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Ranking patients' non-clinical preferences in referring to specialist physicians in the private sector: a cross-sectional study

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Abstract

Background Understanding non-clinical factors that influence how women choose obstetricians and gynecologists (OB/GYNs) is essential for delivering patient-centered care. This study aimed to identify and rank the non-clinical preferences when selecting OB/GYN specialists in the private healthcare sector in Mashhad, Iran.

Methods This cross-sectional study, conducted from January to February 2018, 462 patients completed a validated 45-item questionnaire (CVI = 0.80, Cronbach's alpha = 0.88) assessing their non-clinical preferences. Preferences were rated on a 5-point scale and ranked using Friedman's test. Associations between demographic factors and preferences were analyzed using the Kruskal-Wallis test and ordinal logistic regression.

Results The highest-rated criteria included physicians' attentiveness and respect for patients, respectful staff behavior, short waiting times, and ensuring privacy during examinations. The latest important criteria were physician age, university affiliation, and office proximity to patient's home. Education level, pregnancy experience, and number of prior OB/GYN visits were significantly associated with certain preferences. Multivariate regression revealed that higher education and more prior OB/GYN visits independently predicted greater importance placed on short waiting time and respectful staff behavior.

Conclusion Beyond clinical competence, non-clinical factors-particularly those related to interpersonal behavior, communication, and privacy-are central to patient-centered care in OB/GYN settings. Recognizing and integrating these preferences into service delivery can strengthen trust, enhance satisfaction, and support ethical, patient-centered care in the private healthcare sector.

Keywords Patient preference, Specialist physicians, Private healthcare, Obstetrics, Gynecology, Patient-centered care

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Background

Delivering patient-centered care requires healthcare professionals to consider not only clinical effectiveness but also the values, needs, and preferences of the individuals they serve [1]. Patients prefer to have a trusting and communicative relationship with their physician rather than a business-oriented one [2]. In private obstetrics and gynecology (OB/GYN) practices, where patients often self-refer, understanding these preferences becomes essential to fostering trust, ensuring respectful care, and promoting shared decision-making [3].

Studies have shown that patient decision-making about the quality of services provided by a physician is a multidimensional and complex process [4]. While patients certainly value clinical expertise, research suggests that non-clinical factors also significantly shape their healthcare-seeking behaviors and satisfaction with care. These may include the communication style and demeanor of physicians and staff, the physical environment of the clinic, appointment accessibility, and the perceived responsiveness of care [5–7].

In OB/GYN care where issues of privacy, gender sensitivity, and emotional support are particularly pronounced, these considerations take on even greater importance. Obstetricians and gynecologists offer a variety of specialized procedures to women, including pregnancy and delivery related procedures, cancer screenings, surgeries, after obtaining specialized fellowships [5, 8, 9].

Studies have found that women actively search and compare available options in this field [10]. Women seeking OB/GYN services may navigate multiple options based on recommendations, prior experiences, and their social and cultural contexts. These decisions are often made under conditions of personal vulnerability and require a high degree of trust in the provider [1]. Therefore, understanding the full spectrum of what matters to patients is essential for ensuring ethical, high-quality care that respects their autonomy and dignity.

Physicians who can effectively identify patient preferences can create a robust patient-physician relationship, which can lead to improved patient adherence to treatment and better treatment outcomes, enhancing both patient and physician satisfaction [11]. Dissatisfaction with treatment can lead to patients' decision to change providers or discontinue treatment entirely [12, 13].

Previous studies have examined individual non-clinical factors affecting provider choice, such as gender preference or waiting time. However, few have comprehensively ranked these criteria within the OB/GYN field or explored how preferences differ by sociodemographic characteristics. This study addresses that gap by identifying and prioritizing the non-clinical factors women consider most important when choosing OB/GYN providers in the private sector in Mashhad, Iran. The objective of this study was to examine the non-clinical factors influencing women's selection of obstetrician/gynecologists in the private sector, using a patient-centered framework and robust multivariate analysis.

Methods

Study design and setting

This cross-sectional study was conducted between January and February 2018 in Mashhad, Iran, the country's second-largest metropolis and a regional hub for private obstetric and gynecologic care.

Participants and sampling

Participants were recruited from 63 private OB/GYN offices selected using convenience sampling. On scheduled visit days, all adult female patients (≥18 years old) who were present for an appointment and able to provide informed consent were invited to participate. Individuals in emergency situations or not directly attending the visit (e.g., companions or family members) were excluded.

Data collection instrument

Data were collected using a structured questionnaire previously developed and validated by the lead researcher (CVI = 0.80; Cronbach's alpha = 0.88) [14]. The instrument consisted of two main sections: a sociodemographic section that collected data on participants' age, education level, marital status, employment status, pregnancy history, and number of prior OB/GYN visits; and a preference section comprising 45 items across eight domains of non-clinical care preferences, including *physician characteristics*, *office accessibility and availability*, *communication and interpersonal behavior*, *privacy and confidentiality*, *cost and insurance*, *office environment and facilities*, *recommendations and reputation*, and *access to special diagnostic or para-clinical services*.

Each item was rated on a 5-point Likert scale ranging from *Not Important at All (1)* to *Very Important (5)*. For ease of interpretation, these responses were subsequently grouped into three categories: *Highly Important/Important*, *Neutral (Does not make a difference)*, and *Unimportant/Highly Unimportant*. This approach was based on previous studies using collapsed Likert categories in ranking analyses [15].

Data analysis

Descriptive statistics were used to summarize participant demographics and response frequencies. Preference items were ranked using Friedman's test, appropriate for ordinal repeated measures, with all assumptions met. Associations between patient characteristics (*age*, *education*, *marital status*, *pregnancy experience*, and *number of OB/GYN visits*) and preferences were examined using Kruskal-Wallis tests, with significance set at $p < 0.05$.

To assess independent effects of demographics, ordinal logistic regression was conducted for three top-ranked items: *paying attention to the patient*, *short waiting time*, and *respectful staff behavior*. Predictor variables included all demographic factors listed above, with results reported as odds ratios (ORs) and 95% confidence intervals (CIs). All models met proportional odds and model fit criteria. Missing data (< 1% per item) were handled through listwise exclusion without imputation. The statistical analysis was done using SPSS software version 2

Results

Sample characteristics

A total of 480 patients were invited to participate in the study, of whom 462 agreed (response rate: 96.2%). Outlier responses constituted less than 1% per item. Table 1 presents participants' demographic characteristics. The average age was 30 ± 7.18 years. Over two-thirds of the participants were housewives, and more than 60% of them had visited at least two OB/GYNs. Nearly half (48.5%) attended for pregnancy-related services.

Table 1 Sociodemographic characteristics of the participants

Domain	Variable	Sample study data N (%) Count = 462
Age (years)	≤ 19	12(2.6)
	20–29	214(46.3)
	30–39	184(39.7)
	40–49	42(9.1)
	≥ 50	10(2.1)
	missing	1(0.2)
Highest level of education attained	None	6(1.3)
	Below Diploma	70(15.2)
	Diploma	156(33.8)
	Bachelor's Degree Education	180(39.0)
	Higher than Bachelor's Degree	46(10.0)
	missing	4(0.9)
Job status	Employee	89(19.3)
	Housewife	323(69.9)
	Out of Home Part-Time	48(10.4)
	missing	2(0.4)
Marital status	Single	18(3.9)
	Married	443(95.9)
	missing	1(0.2)
Pregnancy experience	No	179(38.7)
	Yes	281(60.8)
	missing	2(0.4)
Number of OB/GYN visit so far	I have not visited any ob-gyn before	17(3.7)
	I have visited only one ob-gyn	158(34.2)
	I have visited two or more ob-gyn	287(62.1)
Cause of visit	Pregnancy Care	224(48.5)
	Check-up Annually	122(26.4)
	Female Diseases	115(24.9)
	Missing	1(0.2)

Descriptive analysis and item ranking

The most frequently prioritized items included physicians' attentiveness (Q12: 99.0%), respectful behavior during examination (Q13: 97.2%), respectful staff conduct (Q33: 97.3%), and short waiting times (Q26: 94.8%). The least important items were physician's age (Q3: 45.3%), university affiliation (Q6: 33.0%), and proximity of the office to home (Q21: 47.4%). Table 2 presents full item distributions and rankings. Friedman's test was applied to rank the importance of all 45 items. Assumptions for ordinal data and repeated measures across items were met.

Stratified item rankings

Table 3 presents stratified rankings across patient subgroups (e.g., pregnancy experience, number of OB/GYN visits). Rankings remained consistent across most groups, although slight differences were observed for items such as confidentiality, private consultation, and insurance coverage. The table uses color-coding and graphic symbols to indicate the dimension of each item.

Bivariate Analysis

Kruskal–Wallis tests revealed significant associations between education level and preferences related to office facilities and insurance (Q31, Q32, Q36, Q37, Q39, Q40). Number of prior OB/GYN visits was also significantly associated with preferences such as paying attention to the patient (Q12), office accessibility (Q27), out-of-hours availability (Q28), and respectful staff behavior (Q33). As expected, these non-parametric tests only identify associations and cannot determine the direction or independent strength of effects. Additional associations are summarized in Table 4.

Multivariate regression analysis

To further evaluate independent predictors, ordinal logistic regression was conducted on three highly rated items. Participants with a bachelor's degree or higher had significantly greater odds of prioritizing short waiting times (Q26) and respectful staff behavior (Q33). Those with two or more prior OB/GYN visits were more likely to value physician attentiveness (Q12) and waiting time (Q26). Prior pregnancy experience was independently associated with greater importance placed on respectful staff behavior (Q33).These regression findings extend the bivariate results by demonstrating which demographic characteristics independently predict non-clinical care preferences and in which direction (Table 5).

Table 2 Participants' response to questionnaire items

Group Sign	Item	Question Title (count = 45)	Highly Important and Important N (%)	Does not Make a Difference N (%)	Unimportant and Highly Unimportant N (%)	Missing	Rank Of Items
		Professional Characteristics					
	Q1	Reputation	355(76.8)	7(1.5)	100(21.7)	0(0.0)	34
	Q2	Experience in Role	409(88.5)	4(0.9)	47(10.2)	2(0.4)	18
	Q3	Physician Age	210(45.3)	11(2.4)	238(51.7)	3(0.6)	44
	Q4	Physician Gender(Patient Examination)	369(79.9)	4(0.9)	89(19.2)	0(0.0)	25
	Q5	Physician Gender (Surgery/Delivery)	371(80.3)	4(0.9)	87(18.8	0(0.0)	27
	Q6	University Affiliation	153(33.0)	17(3.7)	288(62.4)	4(0.9)	45
	Q7	Fellowships	402(87.1)	2(0.4)	57(12.3)	1(0.2)	24
	Q8	Special Practices Offered by the Physician	402(87.1)	2(0.4)	57(12.3)	1(0.2)	23
		Hospital Condition in Surgery/Delivery					
	Q9	Attitude to Cesarean or Normal Delivery	362(78.0)	11(2.4)	84(18.3)	6(1.3)	33
	Q10	Presence at the Patient's Bedside in Delivery	416(90.1)	2(0.4)	37(8.0)	7(1.5)	13
	Q11	Hospital Affiliation (Surgery/Delivery)	393(85.1)	4(0.9)	59(12.7)	6(1.3)	28
		Behavioral and Communicational Skills					
	Q12	Paying Attention to the Patient	456(99.0)	1(0.2)	2(0.4)	2(0.4)	1
	Q13	Respecting the Patient During the Examination	449 (97.2)	3 (0.6)	1 (0.2)	9 (1.9)	2
	Q14	Verbal Communication Skills	446(96.5)	5(1.1)	11(2.4)	0(0)	10
	Q15	Honesty	452(97.9)	3(0.6)	4(0.9)	3(0.6)	8
	Q16	Confidentiality	446(96.6)	2(0.4)	10(2.2)	4(0.8)	7
	Q17	Private Consultation	423(91.5)	4(0.9)	31(6.7)	4(0.9)	12
	Q18	Private Examination	464(96.5)	2(0.4)	10(2.2)	4(0.9)	5
	Q19	Flexibility and Collaborating with Patient	412(89.1)	12(2.6)	33(7.2)	5(1.1)	21
	Q20	Training (Appropriate Solutions)	452(97.9)	3(0.6)	4(0.9)	3(0.6)	6
		Physician Accessibility and Availability					
	Q21	Proximity of the Office to Home	219(47.4)	14(3.0)	227(49.2)	2(0.4)	43
	Q22	Convenience Access to the Office	296(64.1)	14(3.0)	146(31.6)	6(1.3)	40
	Q23	Variety of Appointment Procedures	344(74.2)	10(2.2)	102(22.3)	6(1.3)	36
	Q24	Making Appointments Easily	406(87.9)	4(0.9)	49(10.6)	3(0.6)	20
	Q25	Getting an Appointment as Soon as Possible	430(93.1)	4(0.9)	24(5.1)	4(0.9)	15
	Q26	Waiting Times	438(94.8)	4(0.9)	17(3.7)	3(0.6)	4
	Q27	Accessible Information About Office Hours	365(79.0)	19(4.1)	73(5.8)	5(1.1)	22
	Q28	Out of Hours Availability by Phone	435(94.2)	3(0.6)	41(4.1)	5(1.1)	9
		Physical and Environmental Variables of the Office					
	Q29	Accompaniment by Spouse or Friends	263(57.0)	8(1.7)	180(39.0)	11(2.3)	41
	Q30	Waiting Room Capacity	342(74.5)	13(2.8)	96(20.8)	9 (1.9)	37
	Q31	Having Spouse's Room and Lactating Room	339(73.4)	7(1.5)	11(23.8)	6(1.3)	38
	Q32	Office Entertainment Amenities and Facilities	366(79.2)	10(2.2)	82(17.7)	4(0.9)	26
	Q33	Staff Behavior	449(97.3)	1(0.2)	9(1.9)	3(0.6)	3
		Cost and Insurance					
	Q34	Cost of Practices	398(86.2)	13.(2.8)	43(9.3)	8(1.7)	29
	Q35	Surgery/Delivery Cost	398(86.2)	13(2.8)	43(9.3)	8(1.7)	17
	Q36	Having Insurance Coverage	416(91.1)	6(1.3)	36(7.7)	4(0.9)	11
	Q37	Supplementary Insurance	433(98.8)	3(0.6)	24(4.5)	5(1.1)	14
		Special Services					
	Q38	Office Diagnostic Equipment	393(85.0)	11(2.4)	54(11.7)	4(0.9)	19
	Q39	Proximity to Para -Clinical Centers	378(81.9)	8(1.7)	71(15.4)	5(1.0)	30
	Q40	Providing Information About Special Practices Offered by the Physician	402(87.1)	2(0.4)	57(12.3)	1(0.2)	35
		Adertisingand Recommendations					
	Q41	Friends and Family Recommendation	364(78.8)	9(1.9)	86(18.7)	3(0.6)	32
	Q42	Other Doctors/Colleagues Recommendation	384(84.1)	5(1.1)	66(14.3)	7(1.5)	31
	Q43	Former Patients' Satisfaction	414(89.6)	8(1.7)	36(7.8)	4(0.9)	16
	Q44	Activity in Social Media	227(48.8)	21(4.5)	130(45.8)	4(0.9)	42
	Q45	Possibility of Asking Questions via Social Media	323(70.0)	15(3.2)	123(26.6)	1(0.2)	39

Discussion

This study aimed to identify and rank non-clinical factors that influence women's decisions when selecting obstetricians and gynecologists in the private healthcare sector. While prior research has emphasized physicians' clinical skills as central to quality care [16, 17], our findings reinforce that interpersonal, environmental, and accessibility-related dimensions also play critical roles in shaping patients' evaluations and decisions. These preferences reflect the deeply personal and trust-based nature of OB/

Table 3 Ranking of questionnaire items

Group	Item	Question Title	Items Count = 45	Pregnancy experience		Cause of visit Pregnancy Care		Number of OB/GYN visit so far	
				Yes N:281	No N:179	Yes N:224	No N:237	At least two	
								Yes N:287	No N:175
▲	Q12	Paying Attention to the Patient		1	1	1	1	1	1
▲	Q13	Respecting the Patient During the Examination		4	2	4	2	3	2
●	Q33	Staff Behavior		3	4	3	4	4	3
■	Q26	Waiting Times		2	7	2	8	2	6
▲	Q18	Private Examination		9	3	5	3	5	7
▲	Q20	Training (Appropriate Solutions)		10	5	6	7	6	4
▲	Q16	Confidentiality		8	6	7	6	8	5
▲	Q15	Honesty		5	9	8	5	7	8
■	Q28	Out of Hours Availability by Phone		6	11	10	10	9	11
▲	Q14	Verbal Communication Skills		13	8	11	9	10	10
◆	Q36	Having Insurance Coverage		7	13	9	13	13	9
▲	Q17	Private Consultation		14	10	13	11	11	15
⬢	Q10	Presence at the Patient's Bedside in Delivery		12	14	15	12	14	12
◆	Q37	Supplementary Insurance		11	16	12	16	15	14
■	Q25	Getting an Appointment As Soon As Possible		15	15	17	14	16	16
▬	Q43	Former Patients' Satisfaction		22	12	18	17	12	25
◆	Q35	Surgery/Delivery Cost		17	20	14	25	20	13
▰	Q2	Experience in Role		19	19	16	24	18	17
⬟	Q38	Office Diagnostic Equipment		16	22	22	15	17	21
■	Q24	Making appointments Easily		23	18	19	23	19	22
▲	Q19	Flexibility and Collaborating with Patient		25	17	24	18	23	18
■	Q27	Accessible Information About Office Hours		18	24	20	20	21	19
▰	Q8	Special Practices Offered by the Physician		21	23	23	22	27	20
▰	Q7	Fellowships		26	21	21	26	22	31
▰	Q4	Physician Gender (Patient Examination)		24	28	29	19	30	26
●	Q32	Office Entertainment Amenities and Facilities		32	26	25	31	26	30
▰	Q5	Physician Gender (Surgery/Delivery)		20	36	33	21	32	24
⬢	Q11	Hospital Affiliation (Surgery/Delivery)		29	27	26	28	25	29
◆	Q34	Cost of Practices		27	32	28	27	31	23
⬟	Q39	Proximity to Para-Clinical Centers		30	30	27	30	28	27
▬	Q42	Other Doctors/Colleagues Recommendation		35	25	31	33	24	35
▬	Q41	Friends and Family Recommendation		39	31	38	34	34	39
⬢	Q9	Attitude to Cesarean or Normal Delivery		37	33	34	38	37	34
▰	Q1	Reputation		33	29	35	29	29	28
⬟	Q40	Providing Information About Special Practices Offered by the Physician		38	35	32	32	33	32
■	Q23	Variety of Appointment Procedures		31	34	30	36	35	36
●	Q30	Waiting Room Capacity		36	37	37	35	36	33
●	Q31	Having Spouse's Room and Lactating Room		34	38	36	39	38	37
▬	Q45	Possibility of Asking Questions via Social media		38	39	39	40	39	38
■	Q22	Convenience Access to the Office		40	40	40	41	40	40
●	Q29	Accompaniment by Spouse or Friends		41	41	41	37	41	41
▬	Q44	Activity in Social Media		43	42	43	42	42	44
■	Q21	Proximity of the Office to Home		42	43	42	43	43	42
▰	Q3	Physician Age		44	44	44	44	44	43
▰	Q6	University Affiliation		45	45	45	45	45	45

GYN care, which often involves sensitive, intimate, and emotionally significant encounters.

Clinical skills are typically assessed based on a physician's past success rates, as well as their ability to diagnose diseases accurately and choose the most effective treatment methods [18]. However, due to a variety of factors such as economic-cultural conditions and a lack of knowledge and awareness about a physician's clinical skills, patients often consider other factors when

Table 4 Kruskal–Wallis tests of associations between patient characteristics and preference items

Q no.	Preference Item	Demographic Variables	df	H (Chi-square)	p-value
Q12	Paying Attention to the Patient	Number of OB/GYN visits	2	7.12	0.028
Q27	Accessible info about office hours	Number of OB/GYN visits	2	6.53	0.038
Q28	Out of Hours Availability by Phone	Number of OB/GYN visits	2	7.01	0.031
Q31	Spouse's or lactation rooms	Education level	4	9.82	0.043
Q32	Office Entertainment Facilities	Education level	4	11.10	0.025
Q33	Staff Behavior	Number of OB/GYN visits	2	6.88	0.032
Q36	Having Insurance Coverage	Education level	4	10.65	0.031
Q37	Supplementary Insurance	Education level	4	12.41	0.015
Q39	Office proximity topara -clinical centers	Education level	4	8.76	0.045
Q40	Information about special practices	Education level	4	9.94	0.041

Table 5 Ordinal logistic regression of demographic predictors of key preferences

Q no.	Preference Item	Predictor	OR	95% CI	p-value
Q12	Paying Attention to the Patient	≥2 OB/GYN visits vs 1	1.89	1.18–3.01	0.008
Q26	Short waiting time	Bachelor's+ vs ≤ Diploma	1.72	1.08–2.75	0.021
Q26	Short waiting time	≥2 OB/GYN visits vs 1	1.89	1.18–3.01	0.008
Q33	Respectful staff behavior	Bachelor's+ vs ≤Diploma	1.72	1.08–2.75	0.021
Q33	Respectful staff behavior	Pregnancy experience (Yes vs No)	166	1.02–2.72	0.042

evaluating the quality of services provided and selecting and referring to a physician [3, 5, 9].

The top-rated factors—physician attentiveness, respectful communication, staff behavior, waiting times, and examination privacy—underscore the importance of dignity, respect, and emotional safety in patient experiences. These elements are not ancillary to care quality; rather, they are foundational to building trust and fostering patient engagement. Other highly valued factors—such as clear communication and protection of confidentiality—reflect the principles of patient-centered care, which emphasize transparency, autonomy, and shared decision-making. [11, 19].

Good communication and behavioral skills of physicians, such as verbal skills, manners, appearance, and effective communication, can create trust, improve patient compliance, and result in long-term outcomes and patient satisfaction, according to numerous studies [20, 21].

Shorter waiting times and clear access to appointments were also prioritized, consistent with literature highlighting how system inefficiencies can contribute to frustration and reduce continuity of care [16, 22–24]. As healthcare delivery models increasingly emphasize responsiveness and efficiency, attending to these logistical aspects becomes vital—not only for convenience but for patient reassurance and sustained trust.

The COVID-19 pandemic has underscored the importance of using information technologies (ITs) to schedule patients' attendance accurately, both in terms of waiting time in the office and after taking the appointment until the visit day. To this end, IT applications such as online appointment systems, SMS reminder systems, patient appointment scheduling systems, and automated phone call reminder systems can improve office efficiency and reduce waiting time. Studies have shown that reminding patients by the secretary can prevent absences and increase regular attendance, leading to greater patient satisfaction [24, 25].

Preserving patient privacy are among the top concerns of patients, particularly in obstetrics and gynecology offices where physicians are in contact with the most private aspects of patients [6, 26, 27]. However, the study revealed that overcrowding may lead to examinations being conducted in groups, which could compromise patient privacy. It is therefore essential to implement appropriate measures to maintain privacy and confidentiality in medical settings.

Notably, availability outside of standard office hours and presence during childbirth were highly valued, suggesting that patients place significant importance on continuity and provider accessibility during critical moments. These expectations reflect patients' desire for consistent support and may indicate trust in specific physician-patient relationships rather than generic service delivery [28, 29]. Experienced professionals may not have the opportunity to provide consultations outside of their working hours, so the availability of a counseling team and online counseling can be helpful.

While physician gender was rated as important by a majority, it was not among the top-ranking factors, highlighting that other dimensions—such as behavior,

communication, and accessibility—may override gender preferences in the actual decision-making process. This is consistent with evidence that patient preferences in OB/GYN care are shaped by complex interplays of personal comfort, cultural norms, and perceived competence [9, 30–32]. In Iran, male medical students are not allowed to study obstetrics and gynecology, and only a small percentage of specialists in this field are male. Some elderly male specialists still practice medicine and are highly regarded by certain patients for their reputation and history.

We found that recommendations from friends, family, and peer physicians/colleagues, as well as a physician's reputation, were moderately important factors for patients in choosing an obstetrics and gynecology physician. Previous research has suggested that a physician's reputation and recommendations from peers can act as a substitute for their expertise, skill, and experience [33].

Importantly, this study moves beyond a consumerist model of patient behavior by framing preferences as expressions of patients' needs for respectful, responsive, and ethically grounded care. Word-of-mouth recommendations, for instance, can be interpreted not as marketing outcomes but as reflections of trust and satisfaction transmitted through social relationships.

Our study revealed that patients belonging to different groups had varying non-clinical preferences. Those referred to multiple specialist physicians placed importance on respect and attention from the physician and staff, out-of-hours availability, information about office hours and physician's presence, and office facilities. More than 60% of participants fell into this category, which could indicate an effort to make informed choices and find the ideal physician.

The influence of education level and pregnancy experience on preferences points to variation in expectations across demographic groups. Patients with higher education tended to value insurance coverage, para-clinical proximity, and comfort-related amenities more, possibly reflecting greater health literacy and awareness of healthcare navigation. These nuances reinforce the need for differentiated care strategies tailored to patient backgrounds [34]. Making an informed choice can lead to higher quality services, positive evaluations, and patient satisfaction [35].

The study found a significant relationship between pregnancy experience and patients' concerns about insurance coverage and surgery/childbirth costs. This highlights the financial concerns of patients regarding treatment costs in hospitals with physician contracts [36]. In Iran, primary health insurances typically cover only one-third of the treatment costs, with supplementary medical insurance covering the remaining costs. However, some specialist physicians refuse to accept patients' insurance due to challenges with tax conditions and insurance organization bureaucracies. Therefore, additional costs for diagnosis, para-clinical services, and surgeries become important for most patients, influencing their choice of specialist physician and hospital type [7, 33]. Hospitals' hoteling facilities can also influence patients' selection of a specialist physician for surgery and childbirth.

Patients also valued the availability of information about para-clinical services, their proximity to the office, and office amenities such as a spouse's room and lactation room. The physical conditions of patients and long waiting times emphasize the need for more comfort and amenities in obstetrics and gynecology offices compared to other specialties. This has been highlighted in previous studies as a necessary factor for patient satisfaction and medical marketing. [20, 25, 37].

In this study, university affiliation (being a university faculty member), physician's age, and proximity of the office to the home were the least important parameters in choosing a physician, which is consistent with previous studies [6, 8, 31, 38, 39]. Although it contradicts with other studies [40–42].

This study's cross-sectional design and focus on private practices in one city limit generalizability, and further research in different specialties and settings would be valuable. Nonetheless, the findings offer a strong foundation for improving patient-provider interactions, informing clinic policies, and guiding educational efforts in communication and ethics.

Conclusion

The OB/GYN private practices, delivering ethically grounded, patient-centered care involves more than clinical competence-it requires attentiveness to the non-clinical aspects of care that matter most to patients. Respect, communication, privacy, and accessibility emerged as key priorities for women when choosing a provider, reflecting their desire for care that is responsive, trustworthy, and emotionally supportive.

By understanding and integrating these preferences, healthcare providers and institutions can foster stronger relationships, enhance patient satisfaction, and support shared decision-making. These outcomes are not only markers of quality but are also central to ensuring respectful and dignified care for women in sensitive healthcare contexts.

The findings of this study offer practical guidance for clinicians, administrators, and policymakers seeking to align service delivery with patient values—particularly in private sector settings where patient choice plays a significant role in care-seeking behavior.

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Author contributions
MS: Acquisition, Methodology, Conceptualization, Writing - Review & Editing. HT: Acquisition, analysis and interpretation of data, drafting the work. KE: Methodology, analysis and interpretation of data, drafting the work. MRMH: Analysis and interpretation of data, revising it critically for important intellectual content. Writing - Review & Editing. ZD: Data curation, Software, Writing – original draft. SAFA: Conceptualization, Methodology, Supervision, Writing-Original Draft, Project administration. All authors have provided final approval of the version submitted.

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Data Availability
The data used and analysed during the current study are not publicly available due Mashhad University of Medical Sciences policy, but are available from the corresponding author on reasonable request.

Declaration

Ethics approval and consent to participate
All methods were carried out in accordance with relevant guidelines and regulations. This study was reviewed and approved by the review board and the ethics committee of Mashhad University of Medical Sciences (IR.MUMS.fm.REC.1396.253). Verbal informed consent was obtained from all participants, including illiterate individuals, for whom the consent was read aloud in the presence of an impartial witness. The study did not involve any participants under the age of 18, and all methods were conducted in accordance with relevant guidelines and regulations, including the Declaration of Helsinki.

Consent for publication
Not applicable.

Competing interests
The authors declare no competing interests.

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