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ORIGINAL ARTICLE / ÖZGÜN MAKALE

Choosing a thoracic surgeon in Türkiye: Which criteria do patients pay attention to?

Türkiye'de göğüs cerrahı seçmek: Hastalar hangi kriterlere dikkat ediyor?

Onur Derdiyok, Uğur Temel, Mehmet Oğuzhan Özyurtkan, Bülent Arslan, Şule Karadayı

Department of Thoracic Surgery, Hamidiye Etfal Training and Research Hospital, İstanbul, Türkiye

ABSTRACT

Background: This study aims to identify main factors playing a role in patient's selection of a thoracic surgeon in Türkiye.

Methods: Between July 2022 and June 2024, a total of 147 patients (96 males, 41 females; mean age: 56.1±14.7 years; range, 19 to 93 years) who underwent lung resection and completed an anonymous questionnaire sent via e-mail or cell-phone were included. Demographic data of the patients, surgeon's educational and medical background, advertisements and popularity, age and sex, appearance and communication skills, and surgeon's working center were evaluated.

Results: "Spending adequate time with patients" had the highest score, while "the distance between surgeon's center and patient's home" had the lowest score. In general, criteria about surgeon's appearance and communication skills, and surgeon's working center had significantly the highest rates, whereas those of surgeon's advertisements and popularity had the lowest rates ($p<0.05$). Recommendation by another doctor or family doctor was insignificantly more important than by non-medical person. Patients were not influenced with internet reviews or scoring about the surgeon, presence of surgeon's personal web page, or social media accounts, or age/sex of the surgeon ($p>0.05$).

Conclusion: Turkish patients mostly take into consideration the attitudes of the surgeon rather than surgeon's reputation and professional experience, while selecting a thoracic surgeon. Surgeon-patient interaction is highly important for Turkish patients. Social media and advertisements are not important criteria in the selection of thoracic surgeon in Türkiye.

Keywords: Patient choice, physician attitude, physician selection, thoracic surgery.

ÖZ

Amaç: Bu çalışmada Türkiye'de hastaların göğüs cerrahı seçiminde rol oynayan başlıca faktörler belirlendi.

Çalışma planı: Temmuz 2022 - Haziran 2024 tarihleri arasında, akciğer rezeksiyonu yapılan ve e-posta veya cep telefonu mesajı ile gönderilen isimsiz anketi dolduran toplam 147 hasta (96 erkek, 41 kadın; ort. yaş: 56.1±14.7 yıl; dağılım, 19-93 yıl) çalışmaya alındı. Hastaların demografik verileri, cerrahın eğitim ve tıbbi geçmişi, reklamları ve popülerliği, yaşı ve cinsiyeti, görünüm ve iletişim becerileri ve cerrahın çalışma merkezi değerlendirildi.

Bulgular: "Hastalarla yeterli zaman geçirmek" en yüksek puanı alırken, "cerrahın merkezi ile hastanın evi arasındaki mesafe" en düşük puanı aldı. Genel olarak, cerrahın görünümü ve iletişim becerileri ile cerrahın çalıştığı merkez hakkındaki kriterler anlamlı olarak en yüksek oranlara sahipken, cerrahın reklamları ve popülerliği en düşük oranlara sahipti ($p<0.05$). Başka bir doktor veya aile hekimi tarafından tavsiye, tıp dışı bir kişi tarafından tavsiye edilenden anlamlı olmayan düzeyde daha önemliydi. Cerrah hakkındaki internet yorumları veya puanlamalar, cerrahın kişisel web sayfasının veya sosyal medya hesaplarının varlığı veya cerrahın yaşı/cinsiyeti hastaları etkilemedi ($p>0.05$).

Sonuç: Türk hastalar göğüs cerrahı seçerken cerrahın itibarı ve mesleki deneyiminden ziyade çoğunlukla cerrahın tutumunu dikkate almaktadır. Cerrah-hasta etkileşimi, Türk hastalar için son derece önemlidir. Sosyal medya ve reklamlar Türkiye'de göğüs cerrahı seçiminde önemli bir kriter değildir.

Anahtar sözcükler: Hasta tercihi, hekim tutumu, hekim seçimi, göğüs cerrahisi.

Corresponding author: Mehmet Oğuzhan Özyurtkan.
E-mail: moozyurtkan@hotmail.com

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The process of choosing a healthcare provider is quite complex for the patients, since they consider various factors in this process according to socioeconomic, cultural, and other factors.[1] Numerous studies have been published about the selection criteria for a surgeon/physician in the practice of elective surgery,[2] orthopedic surgery,[3] gender affirmation surgery,[4] sports medicine,[5] plastic surgery[6] and dentistry,[7] where several criteria about the educational/medical background, reputation/popularity, age/gender, attitude/communication skills of the surgeon have been investigated.

To the best of our knowledge, there is no study showing the criteria that patients pay attention while choosing a thoracic surgeon in the literature. In the present study, we aimed to assess which factors are important in patient's selection of a thoracic surgeon in Türkiye.

PATIENTS AND METHODS

Study design and study population

This retrospective study was conducted at Hamidiye Etfal Training and Research Hospital, Department of Thoracic Surgery between July 1st, 2022 and June 30th, 2024. Medical files of the patients who underwent lung resection surgery (anatomical/non-anatomical resection due to either benign or malignant pathologies) were reviewed. Patients below the age of consent, emergency cases and patients with mental status disorders were excluded. An anonymous questionnaire was sent via e-mail or cell-phone message to a total of 200 patients who fulfilled the inclusion criteria. Among them, 147 (96 males, 41 females; mean age: 56.1±14.7 years; range, 19 to 93 years) who filled out the questionnaire were enrolled. A written informed consent was obtained from each patient. The study protocol was approved by the Hamidiye Etfal Training and Research Hospital Clinical Research Ethics Committee (date: 09.07.2024, no: 4458). The study was conducted in accordance with the principles of the Declaration of Helsinki.

The questionnaire form

The survey was generated using a SurveyMonkey web tool (SurveyMonkey, San Mateo, CA, USA). The questionnaire form consisted of two sections. The first section included questions about the patient's demographic data (age, sex, marital status [married, single or divorced/widow], child status [Yes/No], educational background [primary school, secondary school, high school or university], working status [retired/working], health insurance type [social/private security], income status [low, middle or high] and residential place [urban/rural]). The participants were divided into four groups according to their ages (young age [19-44 years], middle age [45-60 years], elderly age [61-75 years] and senile age [>75 years]).[8] They were also classified in three groups based on their income status (low-income [less than hunger line], middle-income [among hunger line and poverty line] and high-income [higher than poverty line)].[9]

The second section had 24 questions regarding the selection of a thoracic surgeon. In 22 of these questions, participants were asked to rate on a scale of 1 (not important at all) to 10 (very important). The remaining two questions featured multiple choice responses concerning the age (<40 years old, between 41 and 55 years old, or >55 years old) and sex (male/female) of the surgeon, and were to be answered if the participant rated the relevant question ≥6. The questions in this survey were modified based on previous studies.[2,5,10-12] The questions were categorized as domains related to surgeon's educational and medical background (G1), surgeon's advertisements and popularity (G2), surgeon's age and sex (G3), surgeon's appearance and communication skills (G4), and surgeon's working center (G5).

Statistical analysis

Statistical analysis was performed using the IBM SPSS version 26.0 software (IBM Corp., Armonk, NY, USA). Descriptive data were expressed in mean ± standard deviation (SD), median (min-max) or number and frequency, where applicable. Normality test was performed using the Shapiro-Wilk test. The independent t-test was used to compare two groups and one-way analysis of variance (ANOVA) test was conducted to analyze the differences for multiple groups. A p value of <0.05 was considered statistically significant.

RESULTS

Demographic characteristics of the patients are presented in Table 1.

Table 2 demonstrates 22 selection criteria in descending order of patient's ratings. Top five factors rated the highest by the patients were as follows: spending adequate time with patients (7.9±1.5), giving detailed information about the disease and treatment (7.8±1.4), ease of scheduling an appointment with the surgeon (7.6±1.5), surgeon's manner (communication skills, good-humor, kindliness) (7.4±1.4), and reputation

Table 1. Participant's demographics

Characteristics	n	%
Sex		
Male	96	65
Female	51	35
Age (year)		
Young age (19-44)	24	16
Middle age (45-60)	55	37
Elderly age (61-75)	60	41
Senile age (>75)	8	6
Marital status		
Married	55	37
Single	25	17
Divorced/widow	67	46
Presence of child		
Yes	76	52
No	71	48
Educational background		
Primary school	19	13
Secondary school	17	12
High school	44	29
University	67	46
Working status		
Working	102	69
Retired	45	31
Health insurance type		
Social security	75	51
Private insurance	72	49
Income status		
Low	42	28
Middle	59	41
High	46	31
Residential place		
Village	36	24
District	58	39
City center	53	37

of the center where the surgeon works (7.1±1.5). The five factors rated the lowest by the patients were as follows: the presence of personal web page (5.3±2.8), internet reviews/scoring about the surgeon (5.2±2.8), actively involved in medical research (5.1±2.7), participating on television, internet or radio programs (5.1±2.2), and the distance between surgeon's center and patient's home (5.0±1.8).

Table 3 outlines the ratings of domains. Criteria about surgeon's appearance and communication skills had the highest rates, whereas those of surgeon's advertisements and popularity had the lowest rates. There were no significant differences among the ratings of the selection criteria in the G1, G2, and G3 subgroups (p>0.05). However, participants significantly gave higher rates to the criteria about G4 and G5 (p<0.0001).

Subgroup analysis

Surgeon's educational and medical background domain (G1):

Patients graduated from high school or university, or patients having private insurance took surgeons' educational and medical background into consideration while selecting a surgeon (p=0.01 and p=0.02, respectively). Middle-aged and older-aged patients preferred surgeons with international board certification (p=0.03). Senile-aged patients paid less attention to the surgeon's participation to scientific activities (p=0.01). Academic title of the surgeon was not an important selection criterion for senile-aged patients (p=0.002). However, it was important for patients having private insurance (p=0.01) and with high-income (p=0.0003).

Surgeon's advertisements and popularity domain (G2):

Recommendation of the surgeon by non-medical individuals (friend, family member or another patient) was not a selection criterion for the patients. Recommendation by another doctor or family doctor was important only in patients graduated from high school or university, and patients with high-income (p=0.03 and p=0.05, respectively). Patients were not influenced by internet reviews or scoring about the surgeon, the presence of surgeon's personal web page, or social media accounts (Facebook, Twitter or Instagram) (p>0.05). Surgeon participation in television, internet or radio programs was important for younger patients and patients with private insurance (p=0.001 and p=0.05, respectively).

Surgeon's sex and age domain (G3):

The surgeon's age was not important for the patients. Thirty-five out of 51 female patients (69%) responded that the surgeon's sex was an important selection criterion. Of them, 28 (80%) preferred a male surgeon. Besides, 31 out of 42 patients with low-income (74%) paid attention to the surgeon's sex, and 28 of them (90%) would consider seeking a male surgeon.

Surgeon's appearance and communication skills domain (G4):

Male patients paid significantly more attention to the surgeon's personal care and hygiene (p=0.03). Patients living in a village cared more about the time the surgeon gave them in the outpatient clinic (p=0.006).

Table 2. Ratings of 22 selection criteria based on the anonymous survey

Rank	Question number	Subgroup	Score Mean±SD	Selection criterion
1	Q16	G4	7.9±1.5	Spending adequate time with patients
2	Q17	G4	7.8±1.4	Giving detailed information about the disease and the planned treatment
3	Q21	G5	7.6±1.5	The ease of scheduling an appointment with the surgeon
4	Q15	G4	7.4±1.4	Surgeon's manner (communication skills, good-humor, kindliness)
5	Q20	G5	7.1±1.5	The reputation of the center where the surgeon works
6	Q19	G5	7.0±1.2	The appearance and environment of the center where the surgeon works
7	Q14	G4	6.9±1.1	Personal care and hygiene of the surgeon
8	Q7	G2	6.5±2.1	Recommendation by another doctor or family doctor
9	Q18	G5	6.4±2.2	Private insurance coverage at the center
10	Q1	G1	6.3±1.9	Surgeon's educational background and certifications
11	Q4	G1	6.1±2.3	Surgeon's memberships in professional associations
12	Q5	G1	5.9±2.5	Academic title of the surgeon (professor, associate professor)
13	Q13	G3	5.8±2.3	Age of the surgeon
14	Q12	G3	5.7±2.7	Gender of the surgeon
15	Q6	G2	5.6±2.6	Recommendation by non-medical person (friend, family member or another patient)
16	Q2	G1	5.5±2.6	International board certification (in addition to certificate of expertise)
17	Q10	G2	5.3±2.9	Social media accounts (facebook, twitter or instagram)
18	Q9	G2	5.3±2.8	Presence of personal web page
19	Q8	G2	5.2±2.8	Internet reviews or scoring about the surgeon
20	Q3	G1	5.1±2.7	Actively involved in scientific research
21	Q11	G2	5.1±2.2	Being a guest on television, internet or radio programs
22	Q22	G5	5.0±1.8	Distance between surgeon's center and patient's residential place

Patient responses: 1: Not important at all; 10: SD: Standard deviation; Very important. The most important 5 critera were highlighted in light gray, and the least important 5 criteria in dark gray.

Surgeon's working center domain (G5):

Private insurance coverage at the center was only important for the patients having private insurance (p<0.0001). Patients graduated from high school and university, patients having private insurance, and patients with high-income paid attention to the appearance and environment of the center where the surgeon works (p=0.003, p=0.0001 and p<0.0001, respectively). Also, the reputation of the center was a selection criterion for the patients graduated from high school and university, and patients with private insurance (p=0.005 and p=0.003, respectively). Easy and early appointment was preferred by the patients graduated from high school and university, working patients, and patients having private insurance (p=0.05, p=0.05 and p=0.03, respectively). Although the distance between the surgeon's center and the patient's residential place had the lowest score, a surgeon working in a nearby center was preferred for senile-aged patients (p=0.0001), retired patients (p<0.0001), patients with low-income (p=0.02), and patients living in the city center (p=0.02).

Table 3. Ratings of 5 domains

Rank	Subgroup	Questions	Score Mean±SD
1	G4	Q14, Q15, Q16, Q17	7.5±1.4
2	G5	Q18, Q19, Q20, Q21, Q22	6.6±1.9
3	G1	Q1, Q2, Q3, Q4, Q5	5.8±2.5
4	G3	Q12, Q13	5.7±2.5
5	G2	Q6, Q7, Q8, Q9, Q10, Q11	5.5±2.7

SD: Standard deviation.

DISCUSSION

In the present study, we investigated the criteria that patients considered while choosing a thoracic surgeon. To the best of our knowledge, this is the first study investigating which criteria patients look for while selecting a thoracic surgeon. We demonstrated that patients mostly paid attention to thoracic surgeon's appearance and communication skills, and thoracic surgeon's working center, while thoracic surgeon's advertisements and popularity were insignificant. It has been established that the surgeon's appearance and communication skills are the most favorable criteria in his/her selection.[2,11,13] Besides, the least important criteria are about either the surgeon's educational and medical background, or the surgeon's advertisements and popularity.[2,11,13] Our results are consistent with the previous findings. Contrary to this, previous studies reported that primary factors in selecting a physician were those about his/her medical and educational background.[14]

The surgeon's educational and medical background are usually the most important criteria of selection.[6,15] The rates about this domain in our study were not high. However, we demonstrated a significant correlation between the higher educational level of the patient and the thoracic surgeon's educational and medical background, consistent with the literature.[3] It may be because patients who achieved higher levels of education place an increased value on the quality of training their thoracic surgeon received.

International board certification is another major selection criterion in general[5,14] or in older or educated patients.[6] This certification demonstrates that a surgeon can practice his/her profession outside of the home country. Thus, it is considered to be a prestigious characteristic by some patient populations. Besides, older patients mostly preferred an academic surgeon and actively participating in medical researches.[6] Gusho et al.[10] reported that older patients searched surgeons working in an academic center. In our study, we found that middle-aged and elderly patients significantly preferred a thoracic surgeon having international board certification. Senile-aged patients did not care about whether their thoracic surgeon had an academic title or actively participated in medical researches. Academic title was the preferred criterion for patients having high income or private insurance. This can be attributed to economic reasons, since these groups of patients have the ease of access to the surgeons having academic titles (Professor or Assoc. Prof.), a significant number of whom work in the private sector.

A surgeon can either be recommended by the patient's family members and friends, or by another doctor or family doctor.[15,16] Hoerger and Howard[17] reported that 75% of the patients favored recommendations by a family member or friend. Contrary to this, 58% of the patients chose their physicians according to recommendations by another physician or family doctor.[1] Similar results were published demonstrating the importance of recommendation either by a family member or friends,[5,6,11] or by another physician and family doctor.[4,10,18] In our study, thoracic surgeon's recommendation scores were not significantly important. However, the score of recommendation by another physician or family doctor was higher than that of recommendation by a family member or friend (rank 8 *vs*. 15). We found that patients with higher education levels mostly relied on another physician or family doctor's recommendation in choosing a thoracic surgeon. A patient usually develops a long-term relationship with a family doctor in patient's and his/her family's care; therefore, there may be a stronger bond between patients and family doctors, causing a patient to give more priority to the family doctor's recommendations. Another reason may be that as the patient's level of education increases, they place more importance on professional help.

In the current study, a thoracic surgeon's social media status (social media accounts, personal web page, participation in television, radio or internet programs) had the lowest scores. This may be because the reliance on close circles (advice from families, friends, and physicians) is more important than the social media for information.[19] Numerous studies have reported the insignificance of social media in surgeon's selection.[5,7,11-13] It has been concluded that the least preferred surgeon is the "social media" famous surgeon.[6] Few studies have demonstrated the importance of social media and the presence of a surgeon's personal web page.[2,4,16]

Although the use of the internet and social media has been increasing to access healthcare information procurement globally, enabling the sharing of information, personal experiences, thoughts and ideas,[19] our findings indicate that Turkish patients in this study still place higher importance on advice from close social and professional circles than on social media sources. Physicians mostly use social media and the internet to promote their

services and qualifications to attract potential patients and improve their reputation through physician online rating systems.[20] These systems are important for patients with high-income and younger patients.[18] However, our patients did not care much about the internet reviews and scores about the thoracic surgeon. We agree with the hypothesis of Manning et al.,[5] indicating that many websites for physician ratings did not necessitate voters' identities, and this reinforced the concern for manipulation of ratings, jeopardizing accurate patient guidance and a physician's reputation.

Furthermore, we observed that younger patients paid more attention to the thoracic surgeon's participation in television, radio and internet programs. Social media is unquestionably a rising force, particularly for the younger generation, while the importance of social media decreases in older patients.[21] This may be due to the fact that young individuals use the internet more during the day compared to older individuals, both for just surfing and for research about any topic. Younger patients mostly select a surgeon according to the social media advertisements or ratings and reviews.[6,10,21]

Blasier[22] speculated that increasing surgeon age might contribute to diminished cognitive and physical performance. Increased age is a risk factor for coronary artery bypass grafting and pancreatectomy, but not for lung resection and esophagectomy.[23] We demonstrated that the age of the thoracic surgeon was insignificant in the selection, as previously reported.[3,7,11,13,14]

Controversies exist about the preference of the surgeon's sex. It has been shown that female patients mostly prefer a female physician,[24] or either male or female patients choose a male surgeon.[3,16] Nonetheless, in general, most reports have reported that the physician's sex was an insignificant selection criterion.[4,7,12,14,18] In our study, the sex of the thoracic surgeon was not important overall. However, some subgroups of the patients (females and patients with low-income) responded they would prefer a male surgeon. Thoracic surgery in Türkiye has traditionally been a male-dominated specialty, and this may lead to the impression that thoracic surgery procedures are best suited to male surgeons.

Patients prioritized the surgeon's attitude over reputation and experience.[13] Patients mostly paid attention to the thoracic surgeon's appearance, manner, communication skills, and spending adequate time with them.[2,11,13] This demonstrates the importance of surgeon-patient interactions in the selection of a thoracic surgeon. Surgeon's personal care and hygiene are also important criteria.[11] We revealed that male patients significantly paid attention to the surgeon's personal care and hygiene. Doctor's personal care and appearance are features possibly increasing the doctor's value in the eye of the patients. Similarly, in our study, male patients might have accepted the doctor's personal care and appearance as a role model, compared them with their own, and made their choices accordingly.

The manner and friendly attitude of the physician are among the positive selection criteria.[5,6,11,12] Besides, the physician's communicative skills and style of giving understandable information about the disease and treatment increase the chance of selection.[13] Our patients rated higher scores for these criteria. Another important criterion of selection is how much time the surgeon spends with the patient,[12] which was the mostly rated criterion by our patients in our study. It was shown that patients from suburban settings more highly valued how much time the surgeon spends with them.[12] In our study, patients living in a village cared more about the time the surgeon gave them in the outpatient clinic. In rural locations, there is a strong reliance on social fabrics.[18] Mutual communication is an important part of these social fabrics. Therefore, a patient living in a rural area might have chosen a physician who spent enough time with him/her.

The main non-surgeon factors in the selection of the surgeon are the quality, cleanliness, and reputation of the hospital.[3,6,10,11,16] In particular, older patients prefer a physician working in a hospital with a high reputation.[2,12] In our study, patients with higher education, high-income, and private insurance looked for a thoracic surgeon working in such hospitals. It may be due to the economical superiority of these groups of patients, or the belief that "a better surgeon works in a high-quality hospital".

Patients usually prefer a physician for whom they can get an easy and early appointment.[5,10,13] This similar preference was particularly significant for the patients with higher education and private insurance and working patients in our study. Home-to-hospital distance is also another selection criterion of the surgeon. Several studies reported that patients preferred physicians from nearby hospitals.[5,15] Besides, Shackley et al.[25] showed that some patients were so unwilling to travel further that they would wait several months for surgery, if they could receive treatment close to home. Our study revealed that a

surgeon working in a nearby center was preferred for senile-aged patients, retired patients, patients with low-income, and patients living in the city center. We believe that the reason for choosing a thoracic surgeon who works in a nearby hospital may be to avoid the economic burden that transportation costs may create in these patient populations.

Although this is the first study to examine the criteria patients look for while choosing a thoracic surgeon in our country, there are some limitations. The first limitation is that the number of patients in our study is relatively low. Multi-center studies can be conducted to reach a larger number of patients and thus yield more meaningful results. The second limitation is that it would be better to have the patients to fill out the questionnaire before the operation, since the answers given by the patients who had complications in the postoperative period and those who did not may cause bias.

In conclusion, this study can be regarded as a pioneering study in our country. Our study results demonstrated that attitudes of the surgeon rather than the surgeon's reputation and professional experience were considered highly significant while choosing a thoracic surgeon. This finding highlights the importance of surgeon-patient interactions in the selection. Surgeons and hospital systems should prioritize surgeon-patient interactions. This can be done by making interpersonal skills training a priority for surgeons/physicians, or by integrating patient feedback into hospital systems. Patients mostly take care of the recommendation from another doctor or family doctor while searching for a thoracic surgeon. With respect to expanding the practice or maintaining a favorable reputation, it may be beneficial for a thoracic surgeon to contact referring physicians, which contributes to the continuity of the treatment. Social media and advertisements are not important criteria in the selection of a thoracic surgeon. Conducting this study in different regions of Türkiye and combining the results would provide more precise and clear results regarding the criteria to be considered while choosing a thoracic surgeon in Türkiye.

Data Sharing Statement: The data that support the findings of this study are available from the corresponding author upon reasonable request.

Author Contributions: Idea/concept, data collection, control/supervision: O.D.; Literature review, data collection: U.T.; Design, analysis/interpretation, writing, critical review, control/supervision: M.O.Ö.; Literature review, critical review: B.A.; Critical review, control/supervision: Ş.K.

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