

## Original Research Article

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# Factors influencing the choice of healthcare provider among Riyadh residents: the role of social media and marketing strategies

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## ABSTRACT

**Background:** In Riyadh, people are increasingly choosing healthcare providers through digital channels, in addition to traditional trust sources. In this study, we examined the factors influencing provider choice and how search engines, social media, online reviews and marketing affect clients' decision-making processes.

**Methods:** Authors conducted a cross-sectional survey among residents of Riyadh using a structured Arabic questionnaire distributed online. We employed a quota-guided, stratified convenience sampling approach based on gender, age, education and income. We provided descriptive statistics, chi-square tests and ANOVA. We also looked at correlations between digital influence and provider choice outcomes.

**Results:** The most important factors for choosing a provider were perceived clinical quality (74.9%), provider reputation (68.0%) and access to specialized physicians (63.2%). Cost (50.2%), location/accessibility (46.1%) and insurance coverage (45.2%) also played significant roles. Personal recommendations were the primary source of information (80.8%), followed by online ratings/reviews (53.9%) and official provider websites (38.1%). Google was the primary source of healthcare information (79.2%), while social media primarily raised awareness and assisted with initial shortlisting. People were cautious about advertisements and unverified reviews, often reporting "fake reviews" and "paid advertising" as significant challenges (66.4% and 65.1%, respectively). Choosing a provider based on social media ads/reviews was more common among females, employed individuals, insured participants and higher-income groups ( $p < 0.05$  for each).

**Conclusions:** Digital channels have a significant impact on the discovery and shortlisting of providers in Riyadh. Improving service quality, increasing the availability of specialists, providing transparent pricing and ensuring the authenticity of reviews could enhance patient decision-making and trust.

**Keywords:** Digital marketing, Healthcare provider choice, Online reviews, Riyadh, Social media, Saudi Arabia

## INTRODUCTION

The choice of healthcare provider affects how health systems respond to patients. Preferences shape demand, competition and perceptions of care quality.<sup>1</sup> In Saudi

Arabia, especially in Riyadh, service delivery is changing under the Vision 2030 plan of the government. The focus is on improving access, modernizing services and strengthening patient-centred care.<sup>2</sup> As the number of available providers increases, the way people choose

hospitals and clinics is evolving. Decisions that once relied heavily on proximity and recommendations from family or friends are now often based on digital comparisons. This includes web searches, provider websites and social media. Alongside these changes, Saudi Arabia has rolled out digital health services. These include telemedicine and other e-health initiatives, aimed at making care more convenient and connected over time.<sup>3</sup> This shift encourages patients to take a more active role in deciding where to seek care and from whom. Modern practices are less aligned with older views of patients as passive individuals and more in line with the concept of “healthcare consumerism”. In this model, people expect clear information, timely access and services that meet their needs.<sup>4</sup>

Digital channels now play a significant role in the decision-making process. Social platforms quickly spread experiences and recommendations. At the same time, search engines and online listings help users identify options and evaluate the reputations of providers.<sup>5</sup> Provider portals and other digital interfaces can also build trust by making service information, appointment access and communication easier to manage.<sup>6</sup>

Riyadh serves as a valuable setting for exploring these issues. It has a large and diverse population, numerous public and private providers and high digital engagement. In this study, we aimed to assess the factors that affected provider choices among Riyadh residents and identify their common barriers.

## METHODS

### **Study design and setting**

We conducted a cross-sectional study using a self-administered online questionnaire among adult residents of Riyadh, Saudi Arabia between July and December 2024. The study was community-based and implemented online; therefore, it was not conducted within a single hospital or clinic. Recruitment targeted Riyadh residents through digital channels commonly used within the city.

### **Eligibility criteria**

Participants were eligible if they were aged 18 years or older, resided in Riyadh, could read Arabic and provided electronic consent. Responses were excluded if the participant submitted a questionnaire with substantial missing data.

### **Sampling and recruitment**

A quota-guided, stratified convenience sampling approach was employed to enhance representation across key Riyadh strata by gender, age group, education level and monthly income. Participants were recruited online through social media platforms, community forums and curated email lists. Quotas were set to achieve the

minimum numbers within each stratum and enrolment remained voluntary, with participation on a first-come, first-served basis until quotas were met.

### **Sample size**

The target sample size was estimated as 400, assuming a 95% confidence level, a 5% margin of error and 50% for the primary indicator. The target size was subsequently increased to 500 to account for non-response and incomplete questionnaires.

### **Survey instrument**

The questionnaire was developed in Arabic and administered online. It captured sociodemographic characteristics (age, gender, education, occupation, income, nationality and insurance status). Decision-making determinants were assessed using Likert-type items (five-point scale) that covered the perceived importance of clinical quality, provider reputation, specialist availability, cost, location/accessibility, insurance coverage and recommendations.

Digital behaviour items assessed the use of search engines, provider websites, online ratings/reviews and social media platforms for provider discovery and evaluation, as well as the perceived credibility of online reviews, advertisements and recommendations. Perceived barriers to decision-making were also recorded, including unclear pricing, fake reviews, paid advertising, lack of verified patient experiences and outdated information.

### **Statistical analysis**

We performed data cleaning prior to analysis to remove ineligible and incomplete responses. We used descriptive statistics to summarize participant characteristics and response distributions, reporting frequencies and percentages for categorical variables and appropriate summary measures for continuous variables. We used Chi-square tests to examine the associations between participant characteristics and the choice of a healthcare provider based on social media advertisements or online reviews. We assessed differences in mean trust scores across demographic and socioeconomic categories using analysis of variance (ANOVA) test. We performed all analyses using IBM SPSS v.21.

### **Ethics statement**

An information sheet was provided at the beginning of the survey, followed by an electronic consent form that required a click-through. The questionnaire was designed to support anonymity by not collecting direct identifiers such as names, contact details, national identifiers or IP addresses. Data storage and access controls followed privacy-by-design principles consistent with Saudi Arabia's personal data protection law (PDPL), with access restricted to the research team.

## RESULTS

A total of 438 respondents were included in the analysis. Their mean age was 36.06 years (SD 10.17). Most participants were male (56.4%), employed (72.4%) and Saudi nationals (91.6%). Educational attainment was predominantly a bachelor's degree or lower (71.0%), while 29.0% reported postgraduate education. Just over half (51.1%) had health insurance and 61.4% reported a monthly income of at least 10,000 SAR (Table 1).

### Information sources and exposure to online advertising

Personal recommendations were the most reported information source when selecting a healthcare provider (80.8%), followed by online ratings/reviews (53.9%) and official hospital/clinic websites (38.1%). Social media advertisements were reported as an information source by 16.9%, while insurance company recommendations were the least reported (10.0%). Most participants reported exposure to healthcare advertisements on social media (75.8%). However, only 35.2% reported choosing a provider based on a social media advertisement or an online review (Table 1).

### Factors influencing provider choice and online searching behaviour

The most frequently reported determinants of provider choice were the quality of medical services (74.9%), the reputation of the hospital/clinic (68.0%) and the availability of specialized doctors (63.2%). Recommendations from others influenced 54.6% of participants and cost was reported as important by 50.2%. Accessibility/location (46.1%) and insurance coverage (45.2%) were also commonly cited, while online reviews/ratings were considered by 35.6% (Table 2). In terms of platforms used for healthcare information, Google was reported by 79.2% of respondents. Among social platforms, Twitter/X was used by 45.4% and TikTok by 31.7%, while Snapchat (21.0%), Instagram (20.1%) and WhatsApp (19.2%) were used by smaller proportions. Facebook was the least used (4.3%) (Table 2). Regarding frequency of online searching, 32.2% reported that they always searched for healthcare information online (Table 2).

### Challenges and suggested improvements

The most reported challenges in online provider searching were fake reviews (66.4%), concerns about paid

advertising (65.1%), a lack of verified patient experiences (55.9%) and outdated information (48.6%). The most frequently suggested improvements were greater price transparency (65.5%) and verified patient testimonials (63.5%), followed by more educational content (47.7%) and better social media engagement (41.8%) (Table 2).

### Trust and credibility of online content

Participants reported moderate satisfaction with online information about healthcare providers (mean 3.03, SD 0.953). Advertisements had a modest influence on provider choice (mean 2.96, SD 1.037), while the perceived reliability of online reviews was slightly lower (mean 2.84, SD 0.931). Reliance on social media for healthcare information had a mean of 2.75 (SD 1.042). Social media recommendations and online reviews were rated as less influential on provider choice (means 2.34 and 2.14, respectively). The overall trust and credibility score was 3.39 (SD 0.64) (Table 3).

### Associations with choosing providers based on ads/reviews and trust scores

Choosing a healthcare provider based on social media advertisements or online reviews differed by several participant characteristics (Table 4). A higher proportion of females (40.8%) than males (30.8%) reported doing so ( $p=0.029$ ). Employed participants were more likely than non-employed participants (39.4% vs 24.0%,  $p=0.002$ ) and those with health insurance were more likely than those without insurance (40.2% vs 29.9%,  $p=0.024$ ).

Participants with a monthly income of  $\geq 10,000$  SAR reported higher use than those earning less (39.0% vs 29.0%,  $p=0.032$ ). No statistically significant association was observed for educational qualification ( $p=0.162$ ) or nationality ( $p=0.073$ ) (Table 4).

Mean trust scores also differed by selected characteristics (Table 5). Females had higher trust scores than males (means 28.40 vs 26.12,  $p<0.001$ ). Participants with a bachelor's degree or lower had higher trust scores than those with postgraduate education (means 27.45 vs 26.27,  $p=0.029$ ).

Participants earning  $<10,000$  SAR had higher trust scores than those earning  $\geq 10,000$  SAR (means 27.99 vs 26.56,  $p=0.005$ ). No significant differences in trust scores were observed by employment status ( $p=0.199$ ), insurance status ( $p=0.424$ ) or nationality ( $p=0.965$ ) (Table 5).

**Table 1: The distribution of the participants according to their basic information (n=438).**

General characteristics/factors	Frequency	%
<b>Gender</b>	Male	247
	Female	191
<b>Employment status</b>	Yes	317
	No	121
<b>Educational qualification</b>	Bachelor's degree or less	311
		71.0

Continued.

General characteristics/factors	Frequency	%
Postgraduate studies	127	29.0
Health insurance	Yes	224
	No	214
Monthly income	<10,000 Saudi Riyals	169
	≥10,000 Saudi Riyals	269
Nationality	Saudi	401
	Non-Saudi	37
Sources of Information	Personal recommendations	354
	Online ratings or reviews	236
	Official hospital/clinic websites	167
	Social media advertisements	74
	Insurance company recommendations	44
See a healthcare provider advertised on social media	Yes	332
	No	106
Choose a healthcare provider based on a social media ad or online review	Yes	154
	No	284

**Table 2: The distribution of participants' responses regarding factors influencing their healthcare decisions (n=438).**

Factors	Items	Frequency	%
Factors influencing healthcare decisions	Quality of medical services	328	74.90
	Reputation of the hospital/clinic	298	68.00
	Availability of specialized doctors	277	63.20
	Recommendations from others	239	54.60
	Cost of treatment	220	50.20
	Insurance coverage	198	45.20
	Accessibility/location	202	46.10
	Online reviews and ratings	156	35.60
Social media platforms used for healthcare decisions	Google	347	79.20
	Twitter (X platform)	199	45.40
	TikTok	139	31.70
	WhatsApp	84	19.20
	Instagram	88	20.10
	Snapchat	92	21.00
	Facebook	19	4.30
Frequency of searching for healthcare information online	Always	141	32.20
	Sometimes	133	30.40
	A little	85	19.40
	Rarely	54	12.30
	I don't search at all	25	5.70
Challenges considered when searching for healthcare providers online	Fake reviews	291	66.40
	Paid advertising	285	65.10
	Lack of verified patient experiences	245	55.90
	Outdated information	213	48.60
Suggested improvements for healthcare marketing strategies	More price transparency	287	65.50
	Verified patient testimonials	278	63.50
	More educational content	209	47.70
	Better social media engagement	183	41.80

**Table 3: Trust and credibility of online reviews, advertisements and recommendations in healthcare decisions (n=438).**

Statement	Mean	Standard deviation
Overall, I am satisfied with the information available online about healthcare providers.	3.03	0.953
Advertisements influence my decision to choose healthcare providers.	2.96	1.037
I find online healthcare provider reviews reliable.	2.84	0.931
I frequently rely on social media for healthcare-related information.	2.75	1.042
Online information provides more treatment options.	2.42	0.894
I frequently research healthcare providers on the internet or social media before visiting them.	2.41	1.048
Social media recommendations influence my choice of healthcare providers.	2.34	0.965
Online reviews influence my choice of healthcare provider.	2.14	0.942
<b>Trust and credibility score</b>	<b>3.39</b>	<b>0.64</b>

**Table 4: The relationship between participants' demographic characteristics and choosing healthcare providers based on social media ads or online reviews (n=438).**

Demographic characteristics	Choosing healthcare providers based on social media Ads or online reviews		Chi-Square Value	P value
	Yes, N (%)	No, N (%)		
<b>Gender</b>	Male 76 (30.8)	171 (69.2)	4.79	0.029
	Female 78 (40.8)	113 (59.2)		
<b>Employment</b>	Employed 125 (39.4)	192 (60.6)	9.187	0.002
	Not employed 29 (24.0)	92 (76.0)		
<b>Educational qualification</b>	Bachelor's or lower 103 (33.1)	208 (66.9)	1.96	0.162
	Postgraduate 51 (40.2)	76 (59.8)		
<b>Health insurance</b>	Yes 90 (40.2)	134 (59.8)	5.065	0.024
	No 64 (29.9)	150 (70.1)		
<b>Monthly income</b>	<10,000 SAR 49 (29.0)	120 (71.0)	4.589	0.032
	≥10,000 SAR 105 (39.0)	164 (61.0)		
<b>Nationality</b>	Saudi 136 (33.9)	265 (66.1)	3.225	0.073
	Non-Saudi 18 (48.6)	19 (51.4)		

**Table 5: The relationship between participants' demographic and socioeconomic characteristics and trust scores in choosing healthcare providers based on social media platforms (n=438).**

Variable	Category	Mean trust score	F-test	P value
<b>Gender</b>	Male	26.12	22.209	<0.001
	Female	28.4		
<b>Employment</b>	Employed	26.92	1.656	0.199
	Not employed	27.62		
<b>Educational qualification</b>	Bachelor's degree or less	27.45	4.819	0.029
	Postgraduate studies	26.27		
<b>Having health insurance</b>	Yes	26.92	0.64	0.424
	No	27.31		
<b>Monthly income</b>	Less than 10,000 SAR	27.99	8.137	0.005
	10,000 SAR or more	26.56		
<b>Nationality</b>	Saudi	27.11	0.002	0.965
	Non-Saudi	27.08		

## DISCUSSION

This study examined the factors influencing healthcare provider choices among residents of Riyadh and the role of digital channels in decision-making. Clinical quality

was identified as the most important factor, followed by provider reputation and the availability of specialized physicians. This aligns with previous evidence showing that patients focus on perceived quality and reputation when choosing providers, especially in high-stakes

situations with limited information.<sup>7</sup> In Riyadh, the findings also match earlier local studies that found cost, accessibility and provider characteristics influence hospital choice.<sup>8</sup> About half of the respondents considered treatment cost and accessibility/location important, indicating that while quality is the primary focus, practical constraints still matter, particularly when out-of-pocket expenses, time costs and travel burdens affect usage decisions.<sup>8</sup> The rising demand for public services and the growing private sector in Saudi Arabia may increase consumer focus on convenience and speed, often favoring private providers for those who can afford them or have insurance.<sup>9</sup>

While most respondents saw healthcare ads on social media, only about one-third chose a provider based on these ads or online reviews. This suggests that digital platforms enhance awareness and facilitate shortlisting, but are less decisive when selecting a provider, where factors such as quality, reputation and specialist availability take precedence. Similar patterns have been observed in earlier research, where social media and online content are playing a growing role in initial information gathering, but trust and perceived expertise remain crucial in the final choice.<sup>10,11</sup>

Search engines were the main digital channel, with many respondents reporting using Google. This is similar to studies showing that most online health information seeking begins with general search engines rather than provider portals or social networks.<sup>12</sup> The moderate use of platforms like Twitter and TikTok suggests that social media helps with discovery and general health content consumption, especially through short, visual formats. Broader marketing research has highlighted the growing importance of multimedia and user-generated content, which tends to engage younger audiences and might influence awareness and familiarity with brands or facilities.<sup>13,14</sup>

Respondents reported moderate satisfaction with online information and an average trust level, while the perceived influence of social media recommendations and online reviews was relatively low. Previous studies suggest that seeking online health information can impact patient attitudes and relationships, but doubts about accuracy and bias remain common.<sup>15</sup> Guidance on credible health communication on social media stresses the importance of transparency, verifiable sources and clearly differentiating between educational content and promotional messaging. This may explain why ads were viewed cautiously in this study.<sup>16</sup> The concern about fake reviews and paid advertising aligns with evidence showing that misinformation and low-quality health content are widespread on social platforms, which hurts user trust.<sup>17</sup> These findings underscore the importance of authenticity, including verified feedback systems and more transparent regulations on promotional claims. Personal recommendations were the most frequently reported source of information, showing that trust and

personal experience remain central in healthcare decisions and reported in a previous study.<sup>18</sup> In practical terms, provider organizations could benefit by enhancing their digital visibility alongside positive service experiences that encourage good word-of-mouth.

The observed demographic differences indicate that the impact of digital channels varies. Women, employed respondents, insured participants and higher-income groups were more likely to choose providers based on social media ads or online reviews. Differences by gender might reflect variations in information-seeking habits and platform usage.<sup>15</sup> Employment could correlate with more frequent internet use and greater comfort with digital tools. Insurance and higher income might expand available choices and increase engagement with comparison searches.<sup>19,20</sup> The relationship between insurance status and reliance on online content may also highlight the role of coverage in navigating provider options and perceived value, particularly when seeking facilities or specialists that align with benefits.<sup>20,21</sup> These differences emphasise the need to tailor communication strategies for different subgroups while avoiding over-reliance on promotional content that may not be trusted without credible quality indicators.

### **Limitations**

This study has some limitations and the findings should be interpreted in this context. The cross-sectional design prevents the establishment of cause-and-effect relationships and the results reflect associations at a single point in time. Recruitment was conducted online using convenience sampling guided by quotas, which may lead to selection bias toward more digitally engaged residents and limit the generalizability of the findings to populations with less internet access or different platform usage patterns. Measures relied on self-reporting and may be affected by recall and social desirability bias. Finally, although the questionnaire covered key areas of trust and platform use, qualitative research could provide further clarification on why specific sources are trusted and how individuals balance conflicting information when choosing providers.

### **CONCLUSION**

Healthcare provider choice among Riyadh residents seems to be mainly driven by perceived clinical quality, provider reputation and access to specialised physicians, while cost, accessibility and insurance coverage remain important practical factors. Digital channels, especially search engines, play a significant role in discovery and initial shortlisting. However, ads and unverified reviews are approached with caution, while personal recommendations continue to have a strong impact. By distinguishing between digital exposure and the credibility cues that shape final decisions, this study enhances our understanding of how provider choice develops in a rapidly modernising and digitally connected

healthcare system. Improving access to specialists, enhancing quality, increasing price transparency, maintaining accurate official web presences and supporting trustworthy review mechanisms could enhance decision-making and trust in Riyadh's healthcare market.

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