001) revealed significant differences in age across platforms. Facebook was preferred by older respondents (mean age 38.50 years), while TikTok was significantly preferred by the youngest group (mean age 23.63 years). Instagram users had a mean age of 32.78 years, Snapchat users 31.35 years, and X platform users 29.87 years. (Figure 3)

Factors Influencing Trust in Recommendation Sources:Multinomial logistic regression revealed key factors influencing trust in recommendation sources. Respondents with a diploma were significantly more likely to trust friends compared to family (OR = 4.43, 95% CI: 1.94 – 10.15, P < 0.001), as were those with income between 5000-15000 SAR (OR = 2.11, 95% CI: 1.06 – 4.18, P < 0.05). Conversely, respondents with medical insurance were significantly less likely to trust friends (OR = 0.43, 95% CI: 0.23 – 0.78, P < 0.01). For social media reviews, males were significantly less likely to trust this source (OR = 0.49, 95% CI: 0.25 – 0.93, p < 0.05), while older respondents were more likely to trust social media reviews (OR = 1.04, 95% CI: 1.01 – 1.08, P < 0.05). Respondents with secondary education or less were

Table 1: Descriptive statistics for the study sample.

Variables	Total
	N=414
Sex:	
Female	259 (62.6%)
Male	155 (37.4%)
Age	29.8 (11.6)
Marital status:	
Married	160 (38.6%)
Single	254 (61.4%)
Education:	
Primary	2 (0.48%)
Middle	8 (1.93%)
Secondary	87 (21.0%)
Diploma	46 (11.1%)
Master's	54 (13.0%)
Doctorate degree	16 (3.86%)
University / university student	201 (48.6%)
Income/monh:	
<5000	155 (37.4%)
5000 - 10000	93 (22.5%)
10000 - 15000	62 (15.0%)
15000 - 20000	36 (8.70%)
20000 - 25000	24 (5.80%)
> 25000	44 (10.6%)
Medical insurance:	
no	255 (61.6%)
Yes	159 (38.4%)

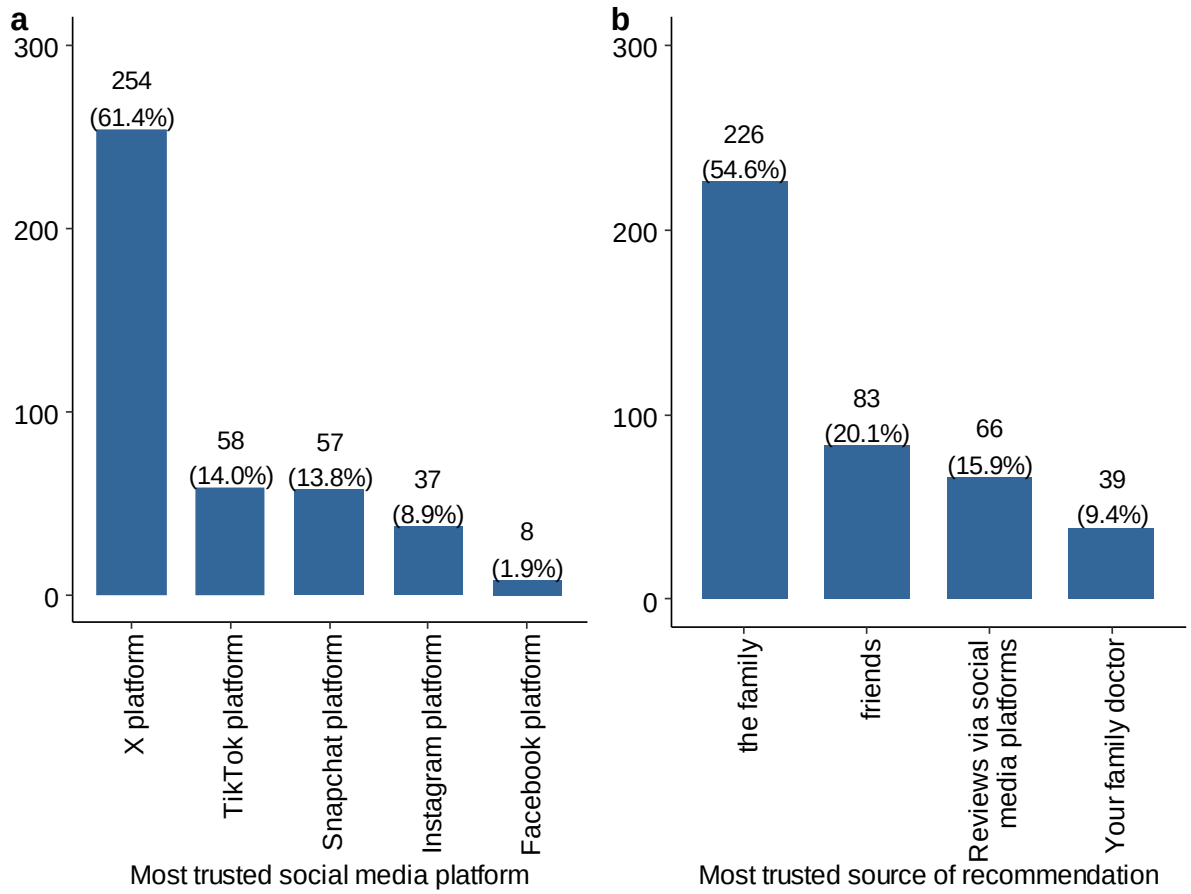

Figure 1: (a) Most Trusted Social Media Platform (b) Most Trusted Source of Recommendation.

Table 1: Mean importance score for the characteristics of the HCP.

variable	*Min*	*Max*	*median*	*Q1*	*Q3*	*IQR*	*Mean*	*SD*
Age	1	9	3	1	6	5	3.89	2.97
Sex	1	9	4	1	9	8	4.48	3.30
Nationality	1	9	4	1	9	8	4.38	3.32
Grooming and Appearance	1	9	1	1	5	4	2.87	2.41
Years of experience	1	9	1	1	4	3	2.68	2.45
Published studies	1	9	5	3	9	6	5.39	2.99
Reputation and Standing	1	9	1	1	3	2	2.52	2.38
Status/Prestige in the hospital	1	9	3	1	7	6	4.13	3.01
Accept Insurance	1	9	3	1	8	7	4.20	3.26
Q1: 25% quartile, Q3: 75% percentile, SD: Standard deviation								

Table 2: Respondents' Knowledge Regarding Healthcare Providers (HCPs)**.**

	Total
	N=414
Perceived knowledge regarding the different HCP available	
a lot	46 (11.1%)
it's OK	98 (23.7%)
little bit	137 (33.1%)
very little	133 (32.1%)
Actively seek information about your HCP before choosing one	
a little	77 (18.6%)
No, not at all	129 (31.2%)
sometimes	122 (29.5%)
Yes always	86 (20.8%)
Ever changed the decision to choose a particular HCP based on new information	
No	156 (37.7%)
Yes	258 (62.3%)
More information about HCP will improve decision to choose HCP	
No	60 (14.5%)
Yes	354 (85.5%)
Ever chosen your physician based on recommendations on social media platforms	
No	232 (56.0%)
Yes	182 (44.0%)
Importance of recommendations from social media platforms compared to other sources	
Fairly important	175 (42.3%)
Not important at all	63 (15.2%)
Not very important	76 (18.4%)
Very important	100 (24.2%)
Ever had a positive or negative experience with HCP based on a social media recommendation?	
No, I have never had any experience based on a social media recommendation	217 (52.4%)
Yes, negative experience	72 (17.4%)
Yes, positive experience	125 (30.2%)
Influence of Sihaty Program on the decision when choosing a treating physician	
Not impressive at all	86 (20.8%)
Not effective	116 (28.0%)
Fairly impressive	120 (29.0%)
Very Influential	92 (22.2%)
Data were summarized using counts and percentages	

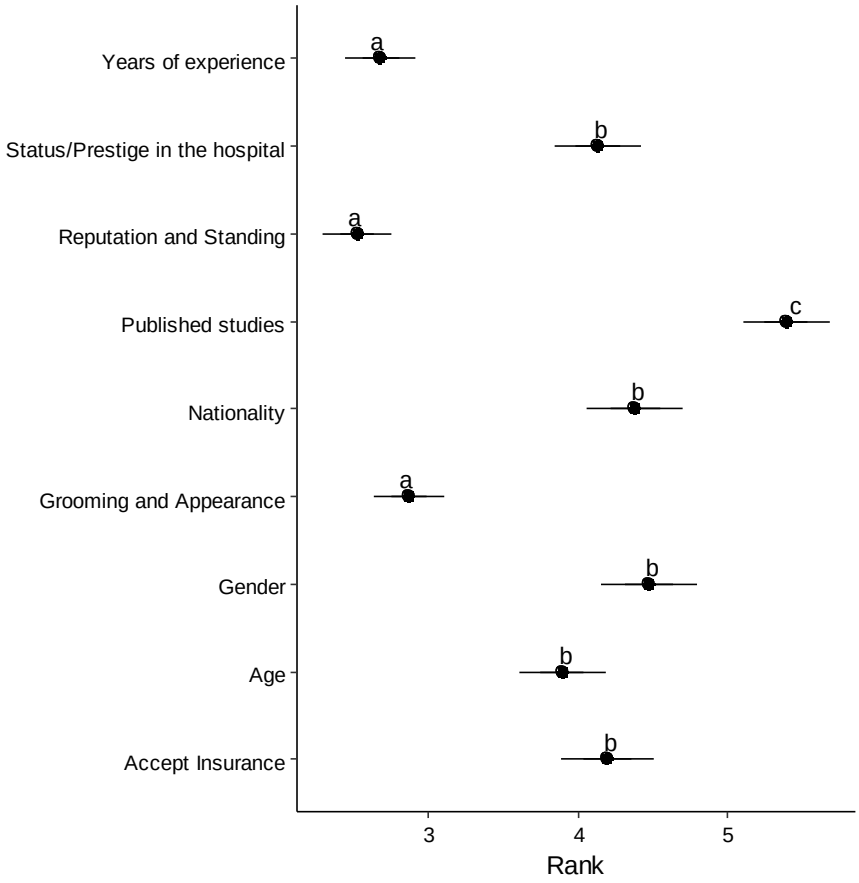

Figure 2: Perceived importance of the different characteristics of HCP.

1 = most important, 9 =least important, statistical analysis was performed using pairwise t-test with post-hoc comparisons using Sidak adjustment, characteristics with different letters have means that are significantly different at the 0.05 level.

Table 4: Association between demographic characteristics and the preference for various characteristics of HCP.

	Age	Sex	Nationality	Grooming and appearance	Years of experience	Published studies	Reputation	status/prestige in the hospital	Accept insurance
Predictors	*B (95% CI)*	*B (95% CI)*	*B (95% CI)*	*B (95% CI)*	*B (95% CI)*	*B (95% CI)*	*B (95% CI)*	*B (95% CI)*	*B (95% CI)*
Sex: Male vs. Female	0.09 (-0.51 – 0.69)	0.33 (-0.35 – 1.00)	-0.24 (-0.92 – 0.44)	0.43 (-0.07 – 0.93)	-0.10 (-0.60 – 0.41)	-0.17 (-0.78 – 0.43)	-0.09 (-0.59 – 0.40)	-0.31 (-0.93 – 0.30)	-0.21 (-0.88 – 0.45)
Age (1 year increase)	-0.03 (-0.07 – 0.00)	-0.04 * (-0.09 – -0.00)	-0.04 (-0.08 – 0.01)	-0.01 (-0.04 – 0.03)	0.00 (-0.03 – 0.03)	-0.02 (-0.05 – 0.02)	0.01 (-0.02 – 0.04)	-0.03 (-0.06 – 0.01)	0.00 (-0.04 – 0.04)
Marital status: Single vs. Married	-0.72 (-1.57 – 0.13)	-0.01 (-0.96 – 0.94)	-0.06 (-1.03 – 0.90)	0.01 (-0.69 – 0.72)	-0.51 (-1.22 – 0.21)	-1.37 ** (-2.24 – -0.51)	-0.11 (-0.82 – 0.59)	-1.24 ** (-2.11 – -0.36)	-0.14 (-1.08 – 0.80)
Education: University	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Education: Diploma	1.17 * (0.20 – 2.14)	-0.36 (-1.45 – 0.72)	0.08 (-1.02 – 1.18)	0.12 (-0.68 – 0.92)	-1.05 * (-1.86 – -0.24)	0.22 (-0.76 – 1.20)	-0.37 (-1.17 – 0.43)	-0.45 (-1.44 – 0.55)	0.05 (-1.02 – 1.12)
Education: Post-grad	0.68 (-0.31 – 1.68)	0.94 (-0.17 – 2.05)	1.05 (-0.07 – 2.18)	0.01 (-0.81 – 0.84)	0.19 (-0.64 – 1.03)	-0.19 (-1.19 – 0.82)	-0.48 (-1.30 – 0.35)	-1.09 * (-2.11 – -0.06)	-0.06 (-1.16 – 1.03)
Education: Secondary	1.51 *** (0.79 – 2.22)	0.99 * (0.19 – 1.80)	1.06 * (0.24 – 1.87)	0.56 (-0.03 – 1.15)	-0.07 (-0.67 – 0.53)	0.22 (-0.50 – 0.95)	-0.01 (-0.61 – 0.58)	-0.32 (-1.05 – 0.42)	-0.43 (-1.23 – 0.36)
Income #: < 5000	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Income #: 5000-15000	-0.35 (-1.03 – 0.33)	-0.11 (-0.87 – 0.65)	-0.38 (-1.15 – 0.39)	-0.56 (-1.12 – 0.01)	-0.70 * (-1.27 – -0.13)	0.94 ** (0.25 – 1.63)	-0.35 (-0.91 – 0.21)	0.73 * (0.03 – 1.43)	0.09 (-0.66 – 0.85)
Income #: 15000-25000	-0.37 (-1.40 – 0.67)	0.09 (-1.07 – 1.25)	0.58 (-0.59 – 1.75)	-0.12 (-0.98 – 0.74)	-0.87 (-1.74 – 0.00)	0.55 (-0.50 – 1.60)	-0.22 (-1.08 – 0.63)	0.31 (-0.75 – 1.37)	0.08 (-1.07 – 1.22)
Income #: >25000	-0.74 (-1.95 – 0.48)	-1.06 (-2.42 – 0.31)	-0.26 (-1.64 – 1.12)	-0.69 (-1.70 – 0.32)	-0.97 (-1.99 – 0.05)	-0.07 (-1.30 – 1.16)	-0.26 (-1.27 – 0.74)	0.18 (-1.07 – 1.42)	0.22 (-1.12 – 1.57)
Medical insuran	-0.01 (-	0.19 (-	-0.07 (-	0.47 (-	-0.13 (-	-0.25 (-	0.09 (-	-0.31 (-	1.39 *** (0.71 – 2.08)

ce: Yes vs. No	0.63 – 0. 61)	0.50 – 0. 88)	0.77 – 0. 63)	0.04 – 0 .98)	0.65 – 0 .38)	0.88 – 0. 37)	0.42 – 0 .60)	0.94 – 0.3 3)	
R^2 / R^2 adju sted	0.066 / 0.043	0.056 / 0.032	0.042 / 0.018	0.036 / 0.012	0.041 / 0.017	0.058 / 0.035	0.011 / - 0.013	0.043 / 0.020	0.058 / 0.034
* *p<0.05* ** *p<0.01* *** *p<0.001* # Per month *Analysis was performed using linear regression* *Scores were revered so that higher score represents higher preference*									

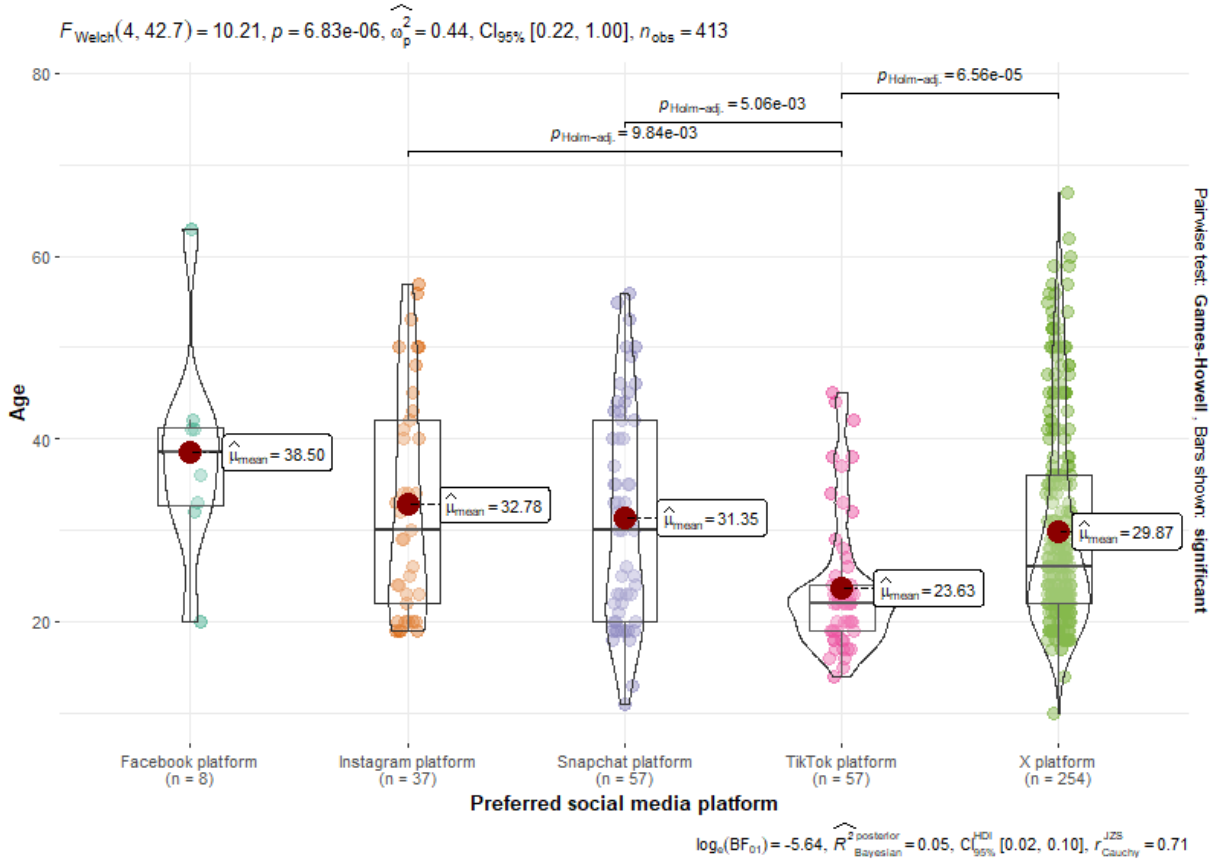

Figure 3: Mean age based on the most trusted social media platfor.

Table 5: Demographic characteristics associated with the preferred recommendation source.

	Friends	Reviews via social media	Family doctor
Predictors	Odds Ratios (95% CI)	Odds Ratios (95% CI)	Odds Ratios (95% CI)
Sex: Male vs. Female	0.80 (0.45 – 1.40)	0.49 * (0.25 – 0.93)	0.55 (0.25 – 1.20)
Age	1.01 (0.98 – 1.05)	1.04 * (1.01 – 1.08)	0.99 (0.94 – 1.04)

Marital status: Single	0.86 (0.40 – 1.86)	1.55 (0.63 – 3.83)	0.87 (0.29 – 2.58)
Education: University			
Diploma	4.43 *** (1.94 – 10.15)	0.52 (0.14 – 1.95)	1.91 (0.64 – 5.69)
Post-grad	1.86 (0.75 – 4.60)	1.41 (0.55 – 3.59)	0.59 (0.15 – 2.35)
Secondary or less	1.07 (0.53 – 2.14)	0.30 ** (0.13 – 0.73)	0.33 * (0.12 – 0.93)
Income#: < 5000			
Income#: 5000-15000	2.11 * (1.06 – 4.18)	1.02 (0.50 – 2.06)	1.40 (0.61 – 3.20)
Income#: 15000-25000	2.04 (0.77 – 5.41)	0.89 (0.30 – 2.58)	1.31 (0.34 – 5.03)
Income#: >25000	2.77 (0.86 – 8.87)	1.35 (0.40 – 4.55)	3.06 (0.79 – 11.91)
Medical insurance: Yes vs. No	0.43 ** (0.23 – 0.78)	0.59 (0.31 – 1.12)	0.53 (0.24 – 1.17)

* p<0.05 ** p<0.01 *** p<0.001 # Per month
R2 / R2 adjusted 0.078 / 0.076
Family was used as the reference level
Analysis was performed using multinomial logistic regression

significantly less likely to trust social media reviews (OR = 0.30, 95% CI: 0.13 – 0.73, P < 0.01). (Table 5).

Discussion

This study provides valuable insights into the HCP preferences of the population in Al-Majmaah, Saudi Arabia. Key findings include the significant role of family and social media as trusted sources for HCP recommendations, with family being the most trusted source (54.6%) and the X platform being the most trusted social media platform (61.4%). The study also highlights the importance of HCP characteristics such as reputation and experience, while published studies were deemed less important. Furthermore, a notable proportion of respondents actively seek out information, with 62.3% changing their HCP decisions based on new information and 85.5% believing that more information would enhance their decision-making. Significant associations were found between demographic characteristics and preferences for HCP characteristics, underscoring the need for targeted and transparent healthcare communication strategies. The proactive nature of patients in Al-Majmaah in seeking out information to make informed healthcare decisions is significant. Research demonstrated that patients frequently use online resources to gather information about HCPs, reflecting a broader global trend. [8] This aligns with our finding that 62.3% of respondents altered their HCP decisions based on new information. Other studies highlighted the importance of transparency in healthcare information, showing that detailed and accessible information significantly impacts patient decision-making. [9–12] This is consistent with our finding that 85.5% of respondents believed more information would improve their decision-making. In addition, the role of digital sources has been emphasized in shaping patient preferences, which correlates with our findings on the impact of social media in HCP decision-making. [13] The growing trend of patients actively seeking information before making healthcare decisions was also highlighted in another study, reinforcing the importance of transparency and information availability [14]. The critical role of information availability and transparency in patient decision-making mirrors the findings from the current study and suggests that HCPs need to prioritize providing detailed and accessible information to meet patient needs. Reliance on family and social media for HCP recommendations highlights a significant trend.

Digital platforms are increasingly becoming primary healthcare information sources, with social media influencing patient decisions [15]. Our study found 61.4% of respondents trusted the X platform for HCP recommendations, reflecting this digital shift. Family advice is also crucial in health decisions, emphasizing personal networks [16], with family being the most trusted source for HCP recommendations, aligning with other studies on social circles' impact [17]. Digital recommendations and social media reviews significantly shape healthcare decisions [18], making a strong digital presence essential for patient trust [19]. These insights highlight leveraging trusted sources like family and social media to enhance patient engagement and decision-making. Our study found that patients prioritize HCP reputation and experience, aligning with existing literature [20]. This preference fosters trust and satisfaction. Studies consistently show these factors significantly influence patient decisions, as highlighted by Abraham et al. [19] who found physician and organization reputation crucial. Victoor and colleagues [21] also emphasized reputation's role, while another study noted patients use reputation to gauge healthcare quality [22]. Jacobsen and colleagues [23] identified reputation as a top consideration in low-resource areas. These insights guide HCPs in Al-Majmaah and similar regions to enhance their reputation and showcase experience to meet patient expectations and improve satisfaction. The importance of sex in HCP selection varies and is influenced by the nature of the healthcare service type. While not predominant in our study compared to reputation and experience, existing literature offers a nuanced view. Studies show preferences for female providers in obstetrics-gynecology due to ethnic/demographic differences [24], and cultural/religious reasons in Nigeria [25] and Saudi Arabia [26]. These references highlight specific contexts where sex preferences are significant, aiding in tailoring healthcare services to meet diverse patient needs and enhance satisfaction.

Limitations: This study has several limitations. Findings may lack generalizability due to sample representativeness and potential selection bias. The cross-sectional design limits insights into changes over time. Reliance on self-reported data and insufficient exploration of underlying reasons for preferences are also limitations. Finally, cultural or religious beliefs were not comprehensively analyzed.

Conclusion

This study offers insights into patient HCP preferences in Al-Majmaah, Saudi Arabia, emphasizing family and social media influence, and the importance of the HCP reputation and experience. HCPs should prioritize transparency, reputation, and communication to enhance patient satisfaction. Future studies should explore preferences across regions and over time, and delve into underlying reasons, to improve care quality and patient outcomes.

Conflict of Interest

None

Funding

None

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Appendix A:

Study Questionnaire Details: The questionnaire used in this study was designed to assess various factors influencing patients' choice of Healthcare Providers (HCPs). It included both multiple-choice and Likert-scale questions and was divided into several key sections:

1. Section 1: Demographic Information

This section gathered demographic information from participants, including their sex, age, marital status (married, single), education level (ranging from primary education to doctorate degree), and monthly income (with options spanning from less than 5,000 to more than 25,000 SAR).

2. Section 2: Healthcare Knowledge and Insurance

This section focused on participants' healthcare knowledge and insurance status. Patients were asked if they had medical insurance and how well they knew about available HCPs, ranging from "very little" to "a lot". They were also asked if they had actively sought

information about HCPs before selecting a doctor, and whether they had changed their choice of a doctor based on new information.

3. Section 3: Sources of Influence on HCP Selection

This section assessed the various sources of influence on HCP selection. Participants were asked whether they had received recommendations from family, friends, or family physicians, and whether social media reviews influenced their decision. They also specified which social media platform (such as Snapchat, Instagram, or TikTok) they trusted the most for HCP recommendations. The importance of recommendations from social media compared to other sources was also rated.

4. Section 4: Importance of HCP Characteristics

In this section, respondents rated the importance of various HCP characteristics. Factors such as sex, age, nationality, appearance, years of experience, reputation, and the number of published research papers were assessed on a scale from 1 (very important) to 9 (not important at all). Additionally, patients were asked if they preferred HCPs who held high-ranking positions in their hospital, such as department heads.

5. Section 5: External Factors Affecting Provider Choice

Lastly, this section evaluated external factors that might affect provider choice, such as whether the doctor accepts insurance. Respondents rated how influential these factors were in their decision-making.