

The Use of Physician Rating Sites and Their Impact on Physician Preference

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Abstract

Aim: This study aims to determine the awareness of individuals regarding physician review websites and to examine the effect of online physician reviews on patient preferences.

Method: The study was conducted with 422 participants aged 18 and over. Data were collected using the "Online Physician Reviews and Patient Preferences Scale" developed by the researcher. Exploratory factor analysis confirmed a unidimensional structure (KMO=0.805; Bartlett test $\chi^2(15)=335.73$, $p<0.001$) and the scale showed acceptable reliability ($\alpha=0.741$). Descriptive statistics, independent samples t-tests, one-way ANOVA and regression analyses were used in the analysis of the data.

Results: The findings showed that 52.8% of the participants visited physician review websites and Doktor Takvimi (a Turkish physician rating website) was the most frequently used platform. Participants stated that they used these platforms more to read physician reviews than to create content. Both positive and negative reviews were found to influence patient preferences. While no significant difference was observed in terms of gender, age, marital status, or income ($p>.05$), education level was found to have a significant effect ($p<.05$). Post hoc analyses revealed that individuals with postgraduate education were less influenced by online physician reviews than those with lower education levels. Regression analysis showed that perceived trustworthiness of online reviews significantly predicted the effects on patient preferences ($\beta=0.468$, $p<.001$) and explained a significant portion of the variance ($R^2=0.437$).

Conclusion: The results suggest that the influence of physician review websites on patient preferences is primarily determined by perceived trustworthiness rather than usage. Although awareness of these platforms is high, users tend to remain passive. The findings highlight the importance of trust in shaping the impact of digital health information and suggest that higher education levels may reduce reliance on such platforms.

Keywords: Physician rating websites, patient preference, perceived credibility, online reviews.

Özgün Araştırma Makalesi (Original Research Article)

Geliş / Received: 03.10.2025 **Kabul / Accepted:** 30.07.2026

DOI: <https://doi.org/10.38079/igusabder.1796458>

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ETHICAL STATEMENT: The study was conducted between August 2024 and October 2024. Necessary permissions were obtained from the Scientific Research and Publication Ethics Committee of Isparta University of Applied Sciences (Date: April 24, 2024, Issue No: 191). Participants were provided with a document stating that participation in the study was voluntary and that the information collected would be used solely for scientific purposes. A signed subject consent form in accordance with the Declaration of Helsinki was obtained from each participant.

Hekim Derecelendirme Sitelerinin Kullanımı ve Hekim Tercihine Etkisi

Amaç: Bu çalışmanın amacı, bireylerin hekim derecelendirme sitelerine yönelik farkındalıklarını belirlemek ve çevrimiçi hekim yorumlarının hasta tercihleri üzerindeki etkisini incelemektir.

Yöntem: Çalışma, 18 yaş ve üzeri 422 katılımcı ile gerçekleştirilmiştir. Veri toplama aracı olarak araştırmacı tarafından geliştirilen “Online Hekim Derecelendirmeleri ve Hasta Tercihleri Ölçeği” kullanılmıştır. Açıklayıcı faktör analizi sonucunda ölçeğin tek boyutlu bir yapıya sahip olduğu belirlenmiştir (KMO=0,805; Bartlett testi $\chi^2(15) = 335,73$, $p < ,001$). Ölçeğin güvenilirliği Cronbach’s Alpha katsayısı ile değerlendirilmiş ve kabul edilebilir düzeyde bulunmuştur ($\alpha = 0,741$). Verilerin analizinde tanımlayıcı istatistikler, bağımsız örneklem t-testi, tek yönlü varyans analizi (ANOVA) ve regresyon analizleri kullanılmıştır.

Bulgular: Bulgular, katılımcıların %52,8’inin hekim derecelendirme sitelerini en az bir kez ziyaret ettiğini ve en sık kullanılan platformun Doktor Takvimi olduğunu göstermektedir. Katılımcıların bu siteleri çoğunlukla hekim yorumlarını okumak amacıyla kullandıkları ve aktif katkı düzeylerinin düşük olduğu belirlenmiştir. Hem olumlu hem de olumsuz yorumların hasta tercihlerini etkilediği görülmüştür. Demografik değişkenler açısından yapılan analizlerde cinsiyet, yaş, medeni durum ve gelir değişkenlerine göre anlamlı fark bulunmazken ($p > ,05$), eğitim düzeyi açısından anlamlı fark tespit edilmiştir ($p < ,05$). Post-hoc analizler, lisansüstü eğitim düzeyine sahip bireylerin çevrimiçi hekim yorumlarından daha az etkilendiğini göstermiştir. Regresyon analizi sonuçlarına göre, çevrimiçi yorumlara duyulan güvenin hasta tercihleri üzerindeki etkiyi anlamlı ve güçlü biçimde yordadığı belirlenmiştir ($\beta = 0,468$, $p < ,001$) ve model toplam varyansın önemli bir kısmını açıklamaktadır ($R^2 = 0,437$).

Sonuç: Araştırma bulguları, hekim derecelendirme sitelerinin hasta tercihleri üzerindeki etkisinin yalnızca kullanım sıklığına bağlı olmadığını, esas olarak bu platformlara duyulan güven tarafından belirlendiğini göstermektedir. Bu sitelere yönelik farkındalık yüksek olmasına rağmen kullanıcıların çoğunlukla pasif olduğu görülmektedir. Bulgular, dijital sağlık bilgilerinin etkisinin anlaşılmasında güvenin merkezi bir rol oynadığını ve eğitim düzeyi arttıkça bu etkinin azaldığını ortaya koymaktadır.

Anahtar Sözcükler: Hekim derecelendirme siteleri, hasta tercihi, güven, çevrimiçi yorumlar.

Introduction

The internet and technological advancements have become an indispensable part of social life¹. Individuals have begun using the internet to find quick solutions to their problems and questions. Healthcare access, typically a supply-driven system, has also undergone a similar transformation. Health information-seeking behavior has moved beyond traditional methods and been influenced by technological advancements. This shift has enabled individuals to participate more actively in decision-making processes regarding their health.

The evolution of health information-seeking channels allows individuals to examine and evaluate options and choose among alternatives^{2,3}. Previously, individuals generally accessed health information through traditional methods such as family and friends. With the introduction of the internet and networking technologies, however, the limited range of stakeholders accessing information has expanded⁴. Technology allows individuals to exchange information regardless of time and space. Patients seeking information during the healthcare process have increasingly turned to the internet for guidance. They not only learn about hospitals and treatment methods but also search for

physicians. This shift places greater importance on perceived quality in treatment and physician preferences. Patients make decisions based on their own criteria for selecting a good physician. They often prefer physicians with strong clinical and communication skills. As a result, health information seeking has merged with social influence on the internet, a major source of informal information. Like other goods and services, customer reviews and guidance now significantly influence consumer behavior in healthcare, thanks to widespread internet use. Patients who turn to the internet to share their clinical experiences and compare physicians or medical treatments can be influenced by individuals they've never met. Digitally evaluating service experiences allows users to review and comment on specific physicians. In this process, physician rating websites which are viewed as representative of customer-centric service delivery along with the information they provide, have begun to play an increasingly important role in the lives of healthcare consumers and have attracted the attention of medical practitioners⁵.

Physician-rating websites can be described as a "new source" of information about the quality of care from the patient's perspective⁶. These platforms allow patients to evaluate their experiences with physicians on a web-based platform. Through patient feedback, these experiences help others gain insight into the physician and the care process⁷. Patient reviews published on crowdsourcing platforms are having an increasing impact on other patients' medical decision-making processes^{8,9}. These websites, which primarily provide physicians' addresses, office hours, and other information, also include patient experiences. By allowing patients to publicly share their perceptions of physician service quality, these platforms not only guide other patients but also provide valuable feedback for physicians^{10,11}.

This study primarily aims to examine the awareness and use of physician rating websites and to evaluate the influence of online physician reviews on physician preference. Additionally, a short scale was developed and psychometrically evaluated to measure the perceived impact of online physician reviews. The following questions were addressed in this study:

- 1- What is the level of awareness among individuals regarding physician rating websites?
- 2- Do physician rating websites influence individuals' healthcare purchasing behaviors?

Material and Methods

Participants

This descriptive, cross-sectional study aims to examine the use and awareness of physician rating websites among individuals over the age of 18 and to reveal the impact of these websites on healthcare decision-making. The target population of the study consists of individuals over the age of 18 residing in Türkiye. The sample was determined using a convenience sampling method, and participants were recruited on a voluntary basis¹². Although a minimum sample size of 385 was suggested based on a 5% margin of

error and a 95% confidence level, a total of 422 individuals participated in the study. No limitations were imposed regarding city or occupation when selecting the sample.

Methods

The survey form used in the study was developed by the researcher based on a comprehensive literature review. The survey consists of three sections. The first section includes questions related to gender, age, marital status, education level, income level and the presence of chronic diseases to determine the sociodemographic characteristics of the participants. The second section includes questions aimed at evaluating the participants' awareness of and purposes for using online physician review platforms. The third section focuses on the participants' perceptions of the health information and physician preferences offered on these platforms. This section was developed based on relevant studies in the literature. In addition, the researcher developed a six-item "Online Physician Reviews and Patient Preferences Scale" to measure the perceived impact of online physician reviews on patient preferences. The scale was designed as a five-point Likert-type measure. Exploratory factor analysis showed that the scale has a unidimensional structure. The Kaiser-Meyer-Olkin (KMO) value was found to be 0.805 and Bartlett's sphericity test was statistically significant ($p < 0.001$), confirming the suitability of the data for factor analysis. The single-factor structure explained 35.37% of the total variance.

The internal consistency of the scale was found to be acceptable with a Cronbach's Alpha coefficient of 0.74¹³. Although the explained variance is low (35.37%), it exceeds the acceptable threshold for one-dimensional structures, which is generally considered to be 30% or higher in the social sciences¹⁴. This indicates that the scale demonstrates an acceptable level of construct representation

Ethical Statement

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Statistical Analysis

IBM SPSS Statistics 27 was used to analyze the data obtained in the study. First, descriptive statistics such as frequency, mean, and standard deviation were calculated to summarize the sociodemographic characteristics of the participants and their responses to the survey items.

The "Scale on the Impact of Online Physician Ratings on Patient Preferences" was initially developed with an item pool of seven statements. A pilot study was conducted

with 50 participants to assess clarity and comprehensibility. Based on participant feedback and preliminary analysis, one item was removed due to insufficient clarity, resulting in a final six-item scale. The main data collection was then carried out with 422 participants.

To assess the construct validity of the scale, an exploratory factor analysis (EFA) was conducted. The Kaiser–Meyer–Olkin (KMO) measure and Bartlett’s test of sphericity were used to evaluate sampling adequacy. Internal consistency reliability was assessed using Cronbach’s Alpha coefficient.

Prior to inferential analyses, the distribution of the data was examined using skewness and kurtosis values. The results indicated that the data were approximately normally distributed; therefore, parametric tests were employed. Independent samples t-tests were used for comparisons between two groups and one-way ANOVA was used for comparisons among three or more groups. Post-hoc comparisons were conducted using the Tukey test.

The regression model was constructed based on previous studies highlighting the role of perceived credibility in shaping how individuals use online health information. Perceived credibility was the primary predictor variable, while website usage, education level and gender were control variables. The model aims to explain the impact of perceived credibility on patient behaviour regarding physician preference.

Linear regression analyses were conducted to examine the predictive effect of perceived credibility of online physician ratings on patient preferences. Both simple and multiple regression models were constructed to evaluate the role of demographic variables alongside the main predictor. The Breusch–Pagan test indicated no evidence of heteroskedasticity ($p > 0.05$). Heteroskedasticity-robust standard errors were also applied and the results remained consistent. These findings indicate that the regression model is statistically reliable and robust.

Results

The research was conducted with 422 participants and demographic data and frequencies of the participants are given in Table 1.

Table 1. Descriptive findings regarding the participants

		n	%
Gender	Female	257	61.3
	Male	162	38.4
Age	18-24	127	30.4
	25-34	135	32.3
	35-45	98	23.4
	≥46	58	13.9

Education	Primary School	48	11.7
	High School	96	23.4
	Associate Degree	73	17.8
	License	155	37.7
	Graduate	39	9.5
Marital status	Married	226	53.5
	Single	192	45.5
Income status*	≤ 17000 TL	139	38.8
	17001- 30000 TL	83	23.2
	30001- 50000 TL	104	29.1
	≥50001 TL	32	8.9
Number of visits to a physician in the last year *	1 - 5	262	62.1
	6 - 10	83	19.7
	≥11	36	8.5
Do you have a chronic disease?	Yes	73	17.3
	No	349	82.7
Total		422	100

* The number of participants who answered the question is not 100%

A total of 422 participants were included in the study. The study comprised 61.3% female and 38.4% male participants. The age distribution showed that 30.4% were between the ages of 18–24, 32.3% were between the ages of 25–34, 23.4% were between the ages of 35–45, and 13.9% were 46 years of age or older. In terms of educational level, 11.7% of the participants had a primary school education, 23.4% had a high school education, 17.8% had an associate's degree, 37.7% had a bachelor's degree and 9.5% had a postgraduate degree. Regarding marital status, 53.5% of the participants were married and 45.5% were single. According to the income status variable, 38.8% of the participants had an income of 17.000 TL or less, 23.2% had an income between 17.001 and 30.000 TL, 29.1% had an income between 30.001 and 50.000 TL and 8.9% had an income of 50.001 TL or more.

An examination of the participants' frequency of physician visits in the past year reveals that 62.1% visited a physician 1–5 times, 19.7% 6–10 times and 8.5% 11 or more times. Furthermore, 17.3% of participants had a chronic disease while 82.7% did not. These findings demonstrate that the sample was heterogeneous in terms of age, gender, education, income and health status, representing different sociodemographic groups. To determine participants' usage of physician rating sites several questions were asked. Data regarding the questions and participant responses are presented in Table 2.

Table 2. Findings Regarding the Use of Physician Rating Sites

Variables		n	%
Have you ever visited an internet-based physician rating site?	Yes	223	52.8
	No	198	46.9
Have you written comments on physician rating sites?	Yes	87	20.6
	No	333	78.9
How many times have you commented?*	1-4	65	74.7
	5 ≥	22	25.3

* The number of participants who answered the question is not 100%

Participants were asked whether they had ever used an internet-based physician rating site. 52.8% reported having visited such platforms while 46.9% had not. However, active engagement with these platforms was limited as 78.9% of participants reported that they had never written comments. These findings indicate that participants primarily use these platforms as passive information sources rather than interactive environments.

Data on which sites the participants actively use and the reasons for using the sites are given in Table 3.

Table 3. Findings regarding participants reasons for using physician rating sites.

		n
Which physician rating site do you use most?	Doktor Takvimi	138
	Doktorum	101
	Doktor Sitesi	94
	Bulut Klinik	10
What are your reasons for using physician rating sites?*	Read physician reviews	170
	Make an appointment	156
	Access personal feedback from physicians	83
	Reach your favorite physician	128

Participants were asked which physician rating sites they actively use and they were able to provide multiple answers. Participants were most likely to use the "Doktor Takvimi" site. The least frequently used site was "Bulut Klinik". Participants reported that the most common reason for using physician rating platforms was to read other users' comments about physicians. Other motivations included making appointments and identifying

preferred physicians. This suggests that user-generated content plays a central role in how individuals engage with these platforms.

Participants' responses to the six-item Likert-type scale indicated generally high agreement levels. The highest mean scores were observed for items related to the influence of physicians' responses to comments (4.17) and positive evaluations leading to treatment preference (4.04). Lower mean scores were observed for behavioral change (I5, 3.61) and perceived credibility of comments (I6, 3.53). These results suggest that while participants are influenced by online evaluations, their level of trust in such information is relatively moderate.

Table 4. Kaiser-Meyer-Olkin (KMO), Bartlett Test and Reliability Analysis.

	KMO	Bartlett's Test X ²	Df	Sig	% Explained Variance	Cronbach's Alpha	Number of Items
Scale on the Impact of Online Physician Ratings on Patient Preferences	0.805	335.73	15	.001	35.37	0.741	6

Exploratory factor analysis (EFA) was conducted to assess the construct validity of the scale. The Kaiser–Meyer–Olkin (KMO) value was found to be 0.805 and Bartlett's test of sphericity was statistically significant (χ^2 (15)=335.73, $p<.001$), indicating that the data were suitable for factor analysis. The analysis revealed a single-factor structure explaining 35.37% of the total variance. Although this value may appear modest, it exceeds the commonly accepted threshold of 30% for unidimensional structures in social sciences, indicating an acceptable level of construct representation¹⁴.

The internal consistency of the scale was assessed using Cronbach's Alpha, which was calculated as 0.741, demonstrating an acceptable level of reliability. The normality of the data was assessed using skewness and kurtosis values and all values were within the acceptable range (± 2), indicating that the data were approximately normally distributed. Therefore, parametric tests were used.

Table 5. Factor Loadings from Exploratory Analysis

Item	Factor Loading
I1	0.704
I2	0.546
I3	0.689
I4	0.683
I5	0.329
I6	0.527

Table 5 presents the factor loadings obtained from the exploratory factor analysis. The results indicate that the scale has a unidimensional structure, with factor loadings ranging between 0.329 and 0.704. Items I1, I3 and I4 demonstrated relatively high loadings, indicating that these items strongly represent the underlying construct. Items I2 and I6 showed moderate factor loadings, suggesting that they also contribute meaningfully to the factor structure. Overall, these findings support the structural coherence of the scale and confirm that the items collectively measure a single construct related to the perceived impact of online physician ratings on patient preferences.

Although item I5 exhibited the lowest factor loading (0.329), it was retained in the scale due to its conceptual importance. Unlike the other items, which primarily reflect perceptual and evaluative aspects this item captures behavioral intention in the form of physician switching. In addition, item-level analysis indicated that removing this item did not substantially improve the overall reliability of the scale. Therefore, the item was preserved to maintain the theoretical integrity and comprehensiveness of the construct.

Independent samples t-test results indicated that there was no statistically significant difference in scale scores based on gender ($t=-0.49$, $p>.05$). Similarly, no significant differences were found based on age, marital status or income level ($p>.05$). However, one-way ANOVA results revealed a statistically significant difference based on education level ($F=2.31$, $p=.020$). Post-hoc comparisons using Tukey indicated that participants with postgraduate education levels were significantly less influenced by online physician ratings compared to those with high school ($p=.025$) and middle school ($p=.004$) education levels. These findings suggest that higher education is associated with a reduced reliance on online physician rating platforms¹⁵.

To further examine the impact dimension of the study, regression analyses were conducted. First, a simple linear regression analysis was performed to assess the effect of perceived credibility. The results indicated that perceived credibility significantly predicted the impact of online physician ratings ($\beta=0.472$, $p<.001$), explaining 41.9% of

the variance ($R^2=.419$). The results of the multiple regression analysis are presented in Table 6.

Table 6. Multiple Regression Analysis Results Predicting Impact on Patient Preferences.

	B	SE	β	t	p
Constant	2.262	0.191	—	11.867	<.001
Perceived credibility (I6)	0.468	0.035	0.468	13.565	<.001
Site usage	-0.051	0.072	-0.051	-0.706	.481
Gender (Female)	-0.049	0.074	-0.049	-0.657	.512

Note. $R^2=.437$, $F(7, 256)=28.40$, $p<.001$. VIF values were below 5, indicating no multicollinearity issues.

A multiple regression analysis was conducted including perceived credibility, site usage, education level and gender as predictors. The model was statistically significant ($F=28.40$, $p<.001$) and explained a substantial proportion of the variance in patient preferences ($R^2=.437$), indicating strong explanatory power. Among the predictors, perceived credibility was the only statistically significant predictor ($\beta=0.468$, $p<.001$), underscoring its dominant role in shaping patient preferences. In contrast, site usage ($p=.481$) and gender ($p=.512$) did not have a significant effect.

Although education level showed a statistically significant difference in the ANOVA analysis, it did not remain a significant predictor in the regression model. This finding suggests that the effect of education may operate indirectly potentially through mechanisms such as perceived credibility.

Multicollinearity diagnostics indicated no significant issues ($VIF<5$) and all regression assumptions were satisfied, supporting the robustness of the model. Overall, the findings clearly demonstrate that while online physician rating platforms are widely used as information sources, their influence on patient preferences is primarily driven by perceived credibility rather than mere usage or demographic characteristics.

Discussion

This research aims to examine individuals' use of physician rating websites and their impact on healthcare-seeking behavior. The lack of studies in this area in the Turkish literature highlights the study's unique value. The study's primary objective is to contribute to the literature by filling this gap.

In recent years, the increasingly effective use of technology in the healthcare field has shifted individuals' health information-seeking behaviors to the internet⁸. These developments have led to a rapid increase in the number of online platforms where

patients can publicly share their experiences with healthcare institutions, physicians, and healthcare professionals. Physician rating sites enable the evaluation of patient-care interactions in a web-based environment, making perceptions about healthcare providers' performance visible. Thus, patients can share their own experiences with physicians and services with the public through these sites, providing feedback on the process. This can also help other patients form their own opinions about the process⁷.

In the study, 52.8% of participants reported having previously visited a physician rating website. A study by Terlutter, Bidmon, and Röttl¹⁶ found that 29% of participants were familiar with the sites. In a study conducted by Holliday, Kachalia, Meyer, and Sequist¹⁷ with 808 physicians and 494 patients, 53% of physicians and 39% of patients reported visiting a physician rating website at least once. This suggests that awareness of physician rating sites has increased over the years, largely due to the active introduction of technology. When examining whether participants actively use physician rating sites through comments, only 20.6% of participants commented on the sites. Similar studies, for example, found that 7% of patients reported their online experiences after an office visit. McLenan¹⁸ concluded that only 23% of participants commented on a physician rating site at least once. It appears that very few users actively contribute to the sites. This suggests that, despite high awareness of the sites, individuals refrain from commenting on them. To explore this, participants were asked about their reasons for not commenting on the sites. Participants cited reasons such as not finding physician rating sites reliable, not seeing the need to comment and the sites' membership issues being a hassle. A study published by Patel, Cain, Neailey and Hooberman¹⁹ examined patients' opinions on rating GPs on physician rating sites in the context of other feedback methods available in the UK. Participants reported that they would not leave feedback on such sites due to accessibility issues, privacy and security concerns, and a feeling that feedback left on a website could be ignored. Hanauer and colleagues⁷ in their study conducted in the United States, asked participants to consider the impact of leaving negative reviews about a physician. Participants reported concerns that their identities could be compromised and that physicians could take action against them for leaving negative reviews. This supports the existence of trust issues, such as participants disclosing personal information to physician rating sites, that also emerged in our study.

An evaluation of participants' attitudes suggests that negative comments on web-based platforms may lead to concerns about "stigmatization" of physicians, leading users to share more positive experiences. This finding is consistent with Lagu et al.'s²⁰ study of comments on physician rating sites, which found that 88% of the posts were positive. Similarly, a study conducted in China found that serious illness experiences and positive healthcare experiences were among the primary determinants of evaluation behavior⁵. Therefore, both our current study and previous research demonstrate that positive comments predominate on physician rating sites, and that positive medical experiences play a significant predictive role in patient evaluations.

Participants found that the most frequently used physician rating site was "Doktor Takvimi." According to a report prepared by the Doktor Takvimi site, 73 million people

visited the site in 2023 and 13 million patients/clients interacted with it²¹. The report's findings support the fact that Doktor Takvimi is the most actively used physician rating site in Turkey.

According to the research findings, participants' primary purposes for using physician rating sites include reviewing physician reviews, scheduling appointments, and finding the most preferred physician. Similarly, in a study conducted by Mclenan¹⁸, 31.8% of participants stated that they viewed physician rating sites as an important source of information. These findings demonstrate that these sites serve as an important reference point for individuals seeking information about physicians during the physician selection process.

When examining the impact of reviews on physician rating sites on physician selection, participants stated that both positive and negative reviews were decisive in the decision-making process. Similarly, a study by Hauner et al.⁷ found that physicians with positive reviews were more preferred, while those with negative reviews were avoided by patients. Burkle and Keegan's²² study supports these findings, demonstrating that positive reviews influence patient preference, while negative reviews discourage patients from choosing a physician. Therefore, physician rating sites are important digital platforms that enable patients to provide feedback about their healthcare providers, thereby contributing to informed decision-making by patients.

When examining the relationships between demographic variables and physician preference in our study, a significant difference was found only between education level and physician preference. The findings indicate that the influence of online physician reviews on patient preferences decreases with increasing education level. This may be explained by the fact that highly educated individuals possess more advanced health literacy and critical thinking skills. These individuals are more likely to question the credibility of online reviews and prioritize other sources of information, as well as their own personal experiences, in their decision-making processes.

In addition to descriptive findings, the regression analysis conducted in this study provides a deeper understanding of the mechanisms underlying patient preferences. The results demonstrated that perceived credibility of online physician ratings is a strong and significant predictor of their impact on patient preferences. This finding suggests that the influence of physician rating platforms is not determined merely by their usage, but rather by the extent to which individuals trust the information presented on these platforms.

This result is consistent with previous research emphasizing the importance of trust in online health information²³. Individuals tend to rely more on digital health sources when they perceive them as credible, whereas low levels of trust reduce the influence of such platforms on decision-making. Therefore, perceived credibility appears to function as a key mechanism linking online information exposure to behavioral outcomes.

Limitations

This study has some limitations. The data are based on participants' reports of their site usage, which may be affected by individual perceptions and potential response bias. While the sample size is sufficient for statistical analysis, the findings may be context-dependent and should be interpreted within the study's population context. Finally, the study focuses on general perceptions of online physician review platforms and does not include platform-specific or behavioural data that could provide additional insights into user decision-making processes. Future studies may benefit from using different research designs and data sources to further validate and expand these findings.

Conclusion

This study reveals an awareness of physician rating sites in Türkiye. However, an examination of usage revealed a discrepancy between awareness and usage. While participants tended to read reviews on these sites, they were inactive in commenting individually. The primary reasons for this inactivity were trust issues with the sites and the difficulties associated with membership processes. The findings also indicate that participants are influenced by reviews on physician rating sites and tend to switch physicians based on these reviews. Given the information asymmetry between healthcare providers and patients, it is understandable that individuals gravitate towards public information not based on personal experiences and consider other users' reviews as reliable sources.

The study examined relationships between sociodemographic variables, perceptions and behaviors toward physician rating websites. It found significant differences across education levels. The growing number of physician rating websites marks a significant step in strengthening patient-physician communication. These platforms promote a patient-centered approach to care. When patients share experiences publicly it increases transparency and helps providers improve their performance. Monitoring satisfaction levels also becomes easier. Yet, these sites bring challenges due to the unique nature of healthcare. Physicians may argue that their evaluations are unfair or that ratings do not fully reflect reality. Verifying the accuracy of reviews and carefully regulating publication policies is therefore crucial.

In conclusion, increasing the visibility and diversity of physician rating sites is seen as valuable for technological transformation and access to information in healthcare. Furthermore, the site's security policies should be made transparent, user-friendly interfaces should be improved and terms of use should be made more flexible. Future research should provide a more in-depth understanding of the process by conducting content analysis of comments on actively used physician rating sites and examining the sectoral relevance of their usage policies.

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