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Patient Preferences for Oral Surgeons' Attire and Appearance in Saudi Arabia: A Cross-Sectional Study

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Abstract Objective: Information about the perspective of dental patients regarding the clinical attire and the presentation of oral and maxillofacial surgeons (OMFSs) is lacking in Saudi Arabia. Investigating the diversity of elements that influence patients' opinions to improve the services and care that their surgeons deliver and to meet patients' needs has been a topic that is debated across the medical field. This study's objectives are to assess patients' overall satisfaction and trust in their OMFSs and identify areas for improvement. **Methods:** A self-reported questionnaire-based cross-sectional survey was piloted among adult patients who visited the Department of Oral and Maxillofacial Surgery at Riyadh Elm University Dental Hospital in Riyadh City between August 2021 and July 2022. Data on patient preferences for the surgeons' gender, educational background, experience, appearance, notoriety and social media activity was gathered. **Results:** A total of 503 participants were evaluated for the current study. The age of the study participants showed significant differences in preferences toward the selection of OMFS based on gender ($p<0.05$). The marital status of the subjects showed statistically significant differences in preferences in the selection of OMFS based on gender and age, reputation on social media of OMFS and selection of the OMFS after internet research ($p<0.05$). Key findings indicated that 69.4% of patients preferred surgeons in official attire and 67.2% were influenced by social media presence ($p<0.05$). **Conclusions:** This cross-sectional survey demonstrated how patients' expectations and preferences when selecting their OMFSs are influenced by age, education, marital status and gender. These insights highlight the importance of professional appearance and digital reputation in patient selection. Future research should explore strategies for enhancing OMFS-patient trust through attire standards and digital engagement.

Key Words Oral surgeon, Attire, Appearance, Patient preference, Educational status

INTRODUCTION

The primary objective in the medical field of the patient-centered approach is to treat according to the patient's wishes and needs. Dental therapy is founded on this idea since patients should be satisfied and treated according to their preferences [1,2]. Today, people are more aware of their oral health and how their teeth can affect it. A growing number of people are receiving dental care to improve their dental health and, in turn, their quality of life. The world has gotten smaller in this era of information technology, in which social media has grown very popular [3,4]. Individuals commonly solicit recommendations from acquaintances and social media platforms when selecting an oral and maxillofacial surgeon (OMFS) for treatment, along with relying on their family dentist [5].

It is essential that an OMFS initially meets the patient's eyes because, most of the time, the patient is nervous. OMFSs undertake many treatments that pertain to pain relief, trauma and facial aesthetics. The way a patient perceives their OMFSs relies on many variables, including the patient's facial features, gender, clothing, age and behavior [5,6]. A patient's perception of an OMFS is shaped by various factors, including the clinician's initial greeting, verbal and physical demeanor, attire and cleanliness, all of which contribute to a positive or negative impression. Likewise, providing care by an OMFS improves a patient's health outcomes significantly [7-11]. According to Hippocrates, a doctor "must be clean in person, well-dressed and with sweet-smelling colognes" [12]. Much has been

written about how a clinician should dress and seem in the medical field, but less about the area of interest in dentistry [13]. It is believed that a dentist's tattoos, unconventional haircuts and jewelry will lower patient confidence. OMFSs should have considered the aspects that affect patient happiness and attentiveness in today's competitive climate [13]. Different medical personnel gradually transition to formal attire as the popularity of white clothing decreases overall [14,15]. A study conducted in Japan indicated that white people prefer white things regardless of their age or gender [16]. In contrast to a study conducted in Hawaii, which discovered that patients were not favorable towards white coats, research conducted in Brazil concluded that patients preferred white overalls. A survey revealed that patients preferred blue jeans and scrubs over slippers or shorts, exhibiting a similar trend [17-20].

Every OMFS has a unique and different personality based on their history and culture, educational background, professional experience, attire, gender, socioeconomic standing and way of life [19-22]. Additionally, the dental office's layout and location or the service's characteristics (professionalism, communication, environment, follow-up and online services such as applications and websites) may hint at the patients' choice of surgeon [23,24].

Patients' attitudes are now affected by social media advertising in both positive and negative ways. Social media may shift the balance of power between patients and their surgeons because it is a new tool they choose [25]. Social media use in the healthcare industry has been proposed to enhance the value, speed up the process and increase the benefits of accessing dental-related information [26]. On the other hand, choosing one surgeon or facility over another was significantly impacted by the amount of money they paid out of their wallets for their procedure [27]. According to the patients, punctuality is crucial, yet waiting times were significantly correlated with patient satisfaction [28].

The necessity for patients to postpone essential and productive treatments during waiting periods can lead to emotional discomfort and distress [29-30].

Both patients and OMFSs aim to enhance and provide the highest quality of care by understanding patients' perspectives and addressing their concerns effectively. There is a lack of knowledge of OMFSs from the perspective of dental patients. In Saudi Arabia, cultural norms place significant emphasis on professional appearance, modesty and social reputation, making attire and presentation particularly relevant in healthcare interactions. Recent studies [3,4] highlight how attire and digital presence influence patient trust within this cultural context. Additionally, the rise of social media in Saudi Arabia has amplified patient awareness and expectations regarding healthcare professionals' appearances and reputations. The objective of this study was to evaluate how factors such as attire, appearance and social media presence influence patient preferences when selecting OMFSs in Saudi Arabia. We hypothesized that professional attire and an active digital presence significantly impact patient trust and selection. This study aims to provide practical insights for OMFS professionals to align with patient expectations and improve patient-centered care.

MATERIALS AND METHODS

A prospective cross-sectional self-reported questionnaire study was piloted among the adult patients presenting to the Department of Oral and Maxillofacial Surgery at Riyadh Elm Dental Hospitalin Riyadh City. The study was conducted between August 2021 and July 2022 for a year. The patients' written and informed consent was obtained after the study's design was clarified to the participants. The survey was transcribed in English for non-English speakers and then translated into Arabic. The sample size of 503 was determined based on previous cross-sectional studies assessing patient preferences, ensuring adequate statistical power. To minimize response bias, anonymity was strictly maintained and patients completed questionnaires before interacting with any OMFS. The questionnaire underwent pilot testing with 30 participants to ensure clarity and reliability. The Arabic translation was validated through a back-translation method by bilingual experts.

Selection Criteria

The participants in the study were those who visited the department either voluntarily or after being recommended by another private facility for any treatment. Only patients who consented to take part in the trial were counted.

Subjects who are illiterate, receiving mental health treatment, psychological counseling, or using psychiatric medication, who are less than 18 years old and who refuse to engage in the study were omitted.

Data Gathering

The questionnaire was printed out and handed to the participants. Patients who had received an appointment from the Department of Oral and Maxillofacial Surgery but had not yet seen an OMFS were chosen randomly from the group of patients. Before their initial visit to our clinic, consenting patients filled out the questionnaire in the waiting area to avoid bias that could emerge from treatment outcomes and their perception of the attending OMFS. Three sections made up the multiple-choice survey. The participants' basic demographic information was provided in the first section. The second component covered any family history of oral and maxillofacial surgery and whether there was a dentist or OMFS in the immediate family. The third component of the study asked patients about their preferences for the surgeons' gender, educational background, experience, appearance, popularity and social media engagement. The information gathered in this way was noted and evaluated for statistical significance.

Statistical Analysis

The statistical software for social sciences, version 25, was used to code and analyze each response (IBM-SPSS, Armonk, USA). Descriptive statistics such as frequency distribution and percentages were computed for the categorical variables. The chi-square test was used to see whether a statistically significant

relationship existed between demographic factors and preferences for choosing an OMFS. A p-value of <0.05 was considered significant for all statistical calculations. Additionally, Cramér's V was calculated to assess the effect size of significant associations. Potential confounding variables such as education level and socioeconomic status were considered during analysis to ensure robustness of the findings. This study was conducted in accordance with the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines. A completed checklist has been provided in the supplementary material.

RESULTS

Demographics of the Study Participants

It was observed that 503 participants took part in the current study:

- Age: The observation indicated that the highest number of participants, 176 individuals (35%), fell within the age group of 20-29 years. However, this was followed by participants aged 50 and above, with 126 individuals (25%) and then by those in the age groups of 30-39 years, with 105 individuals (20.9%) and 40-49 years, with 96 individuals (19.1%), respectively
- Gender: An approximately equal percentage was observed for the gender distribution among the study participants, with males comprising 258 individuals (51.3%) and females comprising 245 individuals (48.7%)
- Socioeconomic conditions: When considering education, most participants held a bachelor's degree, accounting for 303 individuals (60.2%). Additionally, 346 participants (68.8%) were married and 420 (83.5%) were Saudi nationals
- Preference of the treatment center: Less than half of the study participants, 240 individuals (47.7%), sought treatment in a public (governmental) clinic or hospital. Only 10 subjects (2%) reported having OMFS in their families, while the majority, 319 individuals (63.4%), did not have any dentists, OMFS, or physicians in their families. Furthermore, the majority of subjects, 320 individuals (63.6%), visited OMFS for treatment requiring some form of operation (Table 1)

Preferences for the Selection of OMFS by Study Participants

Most of the study subjects, 234 individuals (46.5%), preferred OMFS recommended by a friend or family member. Additionally, most participants did not exhibit a specific preference regarding the gender (237 individuals, 47.1%) or ethnicity (408 individuals, 81.1%) of the OMFS. Nearly half of the study subjects, 256 individuals (50.9%), preferred OMFS aged 50-59 (Table 2).

Preferences for Selection of OMFS Based on Attire, Appearance, Décor and High Prices

A significant majority of the study participants preferred OMFS who wore an official uniform (349 individuals, 69.4%), had a favorable appearance (241 individuals, 47.9%), operated in clinics with appealing décor and location (335 individuals, 66.6%) and charged higher treatment prices (360 individuals, 71.6%) (Table 3).

More than half (54.3%) of the participants selected their OMFS based on their reputation on social media and 67.2% mentioned that social media affects their selection of OMFS. The effect of online research on the selection of the OMFS was answered by 64.4% of the study participants. Only 20.3% of the participants expressed trust in social media regarding medical cases (Figure 1).

Table 1: Sociodemographic variables and OMFS related information among study participants (n = 503)

Variable	Response	n	%
Age (year)	20-29	176	35.00%
	30-39	105	20.90%
	40-49	96	19.10%
	over 50	126	25.00%
Gender	Male	258	51.30%
	Female	245	48.70%
Education level	Primary school	74	14.70%
	High school	100	19.90%
	Bachelor	303	60.20%
	Higher degree (Master & PhD)	26	5.20%
Marital status	Married	346	68.80%
	Single	128	25.40%
	Prefer not to answer	29	5.80%
Nationality	Saudi	420	83.50%
	Non-Saudi	83	16.50%
The type of clinic/hospital you visited	Private clinic/hospital	191	38.00%
	Public (governmental) clinic/hospital	240	47.70%
	University private clinic/hospital	55	10.90%
	University public (governmental) clinic/hospital	17	3.40%
Do you have a doctor, dentist and/or oral and maxillofacial surgeon in the family?	Oral and maxillofacial surgeons	10	2.00%
	Dentist	54	10.70%
	Physicians	120	23.90%
	No	319	63.40%
Previous visit or operation related to oral and maxillofacial surgery	Yes	320	63.60%
	No	133	26.40%
	Don't remember	50	9.90%

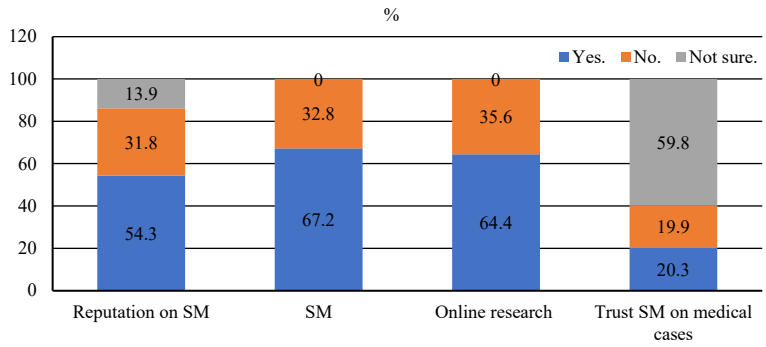

Figure 1: Role of social media and the Internet in the selection of OMFS

Table 2: Preferences for selection of Oral Maxillofacial surgeons among study participants

Preferences	Responses	n	%
Preferences in general selection of OMFS	Someone well known	175	34.80%
	Someone suggested by a friend or family	234	46.50%
	Academic staff	15	3.00%
	Someone young and freshly graduate	23	4.60%
	No preference	56	11.10%
Gender preferences in selection of OMFS	Male	152	30.20%
	Female	114	22.70%
	No preference	237	47.10%
Age preferences in selection of OMFS	30-39	29	5.80%
	40-49	0	0.00%
	50-59	256	50.90%
	No preference	218	43.30%
Ethnicity preferences in selection of OMFS	Same ethnicity as me	90	17.90%
	Different ethnicity	5	1.00%
	No preference	408	81.10%

Table 3: Preferences for selection of Oral Maxillofacial surgeons based on attire, appearance, décor and high prices

Preferences	Responses	n	%
Attire	Official uniform	349	69.40%
	Saudi national dress	18	3.60%
	Causal outfit	4	0.80%
	No preference	132	26.20%
Appearance	Yes	241	47.90%
	No	134	26.60%
	Not sure	128	25.40%
Décor and location of clinic	Yes	335	66.60%
	No	110	21.90%
	Not sure	58	11.50%
High prices	Yes	360	71.60%
	No	143	28.40%

Comparative Outcomes

Sociodemographic variables of the study participants and preferences towards OMFSs

The age of the study participants demonstrated significant variations in preferences for selecting OMFS based on the gender of the subjects, showing a statistically significant difference ($p = 0.000$). The participants' marital status showed substantial differences in preferences in the gender selection ($p = 0.041$) and age ($p = 0.021$) of OMFS (Table 4).

Sociodemographic variables of the study participants and preferences towards attire, appearance, clinic décor and high prices of OMFS

The educational level of the study participants showed significant differences in preference towards the selection of OMFS based on attire ($p = 0.001$) and high prices ($p = 0.049$) (Table 5).

Sociodemographic Variables of the Study Participants and Selection of OMFS based on Social Media and the Internet

The education level of study participants exhibited significant disparities in trust towards social media for reported medical cases ($p = 0.000$). Additionally, participants' marital status showed substantial differences in preferences for selecting OMFS based on reputation on social media ($p = 0.024$). Similarly, marital status showed a significant difference in the selection of the OMFS after research on the Internet ($p = 0.000$). The nationality of the subjects showed significant differences in the use of social media in the selection of OMFS ($p = 0.047$) (Table 6). Interaction analyses revealed that younger, educated and married participants were more likely to be influenced by social media presence when selecting OMFSs. Confidence intervals (95% CI) have been included in tables to provide a clearer understanding of the variability in preferences.

Table 4: Sociodemographic variables of the study participants and preferences towards oral and maxillofacial surgeons

Variables		Gender of OMFS			Age of OMFS			Ethnicity of OMFS		
		Male (%)	Female (%)	No preference (%)	30-39 (%)	50-59 (%)	No preference (%)	Same as me (%)	Different	No preference (%)
Age (Years)	<40	50.7	54.4	59.9	65.5	50.8	60.6	55.6	80	55.6
	≥40	49.3	45.6	40.1	34.5	49.2	39.4	44.4	20	44.4
	P	0.187			0.057			0.551		
Gender	Male	70.4	34.2	47.3	44.8	50	53.7	54.4	60	50.5
	Female	29.6	65.8	52.7	55.2	50	46.3	45.6	40	49.5
	P	0.000*			0.563			0.735		
Education	≤high school	28.9	43	34.2	41.4	37.1	30.7	35.6	40	34.3
	>high school	71.1	57	65.8	58.6	62.9	69.3	64.4	60	65.7
	P	0.058			0.254			0.944		
Previous visit to clinic	Private	46.1	51.8	49.4	75.9	48	46.3	61.1	40	46.3
	Govt.	53.9	48.2	50.6	24.1	52	53.7	38.9	60	53.7
	P	0.058			0.254			0.944		
Marital status	Married	65.1	79.8	65.8	65.5	75.4	61.5	68.9	20	69.4
	Single	29.6	17.5	26.6	31	20.3	30.7	25.6	80	24.8
	Not to answer	5.3	2.6	7.6	3.4	4.3	7.8	5.6	0	5.9
	P	0.041*			0.021*			0.092		
Nationality	Saudi.	82.2	84.2	84	82.8	84	83	84.4	80	83.3
	Non-Saudi	17.8	15.8	16	17.2	16	17	15.6	20	16.7
	P	0.88			0.956			0.946		

*Denotes significant difference at p<0.05

Table 5: Sociodemographic variables of the study participants and preferences towards attire, appearance, clinic décor and high prices of OMFS

Variables		Attire				Appearance			Clinic décor and location			High Prices	
		Official uniform (%)	Saudi national dress (%)	Causal outfit (%)	No preference (%)	Yes (%)	No (%)	Not sure (%)	Yes (%)	No (%)	Not sure (%)	Yes (%)	No (%)
			(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Age	<40	55.9	44.4	75	56.8	57.3	57.5	51.6	55.5	53.6	62.1	57.8	51
(Years)	≥40	44.1	55.6	25	43.2	42.7	42.5	48.4	44.5	46.4	37.9	42.2	49
	P	0.661				0.525			0.565			0.17	
Gender	Male	49.3	55.6	25	56.8	49.4	56	50	52.5	50	46.6	50.3	53.8
	Female	50.7	44.4	75	43.2	50.6	44	50	47.5	50	53.4	49.7	46.2
	P	0.332				0.446			0.669			0.47	
Education	≤high school	30.9	11.1	50	47	35.3	35.8	32	33.7	40.9	27.6	37.2	28
	>high school	69.1	88.9	50	53	64.7	64.2	68	66.3	59.1	72.4	62.8	72
	P	0.001*				0.775			0.191			0.049*	
Previous visit to clinic	Private	50.4	61.1	50	43.2	47.3	48.5	52.3	49.6	48.2	46.6	47.2	53.1
	Govt.	49.6	38.9	50	56.8	52.7	51.5	47.7	50.4	51.8	53.4	52.8	46.9
	P	0.372				0.65			0.901			0.231	
Marital status	Married	68.8	66.7	50	69.7	70.5	70.1	64.1	69.3	67.3	69	70	65.7
	Single	26.4	27.8	50	22	24.1	26.1	27.3	25.1	26.4	25.9	24.7	27.3
	Not to answer	4.9	5.6	0	8.3	5.4	3.7	8.6	5.7	6.4	5.2	5.3	7
	P	0.651				0.442			0.995			0.59	
Nationality	Saudi	84.2	72.2	75	83.3	85.9	77.6	85.2	83.6	84.5	81	85.3	79
	Non-Saudi	15.8	27.8	25	16.7	14.1	22.4	14.8	16.4	15.5	19	14.7	21
	p	0.57				0.099			0.842			0.088	

*Denotes significant difference at p<0.05

DISCUSSION

The fundamental concept crucial for optimizing outcomes for patients and surgeons revolves around understanding how patients select their OMFSs. However, this forms the central focus of the current study: Investigating the reasons behind patients' choices of a specific OMFS, identifying the underlying factors driving these decisions and exploring strategies for OMFSs to enhance patient selection processes.

In Saudi Arabia, there have been relatively few studies on surgeons and much fewer studies on OMFS, although there have been many studies on doctors and dentists. All elements mentioned above may impact the patient's choice or

Table 6: Sociodemographic variables of the study participants and selection of OMFS based on social media and internet

Variables		Reputation on Social Media			Social Media affect		Online search of OMFS		Trust social media		
					Selection of OMFS				Medical Cases		
		Yes	No	Not sure	Yes	No	Yes	No	Yes	No	It depends
		(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Age (Years)	<40	52	63.7	52.9	54.7	58.2	58.6	50.8	56.9	60	54.2
	≥40	48	36.3	47.1	45.3	41.8	41.4	49.2	43.1	40	45.8
	P	0.051			0.465		0.091		0.579		
Gender	Male	51.3	51.9	50	48.8	56.4	50.3	53.1	49	57	50.2
	Female	48.7	48.1	50	51.2	43.6	49.7	46.9	51	43	49.8
	P	0.966			0.112		0.553		0.434		
Education	≤high school	37.4	33.8	25.7	35.5	32.7	33	37.4	48	50	24.9
	>high school	62.6	66.3	74.3	64.5	67.3	67	62.6	52	50	75.1
	P	0.181			0.539		0.32		0.000*		
Previous visit to clinic	Private	44.7	51.9	58.6	47	52.7	48.8	49.2	51	45	49.5
	Govt.	55.3	48.1	41.4	53	47.3	51.2	50.8	49	55	50.5
	P	0.077			0.231		0.932		0.661		
Marital status	Married.	74	63.7	60	69.8	66.7	63	79.3	72.5	70	67.1
	Single.	21.2	31.3	28.6	25.4	25.5	31.5	14.5	22.5	25	26.6
	Not to answer.	4.8	5	11.4	4.7	7.9	5.6	6.1	4.9	5	6.3
	P	0.024*			0.357		0.000*		0.871		
Nationality	Saudi.	83.9	85	78.6	85.8	78.8	85.2	80.4	88.2	81	82.7
	Non-Saudi.	16.1	15	21.4	14.2	21.2	14.8	19.6	11.8	19	17.3
	p	0.467			0.047*		0.17		0.325		

*Denotes significant difference at $p<0.05$

be viewed as indicators of the "quality of the dental care." Patient safety, healthcare needs, experience, quality of life and satisfaction are all included in the definition of "quality of the health service" [19-22].

Global marketing has grown in importance as a tool for corporate promotion. Additionally, oral and maxillofacial surgery practices have reported observing this increase. People are becoming more aware of their dental health and are interested in receiving treatment to enhance their quality of life. People, including other dentists and friends, use social media to gather information on OMFSs for their treatment [25-30]. To enhance their practices and exert a greater influence on patients' perceptions, OMFSs must compete with one another. The dress of OMFSs has changed throughout the previous few years. Scrubs have replaced white coats and patients are drawn to the OMFSs' appearance and dress. Therefore, the motive of the current study was to confirm the patient's propensity for selecting and favoring OMFSs.

The young adult group comprised the most significant percentage of participants in the current study, which lasted a year and analyzed the replies of 503 people. The senior adult group came in second place. Comparable findings were found in the Turkish study by Gürler *et al.* [19]; however, they included children in their analysis. Most of the study participants were males, possessed bachelor's degrees, were married and were Saudi nationals, despite no statistically significant difference between the groups. This finding contradicts earlier studies where patients of color were more likely to participate [18,19].

Less than half of the study's participants went to a public (governmental) clinic or hospital for treatment. Most participants do not have any dentists, OMFSs, or doctors in their family, with only two percent reporting having an OMFS. The majority of the patients who visited OMFSs required some surgery.

The most commonly cited factor was a friend or family member's recommendation of an OMFS (46.5%), followed by endorsement by a well-known individual (34.8%). Some participants expressed a preference for a young, recently graduated surgeon or academic staff, while 11% had no specific preference.

Competence, a referral from a person the patient knows well, service quality and interpersonal considerations are all deemed crucial when selecting a doctor [19,31]. When evaluating the caliber of a medical service, patient perception and happiness are becoming more important. When selecting a healthcare provider, patients consider some variables. Patient satisfaction is multifaceted and the dentist's demographic characteristics affect the patients' preferences and perceptions. Patients' preferences for doctors have been examined with several criteria, including their openness to sharing information, discussing symptoms and general facets of the doctor-patient interaction. The most stressed topics include patients' propensity to favor same-sex practitioners as well as their assessment of their ethnic background, communication abilities and experience. There is a correlation between a patient's satisfaction level and their trust in a practitioner; this relationship facilitates the ease of medical procedures and reduces anxiety [18,19,31].

Guardians of orthodontic subjects took part in a survey and the results revealed that they favored younger women and older men, as well as orthodontists who wore formal clothes or scrubs, had their hair under control and wore

nametags [13]. Patients' preferences for OMFS dress and the surgeon's physical dominance did not affect patients' decisions in the current trial. There are insufficient data on whether the practitioner's age influences the patient's preference. Patients may favor practitioners in their middle or later years because they believe medical experience grows with age [32]. Patients' preference for doctors based on their age is another issue that must be addressed. According to a study, patients like younger dentists, which may be related to their current knowledge and interest in emerging scientific breakthroughs [33].

The differences in racial backgrounds are a significant problem in both medical and dental health services. In this study, the practitioner's ethnic background comprised membership in a particular ethnic society or linguistic distinctions. According to studies, patients are more content if they can pick their doctor. There is evidence that there is some racial concordance between patients and doctors in the fields of medicine and dentistry. The desire for people of the same race may be influenced by socioeconomic level, language proficiency, or geographic accessibility [19-25].

According to the literature, patients, especially women, prefer doctors who belong to their ethnic group since they can interact more easily and feel more at ease. According to several reports, the patient and practitioner's language and cultural compatibility are more significant than the practitioner's gender [18,31-33]. A doctor with comparable values may be more trustworthy in the eyes of the patients.

This study found that patients did not attempt to choose practitioners who shared their ethnic heritage views and were influenced by their educational position. However, this might result from the decline of conservatism and traditionalism and a rise in educational attainment. According to a study by Abghari *et al.* [34], there may be a correlation between the patient's increasing degree of education and the surgeon's level of training.

It can be anticipated that patients' desires for quality and prestige increase as their educational level increases, whereas those with less education tend to favor more traditional elements. Beyond the practitioner's ethnicity or gender, specific research findings indicate that empathy and communication abilities are crucial for some patients. If there is no cultural competency curriculum in postgraduate oral and maxillofacial surgery education, one should be created, considering both patient expectations and the expected outcomes of cultural competency training. Shah *et al.* [35] have stressed that patients now consider a practitioner's social traits in addition to their ability to deliver medical care when making judgments. Establishing trustworthy and positive patient-doctor relationships may depend on the preferences and views of the patient regarding an OMFS. This relationship of trust may improve the caliber of medical care and assist in meeting patients' requirements.

Up to 35% of patients in contemporary nations prefer the same gender as their healthcare practitioners [19]. In the current study, most female patients preferred female OMFSs compared to male patients. Perceived communication abilities likely influence this preference. Additionally, the conservative and Islamic cultures in Saudi Arabian society may have contributed to this choice. In addition, the male OMFSs were similarly favored by the male participants. Current findings, which suggest that patients may choose female dentists due to empathy skills and the length of time they spend with patients, were supported by research by Smith *et al.* [6]. A fascinating finding is that perhaps only female patients in the current study preferred female doctors more than male doctors. Patients may participate more in consultations with female doctors because of the prevalent perception that women have more incredible interpersonal and emotional skills [6,19]. However, the results of the current study contradict those of the study by Zafar *et al.* [20], which discovered a preference for female dentists among both sexes.

However, when participants were asked about the relationship between patient and surgeon ethnicity, the majority had no preference for the ethnic background of their surgeon, which supports the idea that the majority of people have no preference for race and do not value it as highly as the quality of the care they seek. A significant portion of the participants chose a surgeon wearing official attire over any other attire. However, this finding aligns with studies by Budny *et al.* [14] and AlSarheed [21]. However, Aitken *et al.* [15] concluded that a doctor's preference is barely influenced by dress style.

Married patients prefer middle-aged or older surgeons because they believe that age increases the medical experience and the number of surgeries they have performed. It can be a relief knowing that this is not the surgeon's first or second time performing the procedure. On the other hand, a younger surgeon can be more cautious and freshly graduated, full of recent experience, which some patients may prefer.

The education of study participants showed significant differences in trust in social media-reported medical cases and at the same time, educated subjects were willing to pay more. However, this could be because the economy and education may have a proportional relationship. The current study found that most patients chose their OMFS based on their reputation on social media, which can be misleading, especially since the surgeon's overall appearance and number of followers additionally have an impact. In the age of social media, patients have access to information about their condition, diagnosis and treatment through the Internet and all social media networks [19,20]. The appearance and number of certifications do not necessarily reflect the standard of care or the excellence of a surgeon. However, this can confuse individuals, particularly those without medical expertise, about what factors are essential when selecting a surgeon.

Knowing patients' expectations of OMFSs lays the groundwork for providing exceptional care and moving

ahead of patient health care, which is of utmost importance in the dental field. Additionally, knowing patients' preferences aids the surgeon in developing both personally and professionally. "Medical professionalism is a belief system in which group members declare to each other and the public the shared competency standards and ethical values they promise to uphold in their work and what the public and individual patients can and should expect from medical professionals, representing one of the various definitions of professionalism published by organizations and research centers [36]. An unexpected finding was the high willingness of patients to accept higher treatment prices when associated with professional appearance and clinic aesthetics. This suggests that perceived quality, influenced by visual and social factors, may outweigh cost considerations. Furthermore, the influence of social media highlights a shift in patient trust dynamics, necessitating that OMFS professionals engage responsibly online. Clinics should consider developing guidelines for professional attire and digital presence to strengthen patient confidence.

This study had a few limitations. The current survey was given out at a single dental college facility. More alternatives would have improved the study's findings. The individuals' financial situation was not assessed in the current study. However, this might have influenced the outcomes, as wide disparities are seen in the selection of the OMFSs based on the patients' financial conditions.

CONCLUSIONS

This study concludes that patient preferences for OMFSs in Saudi Arabia are significantly influenced by factors such as attire, appearance and social media reputation. Dental institutions and practitioners should adopt clear standards for professional presentation and enhance digital engagement strategies. Integrating communication skills and professionalism training into dental curricula is essential to meet evolving patient expectations. Policymakers should consider updating guidelines to reflect these trends, promoting patient-centered care and trust-building in oral surgery practices. Future studies should include multi-center designs across various regions of Saudi Arabia to improve generalizability. Further research is also recommended to explore psychological factors, interpersonal communication skills and the impact of digital marketing strategies on patient decision-making in OMFS selection.

Conflicts of Interest

The author has no conflicts of interest associated with the material presented in this paper.

Ethical Approve

The Institutional Review Board (IRB) at Riyadh Elm University (REU) approved the study and was assigned IRB number: RC/IRB/2019/288. Confidentiality of participants was ensured by anonymizing responses and securely storing data in compliance with IRB protocols.

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