

Patient preferences when selecting their total joint arthroplasty surgeon: A multi-center survey study

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INTRODUCTION:

Referrals and word of mouth often influence surgeon selection more than online marketing, but limited prospective, multi-center research exists on how patients choose their total joint arthroplasty (TJA) surgeon. This study identifies key factors influencing patient decision-making and how preferences vary by demographics.

METHODS:

This prospective, multi-center cross-sectional survey study included patients undergoing elective total hip or knee arthroplasty at high-volume orthopaedic institutions. Patients completed a demographic questionnaire and a survey on how they selected their surgeon. The survey consisted of three general questions about how patients first heard about the surgeon, how many visits occurred before deciding to proceed with surgery, and whether they had seen other surgeons beforehand. Additionally, patients rated the importance of ten different factors on a scale from 1 to 10. Finally, they were presented with a separate list of seven factors and asked to select the three they considered most important. Data was entered into REDCap and analyses were performed using SPSS 26.0.

RESULTS:

A total of 808 patients participated in the study. Most selected their surgeon through referrals 363 (44.9%) or word of mouth 151 (18.7%); while only 70 (8.7%) used online advertisements. Female patients rated surgeon gender (median, [IQR] 0.0, [1.0] vs 0.0, [0.0]; $p= 0.010$), ease of communication (44.4% vs 36.9%; $p= 0.036$), and time spent with the patient (52.8% vs 43%, $p= 0.008$) as more important than males. Minority patients prioritized surgeon gender (median, [IQR] 0.0, [5.0] vs 0.0, [0.0]; $p= 0.003$), race (median, [IQR] 0.0, [2.0] vs 0.0, [0.0]; $p< 0.001$), bedside manner (52.1% vs 39.9%; $p= 0.013$), time spent (58% vs 48%; $p= 0.045$), and implant type (28.6% vs 17.3%; $p= 0.004$) compared to white patients. Patients with lower household income (\$30-70k) rated insurance acceptance as more important than patients with higher household incomes (>300k) (median, [IQR] 10.0, [4.0] vs 7.0, [7.0]; $p= 0.007$).

DISCUSSION AND CONCLUSION:

Patients predominantly rely on referrals and word of mouth when choosing a TJA surgeon, emphasizing the central role of trust. Female and minority patients value surgeon gender, race, and interpersonal skills, underscoring the importance of culturally responsive care. These findings support PCP engagement and community outreach as effective strategies for building trust and promoting equitable access to care.