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SPECIFIC FEATURES OF APPLYING MARKETING STRATEGIES IN PRIVATE MEDICAL ENTERPRISES

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Abstract. This thesis examines the problems of using marketing strategies in private medical enterprises under the conditions of the development of the healthcare services market. The specific nature of medical services, ethical rules, and the impact of patient behavior on marketing models are analyzed. As a result of the research, the directions for adapting classical marketing tools to the specific characteristics of the sector in order to increase the competitiveness of private clinics are identified.

Keywords: private healthcare, marketing strategy, competitiveness, healthcare services market, medical deontology, patient behavior, marketing mix.

Introduction.

In the Republic of Uzbekistan, privatization processes in the healthcare system have entered an active stage as part of economic modernization and social-sector reforms. The sharp increase in the number of private medical institutions has fundamentally changed the competitive environment within the sector. Under these conditions, the sustainable development of private clinics and their ability to maintain market share are directly dependent on the effectiveness of their marketing activities. However, the direct and mechanical application of traditional marketing strategies to healthcare does not produce the expected economic and social effects. This determines the relevance of an in-depth study of the specific features of applying medical marketing strategies.

Main Part and Analysis.

The marketing of medical services differs fundamentally from the marketing of tangible goods or traditional services such as finance, transport, and tourism in terms of its nature and philosophy. These differences directly affect the strategic decision-making process and are characterized by the following specific features:

1. Specificity of consumer motivation and the problem of transferring traditional marketing patterns: Today, many private medical institutions mechanically transfer aggressive sales and advertising strategies designed for the consumer goods market to the healthcare sector. In the consumer market, selling products such as household appliances or perfumes through emotionally charged and time-limited messages such as “Today only! Buy with a 50% discount! Hurry, limited quantities available!” can be highly effective. This is because purchasing decisions in that context are based on voluntariness and a sense of enjoyment. The approach works particularly well for products such as shampoo, as consumers may make emotionally driven purchases even for future use. As international researcher V.L. Purcarea has demonstrated in his studies [1], the consumer decision-making process in healthcare differs fundamentally from that in other markets. Nevertheless, when private clinics apply the same model to their services and conduct advertising campaigns such as “This week only! 30% discount on surgery! Limited places available!”, the result can be counterproductive. Because the need for healthcare is driven by necessity (pain, illness, and vital need), such aggressive marketing instruments can evoke fear and suspicion rather than trust. Patients may develop the perception that the institution is not a professional medical facility but an entity pursuing purely commercial interests. Consequently, aggressive promotion of service prices and sales volume may undermine the professional reputation of a private medical enterprise.

2. Information asymmetry and insufficient transparency mechanisms: One of the most serious structural problems in the healthcare services market is the information

imbalance between consumers and service providers. In ordinary service sectors, such as car washing or hotel services, customers can immediately observe the result and assess quality visually or through direct experience. In private healthcare, however, patients are unable to independently and professionally assess how accurate and high-quality the service provided has been, either before seeing the doctor, during treatment, or even after it.

At present, private clinics' marketing campaigns lack sufficient "transparency" instruments to bridge this information gap. Most institutions limit their advertising primarily to visually displaying the latest ultrasound (UTD) or magnetic resonance imaging (MRI) equipment manufactured by German or Japanese brands. However, for patients, the model of the equipment is less important than the competence of the doctor operating it and the accuracy of the diagnosis made. According to data from the global research agency Invoca Insights [2], patients' skepticism and lack of trust toward traditional advertising provided by healthcare institutions are increasing sharply. The research report indicates that clinics should shift their marketing strategy from simply describing equipment to systematically building the reputation of the institution and its doctors. In local practice, the strategy of creating trust through digital marketing tools—namely, developing doctors' expert content and explaining medical information in accessible language—remains insufficiently developed.

3. Failure to consider regional and sector-specific characteristics and the standardization of marketing strategies: Another important problem in the use of marketing strategies by private medical enterprises is the inability of institutions to differentiate their marketing activities according to regional market requirements, the competitive environment, and the population's actual economic capacity. Large companies producing everyday consumer goods can successfully conduct standardized marketing campaigns throughout the country. However, the healthcare services market has a very high degree of regional and sector-specific differentiation.

In local conditions, large multidisciplinary hospitals and small, narrowly specialized diagnostic centers or dental clinics are observed to use almost identical marketing models and channels. The actual needs of the population, disease incidence, and purchasing power in regional markets are not systematically analyzed through marketing research. In addition, digital marketing strategies designed for the capital-city market are transferred unchanged to clinics in regional or district centers without adaptation. As noted in the research of scholar T. Yakubov [4], mechanisms for taking regional characteristics into account in the formulation and implementation of marketing strategies of private medical institutions operating in the regions of Uzbekistan remain seriously underdeveloped. The absence of regional segmentation leads to inefficient marketing expenditure and reduces the investment attractiveness of private clinics.

The systemic problems identified above require a fundamental reconsideration of the marketing activities of private medical enterprises. As a logical continuation of the research, the impact of the specific nature of medical services, ethical rules, and patient behavior on marketing models is analyzed in the following three fundamental areas:

1. Deontological filtering mechanism: In promoting medical services, every marketing instrument must be evaluated against professional duties and ethical standards. Instead of the principle of “selling a product by any means,” traditionally used in business, medical marketing prioritizes deontological principles such as confidentiality between doctor and patient, provision of accurate information, and respect for human dignity. This reduces the aggressiveness of marketing models and gives them a stronger socio-ethical character.

2. Risk orientation of consumer (patient) behavior: Unlike ordinary consumers, patients’ purchasing behavior is associated with high levels of financial, physical, and psychological risk. When choosing a clinic, patients place greater emphasis on the

safety of medical services and the absence of complications than on price. Therefore, marketing models for managing consumer behavior (for example, the purchase funnel) should no longer focus merely on "attraction," but should be enriched with stages aimed at "reducing anxiety and demonstrating safety guarantees."

3. Impact of the intangible nature of quality on brand reputation: The nature of medical services makes them invisible and difficult to evaluate in advance. Because consumers cannot assess a doctor's internal professional skills directly, their behavior is shaped by the clinic's external attributes, such as the doctor's communication culture, service speed, and institutional reputation. This makes the integration of the clinic's overall brand with the doctor's personal brand a central component of the marketing model.

Based on this analysis, it would be appropriate to identify the following priority directions for adapting classical marketing tools to sector-specific characteristics in order to increase the competitiveness of private clinics:

• Deep adaptation of the classical "4P" model to the "7P" format for private healthcare: The main emphasis should be placed on People (employees' deontology and professional competence), Process (a convenient and transparent patient flow algorithm from arrival at the clinic to departure), and Physical Evidence (the clinic's sanitary and hygienic environment, digital interfaces, and equipment);

• Introduction of a "patient-oriented" relationship strategy: To increase clinic competitiveness, the focus should shift from one-time sales strategies to long-term relationship marketing. For this purpose, continuous online communication and feedback with patients should be established through digital marketing elements—CRM systems and personal accounts;

• Content marketing and development of doctors' brands: Instead of aggressive external advertising, a strategy aimed at strengthening doctors' expert status in the online environment should be applied. Popular-science content provided by doctors in

accessible language on disease prevention and treatment methods should become a key trust-building instrument supporting the clinic's competitiveness;

• Regional market segmentation and price flexibility: Clinics should differentiate their service scope not in a general manner, but according to the dynamics of disease incidence and purchasing power of the population in specific regions. Marketing expenditures should be directed toward the targeted development of narrow specialties with high regional demand, such as cardiology, pediatrics, or diagnostics.

Conclusion.

The research conducted on improving the use of marketing strategies in private medical enterprises makes it possible to formulate the following final scientific and practical conclusions:

1. Priority of sector-specific characteristics: Direct application of classical marketing models (4P) is ineffective for increasing the competitiveness of private clinics and may negatively affect the institution's professional reputation. The foundation of a medical marketing strategy must be patient trust and the principles of medical deontology rather than economic efficiency alone.

2. Need to transition from the "4P" to the "7P" model: Due to the information asymmetry and intangible nature of medical services, systematic improvement of the People (doctors' brands) and Process (transparency of the treatment system) elements of the marketing mix is a key factor in ensuring a sustainable market advantage for private institutions.

3. Digitalization and integration: Under modern conditions, the competitiveness of clinics is ensured not through aggressive external advertising, but through the use of digital marketing instruments (Inbound marketing, CRM systems, and patients' personal accounts) to build long-term doctor–patient relationships and create health-education content.

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