

## AGEISM BIAS ON THE INSURANCE MARKET IN POLAND – SENIORS' CUSTOMER SERVICE PERSPECTIVE

Beata NOWOTARSKA-ROMANIAK<sup>1\*</sup>, Sonia SZCZEPANIK<sup>2</sup>

<sup>1</sup> Katowice University of Economics; beata.nowotarska-romaniak@uekat.pl, ORCID: 0000-0003-3563-2596

<sup>2</sup> Katowice University of Economics; sonia.szczepanik@edu.uekat.pl, ORCID: 0000-0002-4275-3700

\* Correspondence author

**Purpose:** The goal of this research is to identify areas of ageism in the customer service process of senior individuals in the insurance market.

**Design/methodology/approach:** The article employs the following methods to achieve its set goal: literature analysis, descriptive and statistical analysis of data obtained through primary research, specifically an anonymous survey questionnaire.

**Findings:** A typical senior insurance client possesses life, property, or supplemental insurance. The pandemic has prompted several seniors to reevaluate and enhance their insurance coverage. Customised life insurance prioritizes safeguarding against permanent incapacity and offering posthumous coverage. Twenty per cent of seniors experience discrimination due to their inability to obtain sufficient insurance that meets their requirements. The majority of clients want a personal interaction while acquiring new insurance. The current perspectives in product management are increasingly diversified. Overall, seniors expressed moderate satisfaction with insurance companies and intermediaries. The COVID-19 pandemic led to the shutdown of insurance offices, resulting in increased discrimination. Researchers found that elderly individuals have differing opinions on how to react to new communications from the insurance sector. Despite certain issues, the majority of respondents indicated that intermediaries and insurance companies fulfilled their requirements.

**Research limitations:** The field survey approach has various disadvantages, including the time and place of conducting the study. The chosen sample may not represent the variety and the complexity of the considered population. The third limitation relates to the restricted range of criteria examined in this study.

**Research implications:** The study distinctly identifies areas of unaddressed needs in the insurance sector that considerably disadvantage elderly clients. This study facilitates ongoing research into older clientele in the insurance sector.

**Originality/value:** The article provides insight into sensitive aspects of senior customer service experience in the insurance market that may indicate age discrimination.

**Keywords:** ageism, insurance market, client service, senior.

**Category of the paper:** Research paper.

## 1. Introduction

Population ageing is a global phenomenon driven by declining fertility rates and increasing longevity. This visible shift causes increasing anxiety among populations that have already peaked. In 2024, this area will encompass 63 countries, accounting for approximately 28% of the world's population (United Nations, 2024, p. 6). As a result, the proportion of people aged 65 and above is expected to nearly double, from 17% to 33%, between 2024 and 2054 (United Nations, 2024, p. 22). By the late 2070s, the world's population of people aged 65 and up is expected to surpass that of children under the age of 18. By the mid-2030s, it is expected that there will be 265 million people aged 80 and above, surpassing the number of infants (1 year and under) (United Nations, 2024, p. 12).

Poland, like many other European countries, is facing an ageing population. Poland's population remains statistically younger than the average across all European Union states; nonetheless, the growing number of seniors suggests that, over the next decade, Polish society will become one of the oldest in Europe (Gawrol Stebila, 2021, p. 96). Eurostat predicts that the population aged 80 and above in Poland will expand by 143% over the next 15 years, whereas projections for the entire European Union suggest an 88% increase in this age group (Rudnicka, 2020, p. 14). Analysing statistics on the number of seniors in Poland since 1950 reveals a significant increase in this age group when compared to others. People aged 65 and over accounted for 5.3% of the population in Poland in 1950, 10% in 1980, 13% in 2003, and 17.5% in 2018, with a projected 26.3% in 2023 (Rozkrut, 2019; Minister for Senior Policy, 2023). The demographic forecast predicts a continuous growth in the population of older citizens until 2060. Poland is expected to have 11.9 million senior citizens by 2060, representing a 19.9% increase from 2023 and accounting for 38.3% of the overall population (GUS, 2023, p. 10).

The gradual ageing of the population in numerous countries globally contributes to the emergence of a new market macro trend, referred to as the gerontologization of society (Zalrga, 2013, p. 12). The increasing age of the population is being recognised as a set of challenges and difficulties across multiple areas of social and economic life. In the insurance sector, it is evident that a growing number of firms are focusing on the senior demographic and offering tailored insurance solutions for them (Nowotarska, Szczepanik, 2023). Research on the behaviour of senior clients in the insurance market indicates that older clients demonstrate considerable sensitivity within this sector. In the process of selecting insurance, individuals often depend heavily on an agent or broker as their primary source of information, and they are commonly influenced by the insurance premium amount or the extensive range of options provided by the insurer (Nowotarska, Szczepanik, 2023). Tailoring insurance products to the needs of seniors is a key factor in the current marketing strategy in the insurance market (Bernard et al., 2021). The first challenge that entities offering or intermediating in the sale of

insurance products have to face is that customers are aware of the products and services available. This situation requires the construction of detailed distribution networks to convey the breadth and the value of offerings (Bernard et al., 2021). The second challenge refers to the correct identification of senior customers' needs, which involves teams of specialised individuals who act as comprehensive advisers to senior customers and an opt-in technology platform that can automatically identify the needs of senior customers and share those needs with ecosystem partners (Bernard et al., 2021). That is why the aspect of customer service tailored specifically for senior clients is so crucial. Especially taking into account that every tenth Polish senior experienced ageism (CEBOS, 2016). Some situations were encountered in healthcare facilities, offices, and banks. However, the topic of ageism in the insurance market is often viewed as a less significant aspect of financial exclusion compared to transaction banking insurance and credit exclusion (Czerwiński, p. 88). The reduced significance of insurance products and exclusions does not imply that this domain of inquiry is unimportant from the consumer's viewpoint.

Considering the pace of society's ageing, it is essential to emphasise that the issue of seniors as customers and their relationship with customer service in the insurance market will become a key aspect of research in this field. A review of Polish and foreign literature reveals that the issue of ageism in the insurance market is rarely examined. Previous studies have focused on financial, medical, social and electronic exclusions. None of them have explored the feelings of seniors and the difficulties they have noticed in their contacts with customer service. Therefore, this study aims to identify areas of ageism in the customer service process of senior individuals in the insurance market.

## 2. Literature review

Ageism has long been recognised as a sort of bigotry (Butler, 1969); however, despite being widely recognised, it remains largely underexplored. This is evident in the extensive scholarly discourse on its definition and origins (Ayalon Tesch-Römer, 2018; Iversen et al., 2009; Palmore et al., 2005; Snellman, 2016). The World Health Organisation defines ageism as the stereotypes (cognitive perceptions), prejudice (emotional responses), and discrimination (behavioural actions) directed towards others or oneself based on age (WHO, 2021). It is predominantly implicit, subconscious, and unexamined within contemporary communities, transcending the life course and originating from the belief that an individual may be too old or too young to engage in certain activities or roles (UNECE, 2019).

Ageism frequently overlaps and interacts with many forms of stereotypes, prejudice, and discrimination, such as ableism, sexism, and racism. Various overlapping biases exacerbate disadvantage and intensify the impact of ageism on persons' health and well-being.

Nonetheless, whereas racism and gender-based prejudice were thoroughly examined before the onset of the 21st century, no research had been conducted on age-related prejudice (Guttermann, 2022). Recently, researchers have pointed out that, while ageism has historically received less research focus compared to racism and sexism, the increasing ageing population has made the study of this issue essential (Martin, North, 2022; Nelson, 2017; North, Fiske, 2012). Researchers have observed that age-based social perception and prejudice have emerged as significant topics of inquiry within social psychology (Cary et al., 2017; North, Fiske, 2012; Swift et al., 2017), prompting investigations into the underlying causes of ageism (North, Fiske, 2012), its persistence despite intervention efforts (Braithwaite, 2012), and its connections to other forms of prejudice (Martin et al., 2019).

Ageism shares many similarities with other types of discrimination. However, several key differences must be considered to define its essence. First, while gender and race remain constant throughout a person's lifetime, age classification changes as a person progresses from childhood to young adulthood, then to middle age, and finally to older age (Wolf, 1998). Second, everyone, assuming they survive long enough, will eventually be vulnerable to the negative impacts of ageism (Wolf, 1998). Thirdly, ageism is closely related to reaching a specific life threshold, such as retirement (Blaine, 2002, p. 182). Age-based stereotypes are frequently internalised during childhood, before they become personally relevant, leading to their acceptance without critical scrutiny. (Nelson, 2017).

Although ageism can affect people of all ages (Ayalon, Tesch-Römer, 2018; Bodner et al., 2012), it can have both harmful and beneficial consequences (Levy, 2017). Nonetheless, greater attention is often placed on older people, who face a disproportionate amount of ageism and, when confronted with it, suffer more severe consequences than their younger peers. (UNECE 2019). Over three decades of research in the field have demonstrated that elderly individuals are disproportionately affected by ageism (Iversen et al., 2009; Lagacé et al., 2015).

The WHO (2021) identified various general determinants of ageism, including being younger, male, concerned about mortality, and less educated. A more comprehensive list was presented by a group of researchers in 2020, based on 199 empirical studies published over a 47-year period, from 1970 to 2017 (Marques et al., 2020). The researchers identified three levels of drivers of ageism: **intrapersonal**, stemming from the dread and/or prominence of death and "ageing anxiety"; **interpersonal/intergroup**, arising from unfavourable portrayals of older individuals; and **institutional**, influenced by the availability of social and economic resources (Marques et al., 2020).

Those three levels reflect the current scale of ageism as demonstrated by the work of the World Health Organisation. The most widely acknowledged scale relates to interactions occurring between individuals (WHO, 2021, p. 6). Intrapersonal ageism is exhibited through individuals' ideas, attitudes, beliefs, and activities that are prejudiced against others based on age (Guttermann, 2022, p. 19). Self-directed ageism refers to the phenomenon in which individuals exhibit ageist attitudes towards themselves (WHO, 2021, p. 7). Following

continuous exposure to age-related biases within society, individuals internalise these prejudices and subsequently apply them to themselves (Levy, 2003). Institutional ageism denotes laws, rules, societal norms, policies, and practices that unfairly restrict opportunities and systematically disadvantage individuals based on their age (Dovidio et al., 2010; Iversen et al., 2009; Lloyd-Sherlock et al., 2016). It also pertains to the ideologies propagated by organisations to justify their ageism (WHO, 2021, p. 7).

Institutional ageism can manifest in various sectors, including healthcare, social services, the workplace, media, and the judicial system. A prominent occurrence is the manifestation of ageism in the financial sector. According to WHO reports, in low- and middle-income countries, credit and loan programs tend to discriminate against older people, often preventing them from participating. Randel et al. (1999). United Nations Population Fund (2012) found that women face negative age and gender discrimination because they frequently lack independent income, control over tangible assets such as land that could serve as collateral, and limited access to business or formal employment. In high-income countries, financial institutions recognise that age discrimination is frequent (Migliaccio, 2017; Timmermann, 2017). However, research on ageism within the financial services sector is remarkably scarce. Few reports from the United Kingdom state that seniors find themselves to be the victims of financial solemnly because of their age and not gender or race. This stems from product-specific restrictions that exclude certain products for older individuals.

Few researchers suggested that this phenomenon might also translate to the insurance market, where risks are not distributed evenly across age groups. For example, most new travel insurance policies have upper age limits, and mortgage and private health insurance premiums are generally higher for older individuals (Hejny, 2016; McLoughlin, Stern, 2017). The literature in this area is minimal, but based on the results relating to the entire financial market, certain conclusions can be drawn. The key factors influencing ageism practices in the market might affect one of two areas: accessibility and affordability of insurance policies. This view stems from the specificity of supply and demand in the insurance market (Solarz, 2011, p. 365; Czerwiński, 2019, p. 88). Supply factors are primarily related to the lack of adaptation of product specificity to consumer expectations, which discourages the use of appropriate pricing methods or the distribution of insurance services. Demand factors, in turn, are primarily related to insufficient income levels, low awareness of insurance benefits, and a lack of consumer trust in insurance institutions (Czerwiński, 2019, p. 88).

However, these are not the only areas where discrimination against older customers can be observed. Some studies have shown that, as in the case of the general classification of ageism, there is a discriminatory personal and social dimension concerning stereotypes. A recent study conducted by Santana et al. (2024) focused on identifying factors associated with ageism, revealing that these factors primarily centre on age, gender, and education level. It was noted that widespread apprehension regarding mortality and insufficient understanding of the ageing process play a role in shaping these stereotypes, affecting the perception and treatment of older

adults across different sectors, such as insurance. Other studies, though not solemnly focused on the insurance market, suggest that similarly to other areas of discrimination, ageism is often rooted in stereotypes that portray older adults as frail, forgetful, or dependent, it can lead to discriminatory practices in the insurance market (Levy, Apriceno, 2019; Barber et al., 2024). Marques et al. (2020) and Barber et al. (2024) discovered a strong link between the insurance market, health, and healthy living. Poorer health outcomes are frequently used to justify greater insurance costs or fewer coverage options for older people, making their health status a powerful predictor of ageism (Marques et al., 2020). Ageism may lead to health disparities, resulting in higher healthcare costs and poorer cognitive function, which in turn influences insurance assessments and offers (Barber et al., 2024). Institutional and structural factors represent the least visible area where ageism in the insurance market may occur. Wyman et al. (2018) in their studies on ageism within the healthcare system suggest that insurance companies may adopt ageist policies, such as higher premiums or denial of coverage, based on assumptions about the health and longevity of older adults. The lack of geriatric-specific training among professionals in related fields can perpetuate ageist attitudes and practices, affecting decision-making processes in insurance underwriting (Wyman et al., 2018). It is essential to note that all the conclusions presented above pertain to studies unrelated to the topic of insurance and represent a series of observations by authors who primarily focused on health-related subjects or the investigation of ageism in their work. The existing English-language specialist literature reveals a deficiency in studies addressing the scale, aspects, causes, and effects of discrimination against older individuals within the insurance market.

Polish literature regarding age discrimination frequently addresses a wide range of issues. However, many works fail to define the extent of ageism within a particular context or merely skim the surface of the topic. The report by CEBOS (2016) indicates that 10% of seniors have personally encountered poor or worse treatment, while 26% have observed such incidents occurring. Frequently, they faced poor treatment in public settings – whether on the street, in a store, or while using public transportation. Some situations were encountered in healthcare facilities, offices, and banks. Those who have tried to distinguish age discrimination on the insurance market have usually focused on financial exclusion, which has caused several exclusions in the insurance market, but not related to the issue of age (Czerwiński, 2019). Another article focused mainly on the determinants of purchasing insurance services by people over fifty years of age (Czerwiński, 2015a). Or simply preferences regarding the use of different distribution channels in the insurance market among seniors (Czerwiński, 2015b).

None of the aforementioned research identified the challenges elders may face in the insurance market. There is a notable deficiency of research highlighting potential challenges in reaching an insurance company or intermediary. The literature fails to differentiate between the needs of customer service related to existing services and those related to purchasing new insurance. Moreover, there are no studies in the literature that examine the switch to electronic means of communication that occurred in the customer service process as a result of the

COVID-19 pandemic. Consequently, it is essential to identify aspects of ageism in the customer service process within the insurance market.

### 3. Research methodology

For the purpose of this article, a survey was conducted among senior clients in the insurance market. The field survey method was used to conduct research. Researchers collected data from April to March in the vicinity of the four largest hospital centres in the Silesian metropolis, such as:

- University Clinical Centre named after Prof. K. Gibiński of the Silesian Medical University in Katowice.
- Upper Silesian Medical Centre, named after Prof. Leszek Giec of the Silesian Medical University in Katowice.
- District Railway Hospital in Katowice.
- Katowice – John Paul II Geriatric Hospital.

The survey was conducted completely anonymously. According to the methodology for measuring the silver economy, a senior is defined as a person aged 60 years or older, regardless of gender and professional activity status (GUS 2018). Therefore, the selection criteria were the age above 60 years and the willingness to participate in the study, which required the employment of a systematic sampling method. The research tool used to collect data was an anonymous survey questionnaire consisting of 8 basic questions and three metric questions. One hundred four correctly completed questionnaires were received (Table 1).

**Table 1.**

*Characteristics of respondents (N = 104) in %*

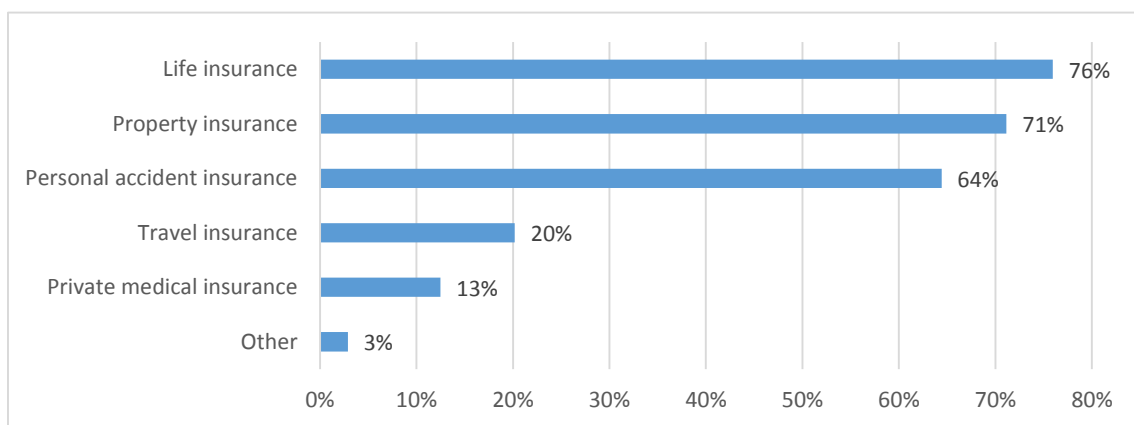
Sex				
Men			Women	
49			51	
Education				
Vocational Qualification		Secondary education		Higher education
24		33		43
Size of the place of residence				
Village	City up to 50k	City 50k to 150k	City 150k to 500k	City over 500k
8	10	2	4	13

Source: Own calculations based on data from the survey.

## 4. Results

The first two questions allowed researchers to determine which insurance products seniors were most interested in, as well as the changes they made to their insurance policies in response to the COVID-19 outbreak.

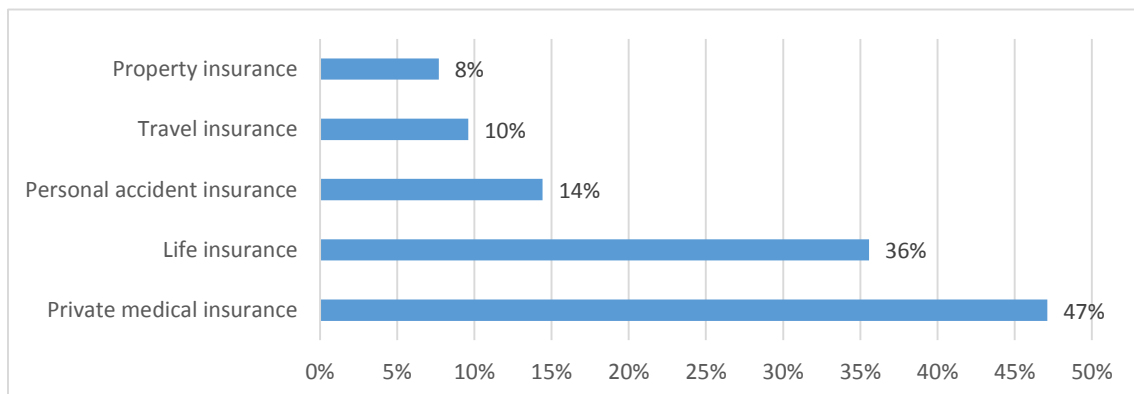
Among seniors, the most common insurance products are life insurance (76%), property insurance (71%), and accident insurance (64%) (Figure 1). Conclusions can be made regarding individual groupings of respondents. Women have a slightly greater interest in life insurance and personal accident insurance compared to men, who tend to show a preference for property insurance. Individuals with higher education are the sole demographic notably interested in travel insurance.



**Figure 1.** Insurance products owned.

Source: Own calculations based on data from the survey.

The second significant concern regarding insurance was the shift in attention towards individual goods following the onset of the COVID-19 outbreak. Eighteen per cent of respondents stated that the COVID-19 pandemic did not affect their decision to acquire new insurance in any way. The remaining respondents identified the following products as those they accumulated post-pandemic (Figure 2).



**Figure 2.** Insurance products purchased after the COVID-19 pandemic.

Source: Own calculations based on data from the survey.



The findings demonstrate that seniors have allocated a greater proportion of their resources towards acquiring private health insurance (47%). A significant percentage of them have opted to acquire life insurance (36%). From a gender viewpoint, it can be noted that women had a greater interest in life insurance, whilst men preferred private medical insurance. Individuals with higher education, as opposed to those with secondary and vocational qualifications, significantly broadened their insurance portfolios, including investments in travel and property insurance.

The subsequent series of questions pertained to the desired extent of life insurance for elderly individuals. The insurance multi-agency and proprietor of the CUK insurance comparison engine evaluated the insurance proposal for seniors in the Polish market for 2024 (CUK Insurance, 2024). The fundamental aspects of life insurance for an individual aged 70 were delineated based on data gathered by CUK. Participants were asked to assess the significance of each scope on a continuum ranging from "not at all significant" to "essential".

**Table 2.**

*Attitude towards individual elements of senior insurance*

	Not at all important	Not very important	Moderately important	Very important	Essential
Death of the insured	7%	5%	14%	42%	32%
Death as a result of a traffic accident	9%	7%	13%	40%	31%
Death as a result of an accident	8%	5%	15%	44%	28%
Permanent impairment of health as a result of an accident, for 1% of the permanent impairment	7%	5%	23%	35%	31%
Disability as a result of an accident	7%	1%	15%	50%	27%
Hospital treatment, e.g., hospital stay as a result of an accident	7%	7%	28%	34%	25%
Death of a spouse as a result of an accident	9%	2%	16%	39%	34%
Medical assistance, e.g., a doctor's visit	13%	6%	19%	28%	35%

Source: Own calculations based on data from the survey.

Among all of the responses, five aspects of insurance stood out as particularly important to the respondents (Table 1). Seniors paid particular attention to the risk of disability due to an accident. A total of 77% of them consider it to be crucial. The following four aspects, all of which are significant, share a common denominator. Each of them refers to the death of either the insured person or their spouse, as well as the method in which it occurred, i.e., as a result of an accident or a traffic accident. Despite the significant interest in private medical insurance following the COVID-19 pandemic, respondents indicated that medical assistance is not a crucial part of the life insurance offer.

The following series of questions focused on respondents' perceptions towards the insurance options available on the market, as well as their preferences for customer service. Almost half of the respondents (46%) are pleased with the current insurance offer and believe it is customised to their age and needs (Table 3). Every fifth respondent (17%) believes that the

insurance products on the market do not match their needs. The remaining respondents (37%) have no opinion on the matter.

**Table 3.**

*Evaluation of the alignment of insurance market offerings with age-related needs*

		Yes	No	I have no opinion
Overall		46%	17%	37%
Sex	Women	40%	26%	34%
	Men	53%	8%	39%
Education	Vocational education	56%	12%	32%
	Secondary education	65%	12%	24%
	Higher education	27%	24%	49%
Size of the place of residence	Village	25%	0%	75%
	City up to 50k	70%	30%	0%
	City 50k to 150k	50%	23%	27%
	City 150k to 500k	41%	18%	41%
	City over 500k	54%	8%	38%

Source: Own calculations based on data from the survey.

Men (53%) are significantly more satisfied with the available insurance options than women (40%). People with higher education (27%) struggle to fulfil their own insurance needs, compared to those with vocational education (56%) and secondary education (65%). Villagers struggle to determine whether the available market offer is age-appropriate. People residing in cities with populations ranging from 50,000 to 150,000 are undoubtedly better satisfied with the market conditions. Residents of large urban centres with 150 thousand or more inhabitants have far more diverse opinions.

Assisting a senior customer is a complex process reliant on various essential factors, including the purpose of the communication. Thus, the primary aim of the following two queries was to determine the optimal method of communication with the insurance company or intermediary, depending on the goal of the engagement. Respondents place significantly greater importance on personal interaction (74%) with the insurance provider or middleman when it comes to previously acquired insurance services. Both women (72%) and men (76%) exhibit a comparable mindset. The majority of responders with vocational education (96%) favour human interaction. Individuals with secondary education (76%) and higher education (60%) also hold this perspective, although with far less confidence. Individuals residing in small urban centres prioritise personal interaction more than those living in municipalities with populations above 50,000.

In the Polish insurance market, new products can be acquired directly at an insurance company's office or through intermediaries, such as agents or brokers, as well as indirectly via electronic forms of communication, including applications or the Internet (Table 4).

**Table 4.**  
*Preferred form of concluding new insurance contracts*

		<b>In person by visiting an insurance company</b>	<b>By meeting with a trusted intermediary – an insurance agent or broker</b>	<b>Remotely via electronic means of contact (e.g. internet or app)</b>
Overall		60%	25%	15%
<b>Sex</b>	Women	60%	19%	21%
	Men	59%	31%	10%
<b>Education</b>	Vocational education	76%	20%	4%
	Secondary education	62%	24%	15%
	Higher education	49%	29%	22%
<b>Size of the place of residence</b>	Village	75%	25%	0%
	City up to 50k	60%	40%	0%
	City 50k to 150k	64%	9%	27%
	City 150k to 500k	55%	29%	16%
	City over 500k	62%	23%	15%

Source: Own calculations based on data from the survey.

Respondents indicated that in the case of purchasing new services, they trust direct contacts with an insurance company (60%) and individual intermediaries (25%). Both women (60%) and men (59%) prefer to conclude contracts in person at an insurance company's office. There is a clear difference between these two groups in terms of trust in indirect methods, such as the Internet or mobile applications, with women (21%) being more willing to choose this form of contact than men (10%). People with higher (22%) and secondary education also trust electronic contact more. Similar behaviour can be observed in groups living in larger residential centres.

The frequency of purchasing insurance products is contingent upon an individual's evolving needs, which are influenced by factors such as the COVID-19 pandemic. Various products involve distinct methods of communication. Consequently, it was reasonable to assess the frequency of utilising various forms of communication to finalise insurance agreements.

**Table 5.**  
*Frequency of using the preferred form of concluding new insurance contracts*

	<b>Always</b>	<b>Very often</b>	<b>Often</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>
Via a mobile application	6%	0%	3%	1%	15%	75%
Via the insurer/broker/agent's website	5%	0%	6%	6%	22%	62%
By calling the insurance company/broker/agent directly	20%	0%	6%	15%	30%	29%
In person at the insurance company's office	31%	0%	4%	7%	31%	28%
During a meeting with the insurance broker/agent	28%	0%	4%	8%	24%	37%

Source: Own calculations based on data from the survey.

According to the findings, seniors are hesitant to utilise technology improvements to meet their demands when it comes to obtaining new insurance. However, they place a significantly higher trust in websites of individual insurers, brokers, or agents than in apps. If they need to purchase a new insurance policy, they would prefer to do it in person, either by scheduling a meeting with the insurance provider or with a designated middleman, such as a broker or

agent. When it comes to frequency of contact, the telephone seems to be the most convenient means of communication for them.

To learn more about the forms of contact chosen, the results were filtered through the declaration of seniors in the previous question. This provided insight into whether seniors who declare a specific form of contact sometimes decide on another type as part of the contract conclusion process. As expected, individuals who have chosen to contact the insurance company directly tend to prefer face-to-face or telephone forms of communication. Despite their preferences, they sometimes decide to contact each other on the phone. An interesting case is that of individuals who prefer to purchase services through an intermediary. A small number of them decide to contact sporadically via websites. They would rather avoid personal meetings with the insurer and instead decide to contact the intermediary by phone in occasional cases. Those who prefer to purchase insurance products online often use applications for this purpose. They strongly avoid any personal contact with sellers, but if necessary, they decide to contact them by phone.

The last sequence of questions allowed to determine the attitude of seniors towards specific changes in customer service taking place on the insurance market (Table 5).

**Table 6.**

*Respondents' attitude towards changes in customer service on the insurance market*

	I definitely agree	I tend to agree	I have no opinion	I tend to disagree	I disagree
I prefer to communicate personally with my insurance company/broker/agent regarding <b>my insurance products</b>	40%	29%	22%	4%	5%
I prefer to communicate personally with my insurance company/broker/agent regarding the <b>purchase of new insurance products</b>	61%	16%	17%	3%	4%
I am satisfied with the numerous channels of contact with my insurance company/broker/agent	36%	36%	19%	4%	6%
I do not feel that direct contact with my insurance company/broker/agent is limited	35%	21%	23%	15%	6%
I notice that after the COVID-19 pandemic, the number of insurance offices in my area is decreasing	13%	29%	44%	8%	7%
I notice that after the COVID-19 pandemic, the number of insurance offices in my area is increasing	4%	13%	53%	13%	17%
I easily adapt to new forms of contact with my insurance company/broker/agent	25%	16%	27%	25%	7%
My insurance company/broker/agent actively responds to my contact needs and adapts to my needs in this regard	56%	22%	16%	6%	0%

Source: Own calculations based on data from the survey.

The respondents confirmed that when buying new forms of insurance, they prefer to contact an intermediary or insurance company in person. In the case of managing existing products, their opinions were much more divided. The respondents indicated that, in general, they are somewhat satisfied with various forms of contact by insurance companies and intermediaries

are limited. Their opinions differ when it comes to the feeling of being limited by forms of contact. Here, one-sixth of them notice that they feel that various forms of contact are limited.

As a result, a question was asked about the change in the number of insurance offices after the COVID-19 pandemic. The respondents who noticed a change indicate that the number of offices in the area is not decreasing, but there is also no indication that their number is increasing. The study shows that seniors are divided on the issue of adapting to new forms of contact in the insurance market. Almost a quarter of them believe it is not easy for them. The majority of respondents note that despite the difficulties they face, intermediaries and insurance companies are adapting to their needs.

## **5. Discussion and conclusions**

In the coming decades, Poland is expected to undergo a period of rapid demographic change, characterised by an increase in the proportion of seniors in the population. As a result, the role of seniors as a significant consumer group will increase. It can already be seen that economic entities are paying special attention to senior customers also on the insurance market.

The purpose of this study was to identify aspects of ageism in the customer service process within the insurance market. The research findings reveal that the typical senior client in the insurance industry possesses one of three types of insurance: life insurance, property insurance, or assistance insurance. The majority of seniors chose to enhance their coverage due to the COVID-19 pandemic. They often supplemented their protection with private health insurance and also selected life insurance. In life insurance tailored to their needs, they prioritise safeguarding against the possibility of total disability while also paying considerable attention to the risk of mortality.

Nearly fifty percent of seniors feel that the insurance options available in the market are tailored to their needs. One in five seniors feels discriminated against due to the belief that they cannot get insurance offers that satisfy their needs. Specific challenges arise for individuals with higher education and those living in smaller municipalities. From a customer service standpoint, seniors typically prefer in-person interactions with an insurance provider, agent, or broker regarding products they currently hold. This preference is particularly pronounced when acquiring new insurance packages. In such cases, 85% of seniors opt for human interaction, predominantly using the insurance company as their primary point of contact.

Studies have shown that older people are reluctant to use technology to purchase new insurance policies despite their growing popularity. They have greater confidence in the websites of insurers, brokers, and agents than in applications. They favour in-person meetings with the insurance firm, broker, or agent to purchase a new policy. The phone is their most convenient means of frequent communication.

Seniors preferred acquiring new insurance in person from an intermediary or insurance provider. In terms of managing current products, opinions varied more. Overall, respondents expressed a moderate level of satisfaction with their interactions with insurance companies and intermediaries. Their sentiments regarding contact restrictions differed. One-sixth feel discriminated against in communication. The number of insurance offices post-COVID-19 pandemic was scrutinised, adding another area of concern. Unfortunately, the literature on the subject does not allow these data to be compared with the current number of insurance offices. The research revealed that seniors are divided on adapting to new insurance market communications, creating another area of risk. Approximately one-fifth find it challenging. The majority of respondents indicated that intermediaries and insurance companies are meeting their needs, although they face some difficulties in that matter.

There are at least three potential limitations concerning the results of this study. The first limitation concerns the chosen field survey method. The chosen method only reaches those who have reason to visit the chosen hospital centres. Additionally, many people are hesitant to fill out a questionnaire when in a hurry or on their way to address their health issues. The chosen sample may not represent the variety and the complexity of the considered population. It should be emphasised that the analysis conducted is based on average values. Meanwhile, seniors are not a homogeneous group; they differ significantly in terms of their preferences and ability to fulfil their needs in the insurance market. The third limitation relates to the restricted range of criteria examined in this study; age discrimination is a complex problem, making it difficult to encompass each aspect within a single study. The chosen method limited the in-depth research and consideration of the problem.

Despite these limitations, these results suggest several implications. The study highlights areas of unmet needs in the insurance market that significantly disadvantage senior clients. Furthermore, this study enables continued investigation of senior clients within the insurance market. In future research, it would be beneficial to delve deeper into the complexities of consumer service, aside from different contact methods. Alternatively, adopting quantitative research could provide a more insightful understanding of the concerns and areas of discrimination facing senior clients in the insurance market.

According to the data collected and given in this article, Poland's demographic situation is constantly shifting, with a large increase in the number of persons reaching retirement and post-productive age. As a result, insurance companies are expanding their insurance offerings to include elderly, who are becoming an increasingly appealing demographic. Their conscious needs arising from their possessions, such as a vehicle, a scheduled travel, or the nature of their employment, should be recognised within the array of insurance products available, including property insurance, assistance, travel insurance, or professional liability insurance. However, it is vital to evaluate items that stem from unidentified wants or those that must be addressed through a mix of conditions. Seniors may be unaware of certain types of insurance options available to them. These include Long-term Care Insurance (LTC or LTCI), which is available

in the United States, Canada, Germany, and the United Kingdom. This sort of insurance provides nursing-home care, home-health care, and personal or adult daycare for those 65 and older or with a chronic or disabling condition that requires continual monitoring (Kagan, 2023). LTC system in Poland is very fragmented and therefore unavailable (Eurocarers, 2025).

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