

Changes in Patient Preferences When Choosing a Surgeon and Hospital for Elective Hip Surgery: Ten Years Later

Roger Torga Spak, Roberto Valentini, Agustín O. Perea, Lucía Rojas Alcorta, Marcos Meninato, Ignacio Troncoso Pesoa
Orthopedics and Traumatology Service, CEMIC Hospital Universitario, Autonomous City of Buenos Aires, Argentina.

ABSTRACT

Introduction: Total hip arthroplasty is one of the most successful procedures in modern medicine. Globalization, increased access to information, and the diversity of healthcare systems have driven greater public engagement in health-related decisions. Patients are increasingly seeking detailed information before undergoing arthroplasty. **Objective:** To identify and analyze the factors influencing the selection of a surgeon and hospital for elective hip replacement, and how these preferences have changed over the past ten years. **Materials and Methods:** Anonymous surveys were conducted among 100 patients who underwent hip replacement for osteoarthritis between 2011 and 2013. Their responses were analyzed and compared with those of 100 patients who underwent the same procedure between 2021 and 2023. **Results:** In terms of surgeon selection, patient recommendations have become the most influential factor, surpassing the surgeon's professional reputation. While the popularity of the healthcare institution remains a secondary consideration, the surgeon's recommendation continues to be the key determinant in selecting the facility for surgery. **Conclusions:** This study provides valuable insights into evolving trends in patient decision-making, within a landscape increasingly influenced by digital connectivity and technological access. Understanding these changes is essential for healthcare professionals aiming to adapt their communication strategies and foster trust in an era where shared experiences play a critical role in the decision-making process.

Keywords: Elective total hip replacement; surgeon selection; hospital selection; social media.

Level of Evidence: IIIB

Cambios en las preferencias de los pacientes al elegir un cirujano y un hospital para una cirugía programada de cadera. 10 años después

RESUMEN

Introducción: El reemplazo articular de cadera es una de las cirugías más exitosas de la medicina actual. La globalización, el acceso a la información y la diversidad de sistemas asistenciales han impulsado un mayor interés de la población en el cuidado de su salud, que demanda cada vez más información antes de someterse a una artroplastia. **Objetivos:** Identificar y analizar los factores que influyen en la selección del cirujano y del hospital, y su variación en los últimos 10 años. **Materiales y Métodos:** Se realizaron encuestas anónimas a 100 pacientes sometidos a un reemplazo de cadera por artrosis, entre 2011 y 2013. Estas encuestas fueron analizadas y comparadas con las de otros 100 pacientes operados por el mismo cuadro, entre 2021 y 2023. **Resultados:** En cuanto a los determinantes en la preferencia del especialista, actualmente, la recomendación de otro paciente pasó a ocupar el primer puesto, por sobre la reputación del cirujano. La popularidad del centro de salud continúa teniendo una importancia secundaria respecto a la sugerencia del especialista, la cual es el factor determinante al elegir dónde operarse. **Conclusiones:** Este estudio aporta valiosa información sobre las tendencias emergentes en la toma de decisiones de los pacientes en un contexto cada vez más influido por la tecnología y la conexión digital. Comprender estos cambios es esencial para que los profesionales de la salud adapten sus estrategias de comunicación y refuercen la confianza en una era donde las experiencias compartidas tienen un peso terminante en el proceso de elección.

Palabras clave: Reemplazo total de cadera programado; elección del cirujano; elección del hospital; redes sociales.

Nivel de Evidencia: IIIB

Received on November 14th, 2024. Accepted after evaluation on April 10th, 2025 • Dr. IGNACIO TRONCOSO PESOA • itroncosopesoa@gmail.com  <https://orcid.org/0000-0002-7879-0992>

How to cite this article: Torga Spak R, Valentini R, Perea AO, Rojas Alcorta L, Meninato M, Troncoso Pesoa I. Changes in Patient Preferences When Choosing a Surgeon and Hospital for Elective Hip Surgery: Ten Years Later. *Rev Asoc Argent Ortop Traumatol* 2025;90(3):263-276. <https://doi.org/10.15417/issn.1852-7434.2025.90.3.2064>

INTRODUCTION

Hip joint replacement is one of the most successful procedures in modern medicine. Since the 1960s, advances in technology and surgical techniques have significantly improved the effectiveness of this operation.¹ Patient satisfaction rates are high, and quality of life is greatly enhanced following surgery. In recent decades, increased life expectancy has been accompanied by a rise in the prevalence of degenerative joint diseases and, consequently, a growing number of arthroplasties performed.²

Globalization, widespread access to information, and the broad range of available healthcare systems have also sparked a greater interest among the population in managing their health. Currently, there is a growing demand from patients for information when undergoing joint replacement surgery.

Several studies have investigated how patients choose their physicians and care centers. According to McGlone et al., the most influential factors in the initial selection include reputation, manners, location, qualifications, office environment, insurance coverage, and patient reviews.³ Meanwhile, Faber et al., in a review of 14 randomized controlled trials, concluded that presenting information clearly, in an easy-to-read and explanatory format, plays a critical role in patients' selection of both physicians and healthcare facilities.⁴ In our country, there is a lack of literature on the factors patients consider when choosing specialists and hospitals.

The objectives of our study were to identify the factors that patients consider when selecting a surgeon and hospital for elective hip replacement surgery, and to analyze whether these preferences have changed over the past decade—particularly in light of the growing influence of social media, online reviews, and online ratings.

MATERIALS AND METHODS

We included 100 consecutive patients in Group 1. Inclusion criteria were a diagnosis of primary hip osteoarthritis and a scheduled total hip replacement. This first cohort was treated between 2011 and 2013. The series was analyzed and subsequently compared with a new cohort of 100 patients (Group 2), who underwent arthroplasty between 2021 and 2023. All procedures were performed by a staff surgeon from the Orthopedics and Traumatology Service team or by a resident physician under direct supervision, at the *Centro de Educación Médica e Investigaciones Clínicas “Norberto Quirno”* (CEMIC). Patients in both groups had the option to choose between two surgeons. Patients undergoing revision surgeries, those with hip fractures, and individuals affiliated with the hospital's internal health insurance system were excluded, as they did not have the option to choose a different healthcare center.

All patients completed a survey ranking, in order of importance, the factors they considered in selecting both the surgeon and the hospital. Surveys were completed either during hospitalization or at the first postoperative follow-up visit.

The survey was divided into two forms ([Appendix](#)). Form 1 assessed factors influencing the choice of surgeon and included five main categories, each subdivided into five subcategories: 1) Surgeon's reputation (information obtained via the internet, provided by the institution, disseminated by scientific societies, or through other means); 2) Patient recommendation (from another patient operated on by the same surgeon, seen but not operated on, seen by another member of the Orthopedics and Traumatology Service, or treated within the institution); 3) Professional recommendation (from the patient's primary care physician, another orthopedic physician from the same or another institution, or non-medical institutional staff); 4) Hospital reputation (information sourced online, from the institution itself, through external channels, or from patients previously treated at the same hospital); 5) Doctor-patient relationship established during the initial consultation (clarity of information about the condition, the surgeon's appearance and demeanor, trust conveyed, and the support/interest demonstrated by the professional).

Form 2 assessed the factors influencing hospital choice, also subdivided into five main categories: 1) Hospital reputation (e.g., level of medical staff, scientific achievements, university affiliation, or lack of knowledge about the institution's reputation); 2) Hospital proximity (≤ 30 blocks, 30 blocks to 10 km, 10 km to 100 km, or >100 km); 3) Hospital accommodation (precarious but adequate, inadequate/insufficient, adequate and comfortable, or irrelevant); 4) Recommendation to choose the hospital (from the operating surgeon, primary care physician,

another professional, or another patient); 5) Satisfaction with prior care (experience in the emergency department, orthopedic outpatient clinic, another professional's office, or reported by another patient).

At the beginning of each form, participants were instructed to rank each factor according to the level of importance attributed to it in their decision-making, using the Likert scale.⁵⁻⁷ This psychometric tool is used to assess degrees of agreement or importance across a range of statements, offering more nuanced responses than simple binary (yes/no) options.

A 1-to-5 scale was used to rank the factors influencing the choice of surgeon and hospital. Additionally, respondents were asked to mark with an X the specific breakdown of factors previously explained.

RESULTS

The results of the comparative analysis between two groups of patients who underwent total hip replacement during different periods are presented. Group 1 consisted of patients treated between 2011 and 2013, and Group 2 of those treated between 2021 and 2023. The objective of the comparison was to identify the factors influencing the selection of hospital and surgeon in each group, highlighting how patient preferences have evolved over the past decade.

Surgeon Choice

In Group 1, the surgeon's reputation was the most highly weighted factor (Likert mean score: 3.9), followed by recommendation from another professional (3.5) and the doctor-patient relationship (3.4). In contrast, in Group 2, recommendations from other patients emerged as the most influential factor (Likert 4.8), displacing surgeon reputation to second place (Likert 4.4) (Table 1).

Table 1. Comparative mean Likert scores for factors influencing surgeon selection

Factors of importance in the choice of surgeon	Mean Likert score (2011-2013)	Mean Likert score (2021-2023)
Surgeon's reputation	3.9	4.4
Recommendation from another patient	3.5	4.8
Doctor-patient relationship established during the first consultation	3.4	3.9
Reputation of the hospital where the surgeon operates	2.2	3.4
Recommendation from another professional	2.1	2.8

Fifty-one percent of patients in Group 1 discovered their surgeon via the institution's website, while only 12% did so through social media platforms. In Group 2, there was a notable increase in the use of social media platforms (35%) and medical portals (45%) as primary sources of information (Figure 1).

Professional recommendations showed no significant difference over time in terms of their influence on surgeon choice (Figure 2).

Unlike ten years ago, when the choice of surgeon was primarily based on trust (81%) stemming from reputation or professional recommendations, patients today place greater importance on interpersonal factors—particularly emotional support, interest shown by the doctor (46%), and the overall quality of the doctor-patient relationship (Figure 3).

For Group 1, most patients obtained information through the institutional website (49%) or from patients previously treated at the hospital (38%). In contrast, 56% of patients in Group 2 received information via recommendations from other patients, indicating a growing influence of shared personal experiences (Figure 4).

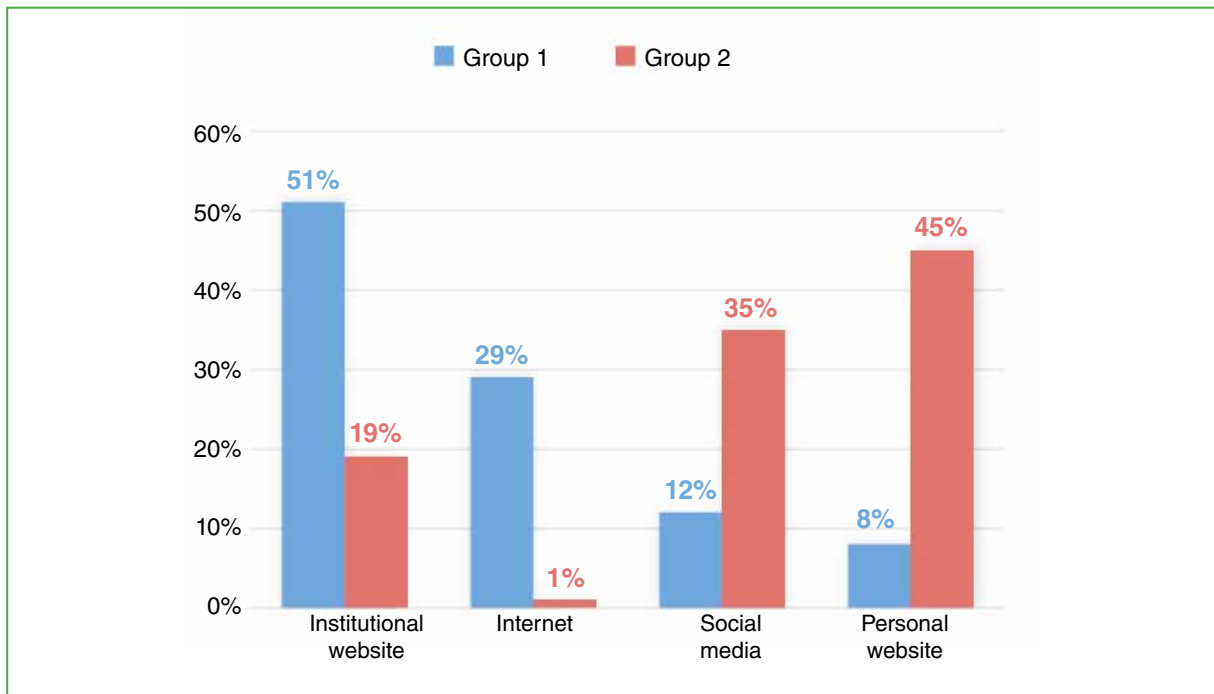


Figure 1. Choice of surgeon – Surgeon's reputation.

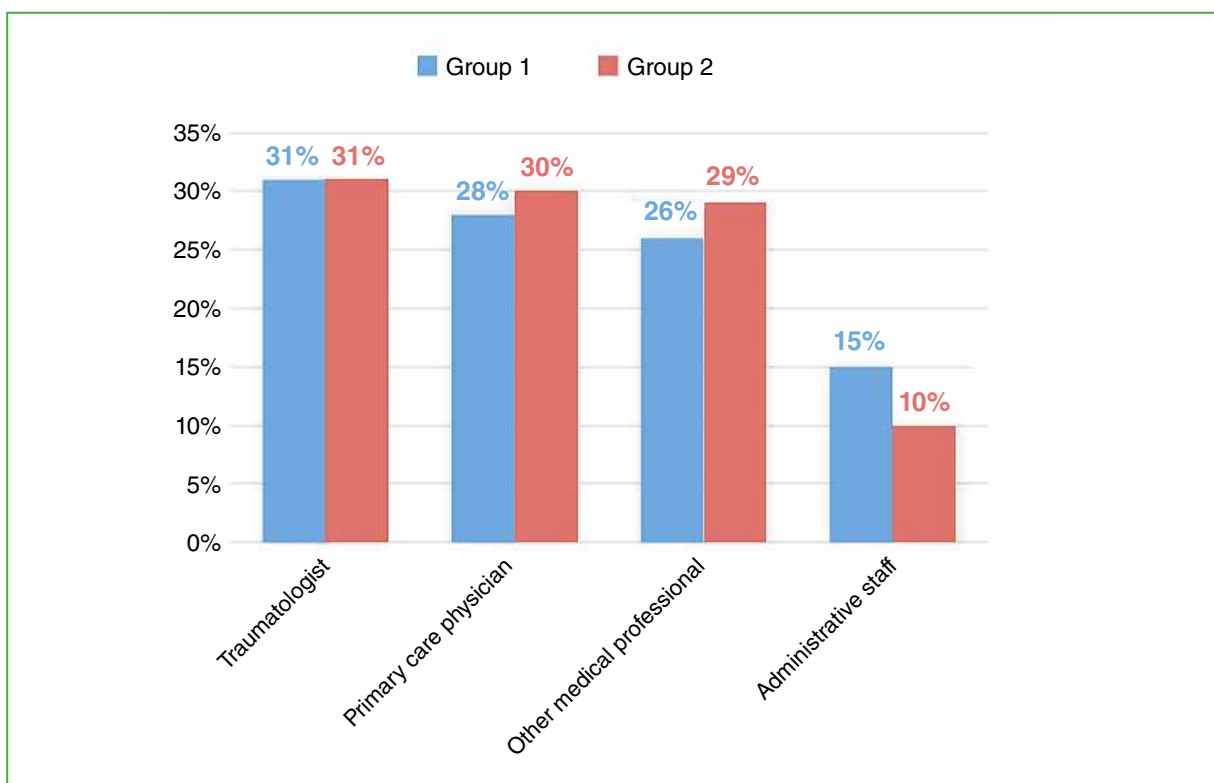


Figure 2. Choice of surgeon - Doctor recommendation.

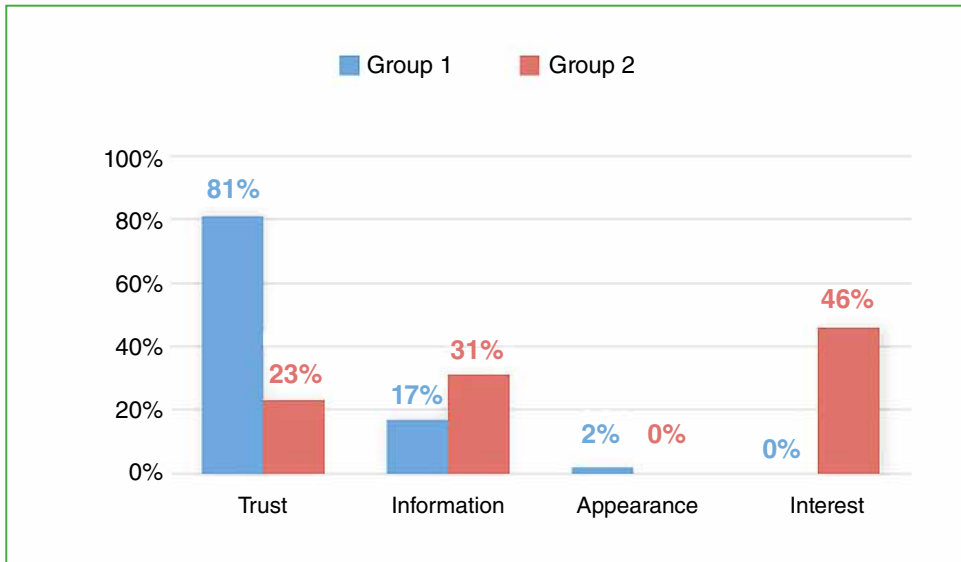


Figure 3. Surgeon's choice - Doctor-patient relationship.

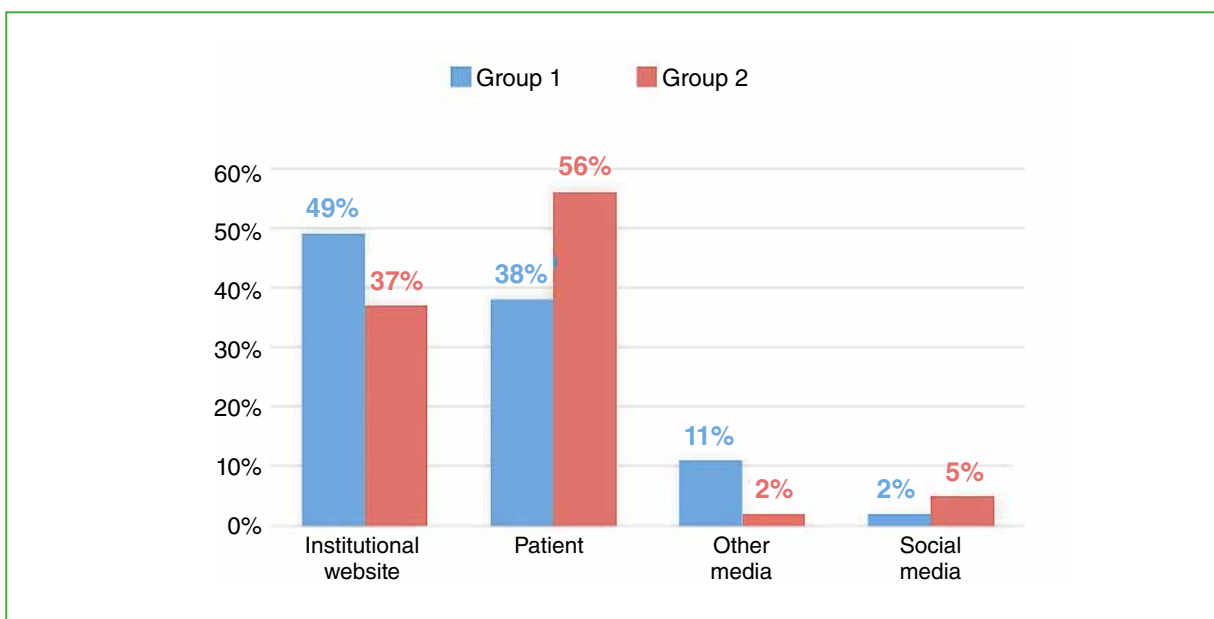


Figure 4. Surgeon Choice - Hospital Reputation.

Eighty-nine percent of Group 1 were referred by patients previously seen by the same surgeon, 59% of whom had undergone surgery, and 30% had only attended consultations. In Group 2, 99% of patients were referred by individuals previously seen by the same surgeon (Figure 5).

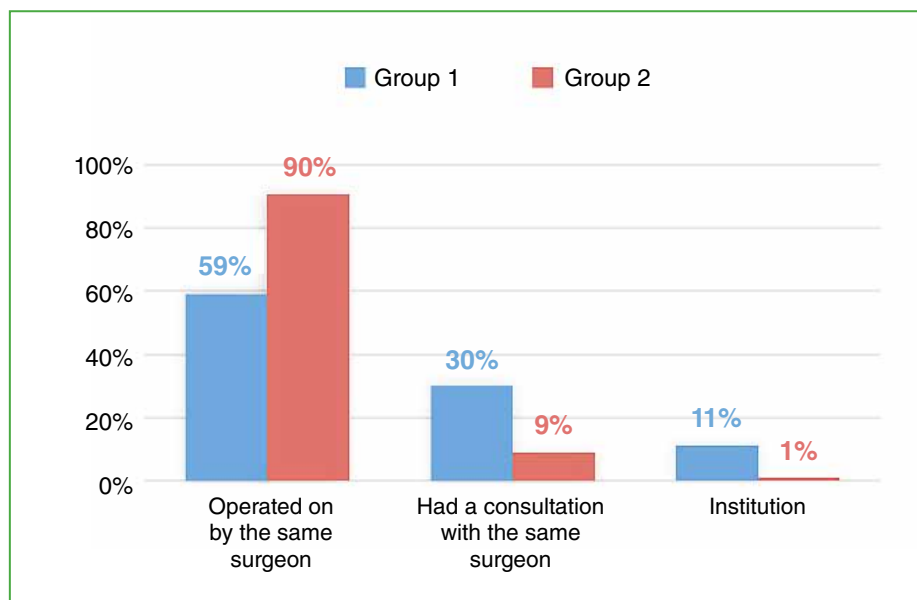


Figure 5. Surgeon choice - Patient recommendation.

Choice of Hospital

With respect to hospital selection, in Group 1, the surgeon's recommendation was the most decisive factor (Likert 4.8). Although still important in Group 2, its weight decreased (Likert 4.5). In this group, other factors such as hospital reputation (Likert 4.0) and satisfaction with previous care (Likert 3.5) gained greater relevance compared to Group 1 (Table 2).

Table 2. Comparative mean Likert scores for factors influencing hospital selection.

Factors of importance in the choice of hospital	Mean Likert score 2011-2013	Mean Likert score 2021-2023
Surgeon recommendation	4.8	4.5
Hospital reputation	4.5	4.0
Satisfaction with prior care	4.2	3.5
Hospital proximity	2.4	3.0
Hospitality/accommodation	1.8	1.7

In Group 1, the surgeon's recommendation was the leading factor in hospital choice (83%), followed by recommendations from other professionals (11%) and from other patients (6%). In Group 2, although the hierarchy remained the same, 60% selected the hospital based on the surgeon's advice, while 20% did so based on recommendations from another physician or patient (Figure 6).

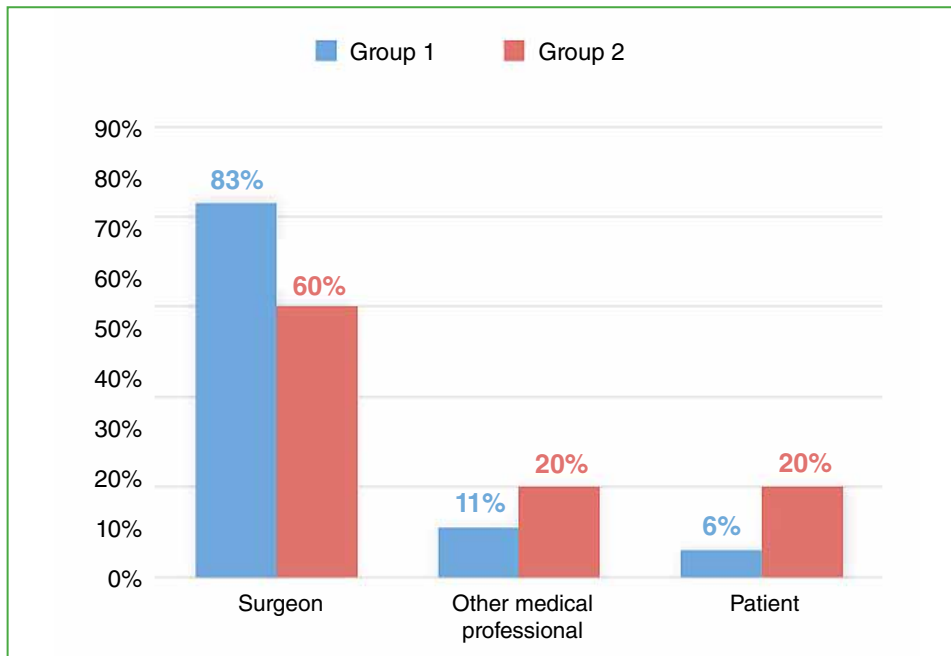


Figure 6. Choice of hospital - Surgeon recommendation.

Regarding institutional prestige, the high level of the medical staff was cited as the most critical factor in both groups (71% and 70%, respectively) (Figure 7).

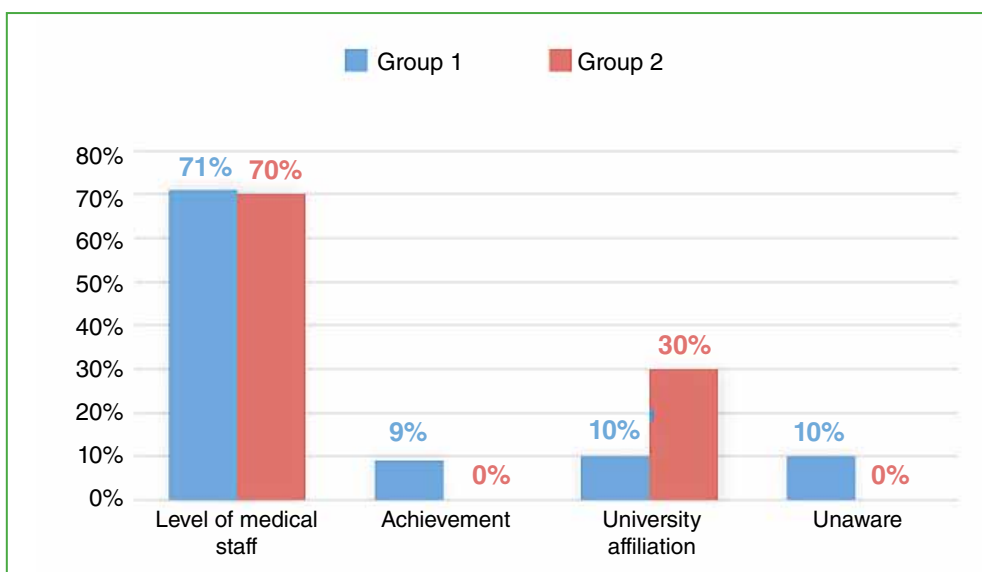


Figure 7. Hospital Choice - Hospital Reputation.

Satisfaction with previous care in the Orthopedics and Traumatology outpatient clinic was high in both groups (57%). However, 27% of patients in Group 2 highlighted their experience in the emergency department, indicating the rising influence of post-pandemic emergency care in hospital selection (Figure 8).

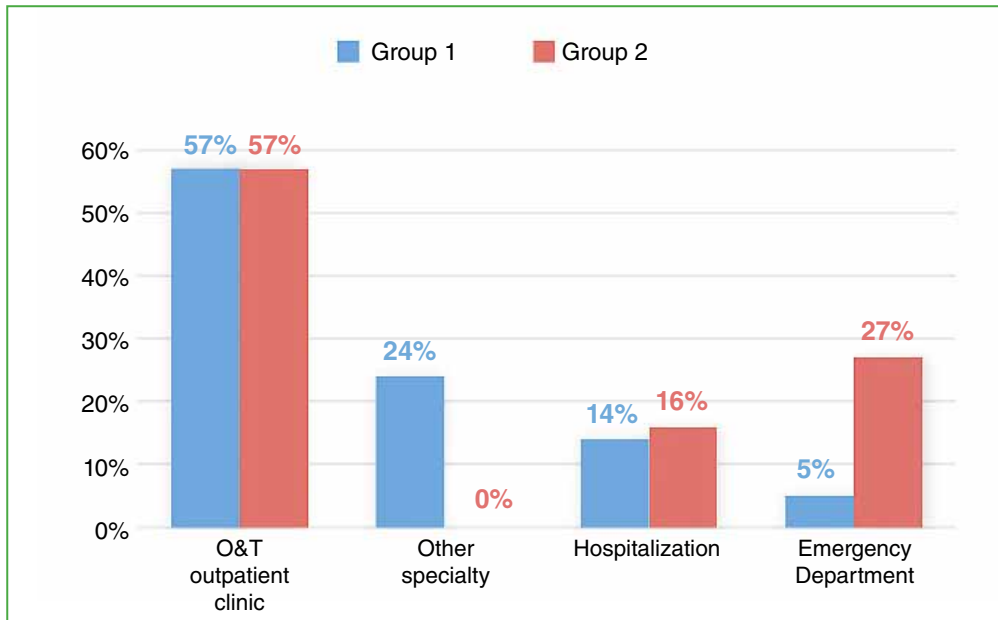


Figure 8. Choice of hospital - Satisfactory previous care.

There were no significant differences between the groups regarding hospital proximity (Figure 9).

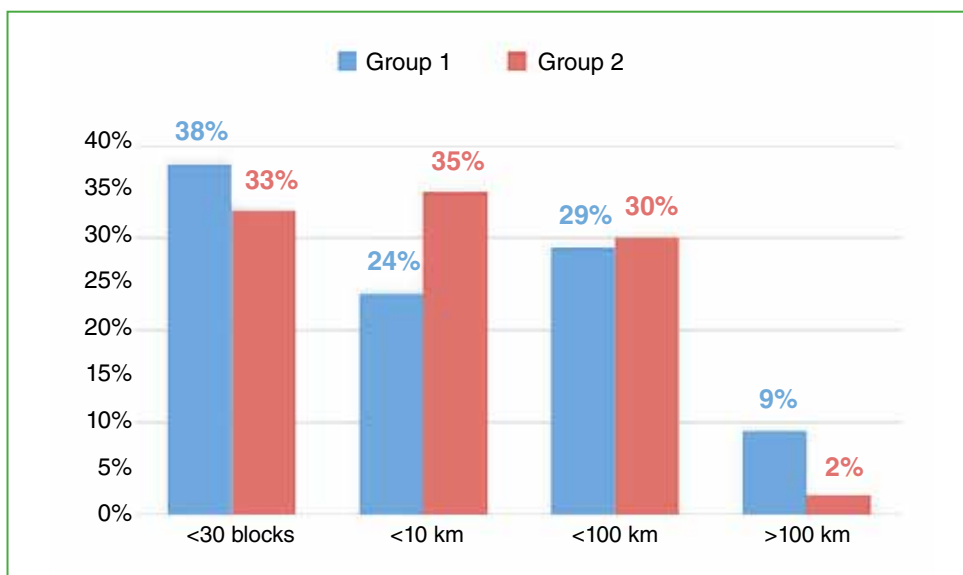


Figure 9. Choice of hospital - Proximity.

Seventy-five percent of Group 2 rated the hospital's accommodation as adequate and comfortable, compared to only 30% in Group 1—suggesting a substantial improvement in hospital facilities over the past decade (Figure 10).

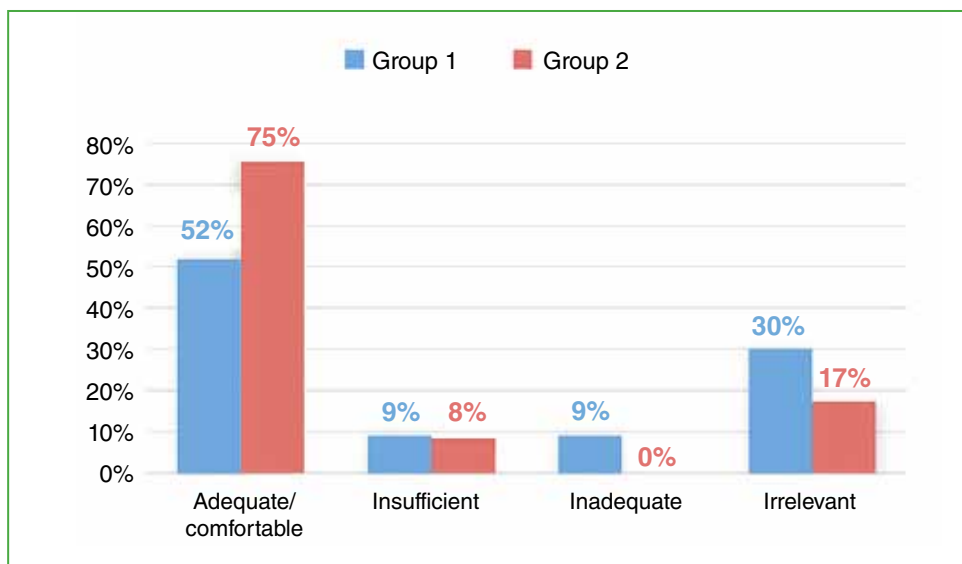


Figure 10. Hospital Choice – Hospitality/accommodation.

DISCUSSION

Currently, there is greater demand for and accessibility to information among patients regarding their disease, therapeutic alternatives, institutions, and healthcare professionals. Accordingly, the objective of our study was to identify changes over the last 10 years in the factors influencing the choice of surgeon and hospital for hip joint replacement surgery.

Regarding the determining factors in specialist selection, recommendations from other patients have overtaken the surgeon's reputation as the most influential factor, while the remaining factors maintained their relative positions.

Shared experience plays a crucial role in healthcare decision-making, as patients tend to place trust in the empathy and authenticity perceived in others who have undergone similar situations. In their cross-sectional observational study, Entwistle et al.⁸ described how subjective experiences and personal narratives help to reduce uncertainty and establish an emotional connection that is often lacking in technical or academic information.

Broom⁹ similarly emphasized how shared experiences through online forums and social media influence patients' confidence, as these narratives are perceived as more genuine and relatable than the clinical information delivered during medical consultations.

Through semi-structured interviews, Iglesias et al. found that personal recommendation was the most important factor in selecting a surgeon—ranked above the surgeon's experience, hospital reputation, and individual attributes such as surgical expertise and communication skills. Variables such as sex, ethnicity, publication history, and treatment cost were deemed less relevant.¹⁰

Conversely, Marshall et al. surveyed 422 patients and reported that surgeon reputation remained the most significant factor, with patients willing to wait up to seven months for a consultation with a referred specialist in cases of severe pain, rather than seeking a different physician.¹¹ In their analysis of 538 surveys, Fabrizio et al. concluded that patients most often choose specialists based on referrals from other physicians, over factors such as reputation, insurance coverage, or academic training. They also emphasized the weight of professional credentials within the medical community in attracting referrals.¹² Manning et al, in a study of 382 patients, reinforced this finding, stating that referrals outweigh the influence of mass media advertising—including radio, television, or internet sources.¹³

Digital platforms such as social media and healthcare review websites have significantly transformed how patients perceive and select healthcare professionals. These platforms provide access to others' personal experiences, which often carry greater perceived value than formal medical credentials. Furthermore, these digital environments foster ongoing interaction and community-building, thereby reinforcing trust in patient-generated reviews.¹⁴

It is also important to mention that, in recent years, there has been a growing distrust of medical authority, particularly due to patient experiences characterized by a lack of empathy or perceived conflicts of interest within the healthcare system.¹⁵ This distrust prompts patients to seek alternative sources of information and to place greater trust in their peers, whom they perceive as free from such conflicts of interest.

In parallel, there has been exponential growth in the influence of social media personalities who share personal experiences related to their health and treatments. These influencers present themselves as accessible and relatable figures, fostering a sense of community and emotional connection with their followers. As a result, patients may place more trust in their recommendations than in traditional sources. By translating complex medical information into easy-to-understand, visually appealing content, influencers have effectively become a new form of advertising for healthcare professionals or institutions. However, their influence often lacks ethical oversight, increasing the risk of disseminating erroneous or misleading information.¹⁶

This reflects a broader shift toward increased reliance on peer opinions, driven by factors such as trust in shared experience, the emotional resonance of personal narratives, the persuasive power of digital platforms, and, in some cases, skepticism toward the medical establishment.

Regarding the preference for healthcare institutions, this remains secondary to the surgeon's recommendation, which continues to be the primary determinant—albeit to a lesser degree than a decade ago. Our findings are consistent with those of Moser et al.,¹⁷ who conducted a qualitative descriptive study in Europe, and with Al-Faifi et al.,¹⁸ who conducted a nationwide cross-sectional survey in the Middle East. Proximity was not a determining factor in hospital selection. Notably, while there was a marked improvement in perceived hospital accommodation—likely due to the relocation of services—this was not a decisive factor in patients' hospital choice.

As described, there is a growing body of literature seeking to evaluate how patients choose their surgeon and healthcare facility. However, there is a notable absence of research within our local context on the decision-making process for elective surgeries and how it has evolved over the past decade.

Our study has several limitations. First, respondents evaluated only a specific group of surgeons within a single institution. Second, due to the design of our survey, patients could only select one option per item (beyond the initial Likert-scale rankings), which limited their ability to express multiple or nuanced preferences. Third, all participants had health coverage through private insurance plans or public systems, which inherently restricts the range of available healthcare facilities. Lastly, the population studied had a mean age close to 70 years—an age group that is not among the highest users of the Internet or social media. We can reasonably hypothesize that younger patients might place even greater importance on these digital sources when making healthcare decisions.¹⁹ As a strength, we believe this study contributes to a better understanding of evolving patient behavior in the context of users of health insurance. We recognize that good outcomes from prior surgeries, combined with a cordial relationship, are key factors in the selection of a surgeon. At the same time, trust and support in the doctor-patient relationship, as well as the professional's reputation, are values developed over the long term and sustained beyond the act of surgery itself. Nevertheless, we must acknowledge that the rise of digital tools—websites, online reviews, social media, and influencer-driven content—now plays an emerging, active, and prominent role in shaping patients' decision-making processes.²⁰

CONCLUSIONS

This study highlights significant changes in the factors influencing surgeon selection for total hip replacement over the past decade. The recommendation of another patient has emerged as the most important determinant. This shift suggests that shared experience and patient empathy have overtaken the traditional emphasis on the specialist's reputation as the primary factor in decision-making. The increasing accessibility of digital platforms and social media has transformed how patients gather and value information, giving greater weight to the opinions and experiences of other users.

Furthermore, technical credentials and professional distinctions have become less relevant, while trust based on personal experience and perceived authenticity has gained prominence. Confidence in the online community and the influence of social media figures have introduced new dynamics—creating alternative information sources that often complement, and in some cases compete with, traditional medical authority.

With regard to hospital selection, although still a factor, its influence has declined relative to that of the surgeon. Elements such as proximity or infrastructure now play a secondary role in the decision-making process.

Despite its limitations, this study provides valuable insight into emerging trends in patient behavior in a health-care context increasingly shaped by digital interconnectedness. Understanding these evolving dynamics is essential for healthcare professionals to adapt communication strategies and reinforce trust in an era where shared experience plays a decisive role in patients' choices.

Conflict of interest: The authors declare no conflicts of interest.

R. Torga Spak ORCID ID: <https://orcid.org/0009-0003-5944-1716>

R. Valentini ORCID ID: <https://orcid.org/0000-0002-0330-6721>

A. O. Perea ORCID ID: <https://orcid.org/0000-0002-7011-8966>

L. Rojas Alcorta ORCID ID: <https://orcid.org/0009-0002-6415-5856>

M. Meninato ORCID ID: <https://orcid.org/0000-0003-1858-4238>

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APPENDIX

Form 1

Please rank the following factors from 1 to 5 according to their importance in your choice of surgeon (1 = most important). Do not repeat numbers.

- Reputation of the surgeon.
- Recommendation from another patient.
- Recommendation of another professional.
- Reputation of the hospital where the surgeon operates.
- Doctor-patient relationship established during the first consultation.

Please mark with a cross the most applicable option for each of the following items. Select only one option per item.

Reputation of the surgeon

- I learned about the surgeon through:

- ✓ Personal website
- ✓ Institutional website
- ✓ Professional information portals (LinkedIn, TopDoctors, AAOT, ANM)
- ✓ Social media platforms (Instagram, Facebook, TikTok)

Recommendation from another patient.

- The surgeon was recommended by:

- ✓ A patient operated on by the same surgeon
- ✓ A patient seen (but not operated on) by the same surgeon
- ✓ A patient seen by another member of the O&T team
- ✓ A patient treated at the same institution

Recommendation from another professional.

- The surgeon was recommended by:
 - ✓ My primary care physician
 - ✓ Another physician from the Orthopedics and Traumatology Service
 - ✓ A physician from another institution
 - ✓ Non-medical staff from the institution

Reputation of the hospital

- I learned about the hospital through:
 - ✓ The institutional website
 - ✓ Direct information from the institution
 - ✓ Other media (magazines, TV, radio)
 - ✓ Recommendations from previous hospital patients
 - ✓ Social media platforms (Instagram, Facebook, TikTok)

Doctor-patient relationship in the first consultation

- What I valued most in the first encounter:
 - ✓ Information provided about my condition
 - ✓ The surgeon's demeanor and appearance
 - ✓ Trust and confidence conveyed
 - ✓ Support and interest shown by the professional

Form 2

Please rank the following factors from 1 to 6 according to their importance in your choice of hospital (1 = most important). Do not repeat numbers.

- Reputation of the hospital
- Proximity to the hospital
- Hospitality
- Recommendation of the surgeon
- Satisfaction with prior care
- Referral from another source

Please mark with a cross the most applicable option for each of the following items. Select only one option per item.

Hospital reputation

- I consider the hospital reputable based on:
 - ✓ High level of medical staff
 - ✓ Scientific achievements
 - ✓ Being a university-affiliated center
 - ✓ I am not aware of the hospital's reputation

Proximity

- Distance from my home:
 - ✓ < 30 blocks.
 - ✓ 30 blocks to 10 km.
 - ✓ 10 km to 100 km.
 - ✓ More than 100 km.

Hospitality/accommodation

- I would describe the hospital's accommodation as:
 - ✓ Precarious but sufficient
 - ✓ Inadequate and insufficient
 - ✓ Adequate and comfortable
 - ✓ Irrelevant to my decision

Recommendation source

- The hospital was recommended by:
 - ✓ The surgeon
 - ✓ My primary care physician
 - ✓ Another healthcare professional
 - ✓ Another patient

Satisfaction with previous care

- I base my hospital preference on prior care received in:
 - ✓ Emergency Department
 - ✓ Orthopedics and Traumatology outpatient clinic
 - ✓ Another specialty outpatient clinic
 - ✓ Previous hospitalization