

MODERN MARKETING ACTIVITIES IN NZOZ

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Purpose: Changing market conditions, the continued development of artificial intelligence, the spread of online tools and, of course, technological developments are undoubtedly affecting changes in the management of non-public health care facilities in Poland. These changes also affect marketing activities. The purpose of this article is to try to look, to a small extent, at the introduction of these changes to the management activities of non-public health care institutions and the perception of patients. The premise of the paper is that modern marketing activities undertaken by NZOZs are noticed and positively evaluated by patients.

Design/methodology/approach: The study was based on a targeted survey. An author's survey questionnaire was placed on websites available to people in the Silesian region with a request to voluntarily participate in the study. The scope of the topic was presented. The tool of the study was the author's survey questionnaire. The survey lasted from April to June 4, 2025. Responses were obtained from 80 people.

Findings: The survey can help managers of non-public health care facilities to identify marketing activities that may be important to patients in choosing a facility. Based on the survey, it was possible to identify activities with a potentially greater impact on patients' decisions to choose a facility.

Research limitations/implications: This survey should be expanded to include a much larger number of respondents and from all over the country. The problems of the survey were the relatively, short time allotted for data collection and the poor response from respondents. In the future, the author may be tempted to conduct comparative surveys from further years to try to identify trends emerging in patients' perceptions of the marketing activities of healthcare facilities

Practical implications: Assistance to managers of health care facilities. The requirements of a competitive market and legislative measures allow and, in a sense, enforce the application of marketing and marketing management principles in healthcare facilities. There are certain limitations that determine the course of action, but they do not prevent their application. Proper marketing management allows a healthcare facility to increase its competitive advantage and better adapt to the needs of patients, and on a macro scale, to accelerate the development of the healthcare sector.

Social implications: Better management of a healthcare facility and the use of modern marketing principles and tools will allow more effective communication of offerings to patients, reduce frustration levels, and can contribute to better use of available resources. Above and beyond this, well-run marketing can contribute to, greater employee engagement and improved customer/patient service.

Originality/value: This survey can help managers understand the need to properly apply marketing principles, modernize operations, and highlight the areas best perceived by patients/customers.

Keywords: health care facilities, management, modern marketing, patients.

Category of the paper: Research paper, case study.

1. Introduction

The healthcare services sector also like other industries is subject to development processes in many aspects. The 4.0 revolution in industry is causing the development of technology, improving communication, data processing (Barlow, Mendryk, 2024). The 4.0 revolution also extends to the healthcare sector. Among other things, it allows customized therapies, reducing costs and increasing quality (Gaciong, 2016; Jose et al., 2022; Mathur, Sutton, 2017). However, it is important to note that this is a sector that is slow to adapt these changes (Chanchaichujit et al., 2019; Jose et al., 2022). However, this still entails the need for healthcare facility managers to apply principles related to modern management and marketing. One of these is the need for integrated marketing activities. However, due to the specifics of the sector, these activities are subject to legal restrictions. Generally accepted marketing activities related to its management, that is, marketing activities performed by professionals, include (Andruszkiewicz, Kaczmarczyk, 2002, p. 193):

- marketing activities that coordinate, integrate, are among the preparatory, support and executive activities,
- implementation of marketing management is the responsibility of the division director but also of managers and employees of middle and lower levels of management,
- management of marketing activities is carried out at the same level as with the management of procurement, production or finance,
- the basic tools used here are marketing plans, the subject of management is the activities (employees) of the enterprise related to the implementation of marketing functions.

“Thus, in practice, marketing management involves taking management actions and decisions in relation to these elements and implementing them in practical activities” (Andruszkiewicz, 2007, p. 79).

The basic scope of marketing activities is contained in the areas of product, promotion, price and distribution. In the case of services – here health services, it also includes people/staff (Bukowska-Piestrzyńska, 2007; Payne, 1997; Rutkowski, 2007).

One of the elements most often perceived by the public is the entire sphere of promotion, which, precisely in the health sector, is subject to a number of legal and ethical strictures. (Pabian, 2027; Przybyłowski et al., 1998).

“Interpreting the legal basis, it can be considered that a medical facility to the public can provide only persuasion-free information about the services provided. In such information, the following can be used:

- medical title,
- name,
- place and days of admission,
- degree,
- academic title,
- specialization,
- a list of skills in narrower medical fields,
- a list of specific medical services provided,
- specific entitlements,
- telephone number.

All of the above information must be truthful (relevant diplomas and certificates), and can be made public with the prior approval of the district medical council. Information regarding a doctor or private medical facility may be posted under the following rules:

- a maximum of two boards on noticeboards on the building where the practice is carried out, and possibly two boards along access roads,
- newspaper advertisements and information in telephone and information books only in sections that pertain to medical services,
- in the form of electronic information, on the Internet, through special telephone lines.

Information must not contain encouragement, promises, colloquial words. In their content, information about methods and time of treatment or terms suggesting price or method of payment are also not allowed” (Sprzęty Medyczne, 2013).

However, these regulations can be legally circumvented. This is because the law prohibits public advertising, i.e. advertising aimed at some abstract group of people, which is common, open and generally available. Thus, NZOZ can use advertising that will be directed to an individual, specific patient. It should also be about health promotion, not about health services themselves.

Modern marketing activities in NZOZs (Non-Public Health Care Institutions) include the use of online and offline strategies to effectively reach patients and build a positive image of the facility. They focus on building an online presence, being active on social media, creating valuable content and personalizing communication with patients (Kotler et al., 2024, 2025).

Marketing activities in NZOH can be divided into:

1. On-line activities:

- website – treated as a business card of the facility, it should contain information about the doctors, the range of services, possibly a price list, and contact information. It can serve as a source of information about news at the facility.

It should be consistent with the image of the facility and constantly updated (Lazorko, Syrkiewicz-Świła, 2011);

- search engine positioning – involves optimizing the website for search engines so that patients can easily find information about the facility online (Ćwiertniak, Wikowska, 2024);
- social media – leads to actively maintaining e social media profiles (e.g., Facebook, Instagram) to provide information about services, promotions, medical tidbits and build a community around the facility (Gaál et al., 2015);
- content marketing – establishments create valuable content related to health and medicine, which allows patients e understanding of health problems and encourages them to visit NZOZ (Syrkiewicz-Świła, Świła, 2012);
- search engine marketing (paid campaigns)-using Google Ads to reach patients looking for specific medical services (Rafalko, 2017);
- email marketing-personalized messages to patients with information about services, promotions, appointment reminders (Elrod, Fortenberry, 2020);
- affiliate marketing.

2. Activities of line:

- direct marketing is mainly visits to family doctors, leaflets with information about clinics,
- event marketing – we can include organizing open days, lectures on topics related to preventive health care, workshops on health-related topics (Khan, Kulshreshtha, 2020),
- cooperation with local media,
- sponsoring local events,
- personalization,
- building a positive image,
- monitoring and analysis of indicators.

Due to the nature of health services, the main focus should be on building a relationship with the patient and trust in the facility.

2. Methods

For the purpose of this issue related to an attempt to look at the introduction of modern marketing into the management activities of NZOZs and patients' perceptions of these activities, a survey was conducted using a survey questionnaire. The questionnaire consisted of 19 questions. The questions were both closed-ended and semi-open-ended. Due to the clearly

defined purpose, scope of the topic, and time and budget constraints, the survey was based on a non-random survey. The survey questionnaire was created on the example of the Google forms questionnaire. It consisted of an introductory section that outlined the purpose of the survey, assured anonymity and indicated how to complete the questionnaire. The main part contained 15 questions. The third part was a metric with four questions. The questionnaire was posted on websites related to the author. The survey was voluntary. Interested respondents participated in the survey and were guaranteed anonymity. The survey lasted from May to June 2025. 80 people responded to the questionnaire. 45 women, 33 men, two people did not specify gender. Most of the respondents were from large cities. The main objective of the survey was to confirm or reject the assumption that modern marketing activities undertaken by NZOZ are noticed and positively evaluated by patients.

3. Results

The survey was conducted from May to June 2025. The survey included 80 respondents: 45 women, 33 men, two people did not specify gender.

The main research hypothesis was that patients notice modern marketing activities introduced by NZOZs. In addition, it was assumed that these activities are evaluated positively.

It was also assumed that the use of modern marketing tools is noticed by those who are young or in the working age.

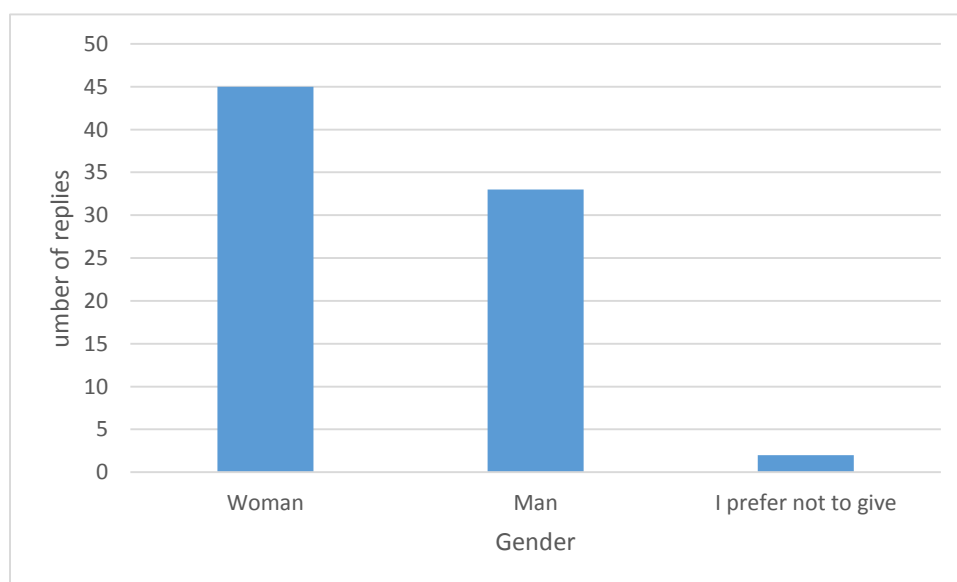


Figure 1. Gender of respondents.

31 respondents were in the age range of 18-29 years, the second group was made up of people aged 45-59 years – 23. 19 people were in the range of 30-44 years and 7 people were 60 years and older. From the age distribution, it can be surmised that most of the respondents, use social media and modern technologies on a daily basis, which for them are everyday life.

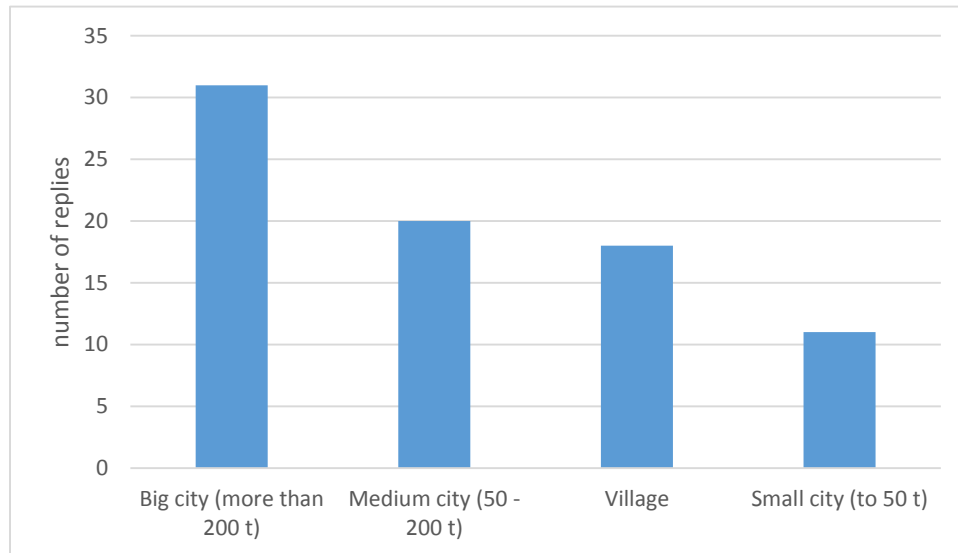


Figure 2. Place of residence.

As can be seen from the chart above, most respondents were from large and medium-sized cities.

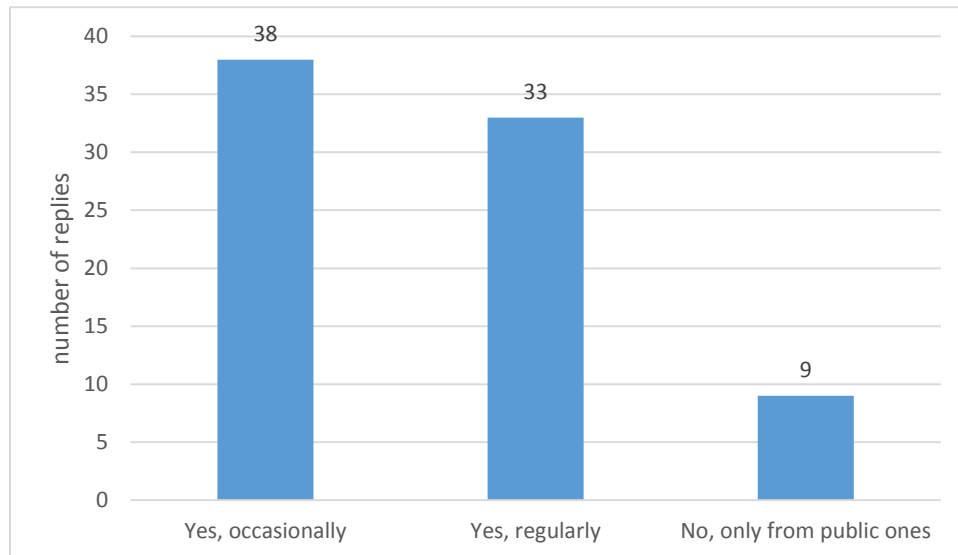


Figure 3. Use of non-public healthcare facilities (NZOZ) by respondents.

As can be seen, most people used occasionally (38 people), regularly – 33 people and 9 people used only public establishments. There is suspicion here as to whether respondents are able to distinguish between a public facility and a non-public one with, for example, a contract with the National Health Fund. One can take these answers as a limitation of the survey and in the future detail the questions related to health services to paid services and free services available on the National Health Fund.

Moving on to the core questions, the first question in this area concerned how to familiarize oneself with the facility's offerings.

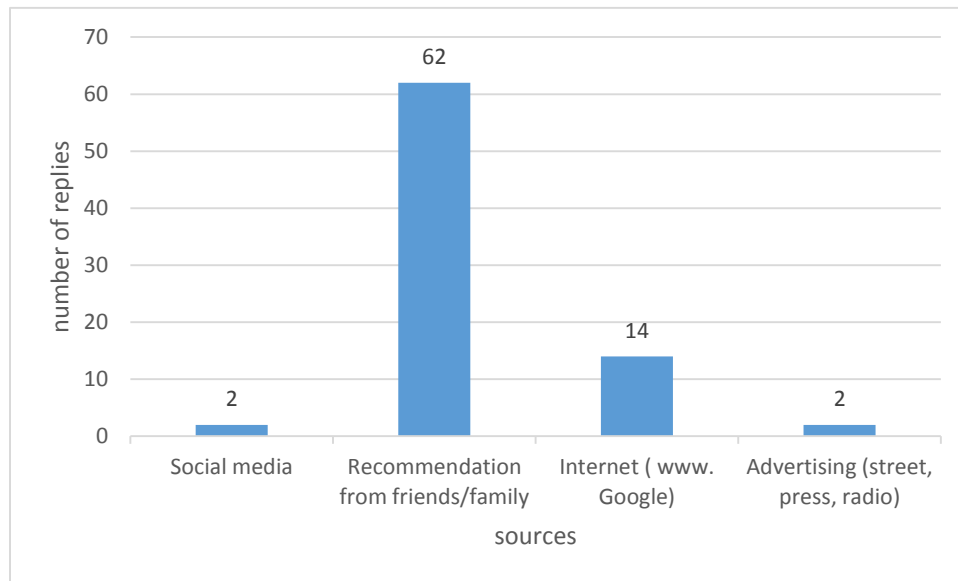


Figure 4. Sources of information for healthcare facilities.

The survey found that most often patients use the opinions of friends to choose a particular facility. Conducting further research, however, made it possible to note a correlation between the choice of media used as a source of information and the age of patients. A chi-square test of independence was examined, which, with a significance level of 0.95 and 9 degrees of freedom, found that the hypothesis of independence of information sources and the age of respondents should be rejected. It shows that the source of information is dependent on the age of respondents with a probability of 95%.

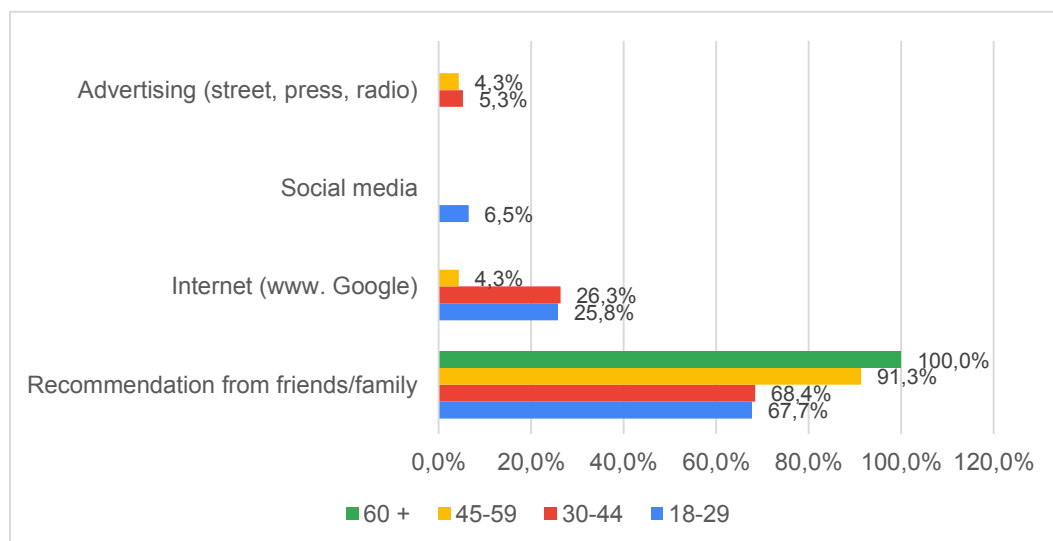


Figure 5. Correlation between age and choice of source of information about NZOZ facility.

It shows that in the group of people over 60, 100% of the information about the establishment came from friends. It also seems interesting that young people in the 18-29 age range did not pay attention to advertising placed on traditional media. Only 18-29 year olds

used social media and 18-29 and 30-44 year olds used websites talking about the establishment. However, these groups were also dominated by information obtained from family and friends.

These results may indicate that such complex services with a high social cost still require creating a good image and building a community of ambassadors, as their opinions are the most important.

The next group of issues concerned patients' subjective feelings about marketing activities.

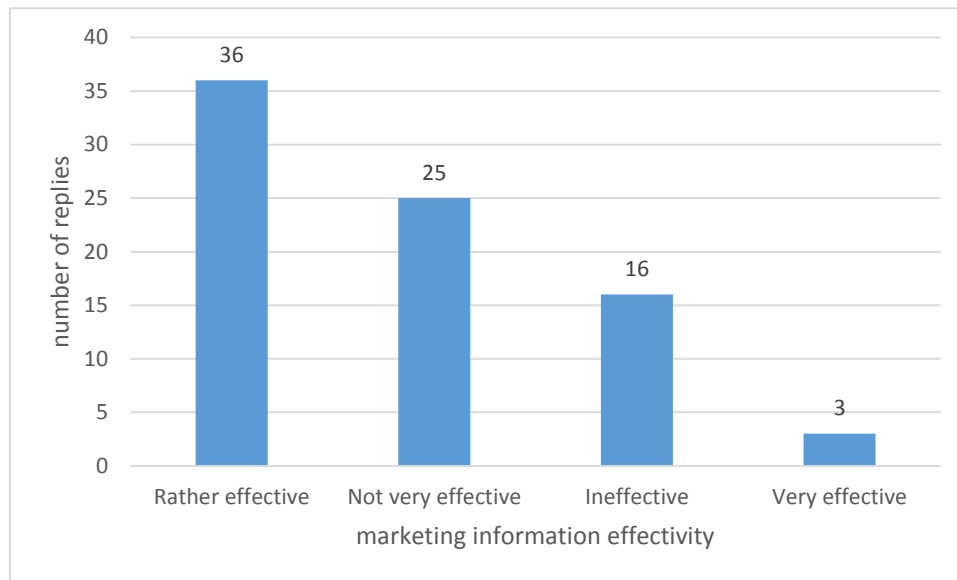


Figure 6. Effectiveness the facility's information activities (subjective scale).

Responses regarding the effectiveness or lack thereof were almost evenly distributed because the corresponding 48.8% to 51.2%. Relating this to the previous chart, it can be seen that it is likely that those who got their information from friends and family do not pay attention to marketing activities posted in public spaces and modern information channels.

This is consistent with the answer to the question "Did the presence of the establishment in social media influence your decision to use the services?" where 58 people or 72.5% answered that it did not.

The same number of respondents or 72.5% do not notice the health promotion campaigns organized by the facility. The implication is that modern communication channels still reach a small number of patients, and these are relatively young patients, whose contact with NZOZ may be mainly based on prevention and emergency measures.

The elements that patients largely pay attention to are shown in the chart below. Patients were able to mark several answers here.

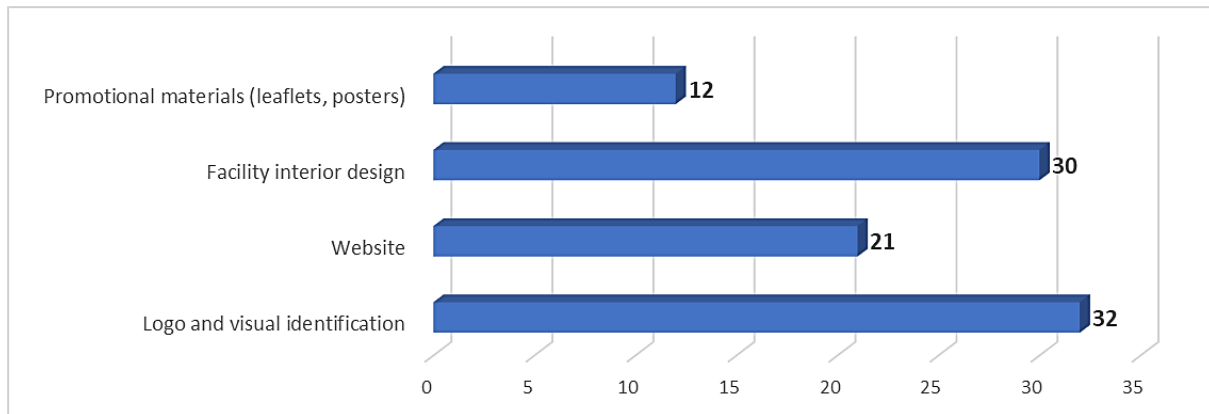


Figure 7. The most memorable marketing elements of healthcare facilities according to respondents.

The clear favorite here is the design of the establishment and therefore the appropriate layout of the offices, registration of seats in the waiting room for patients, equipment in the offices (cf. Krukowska-Miler, 2016). In second place is the logo and visual identity (cf. Krukowska-Miler, 2015). The website is in third place.

Responses regarding the effectiveness of the establishment's communication of its offerings are almost evenly distributed. 53.8% of respondents said they were effective or rather effective. The rest had a different opinion. Which coincides with responses saying that such activities are not perceived by patients. Also, measures regarding the use of e-services are similarly perceived.

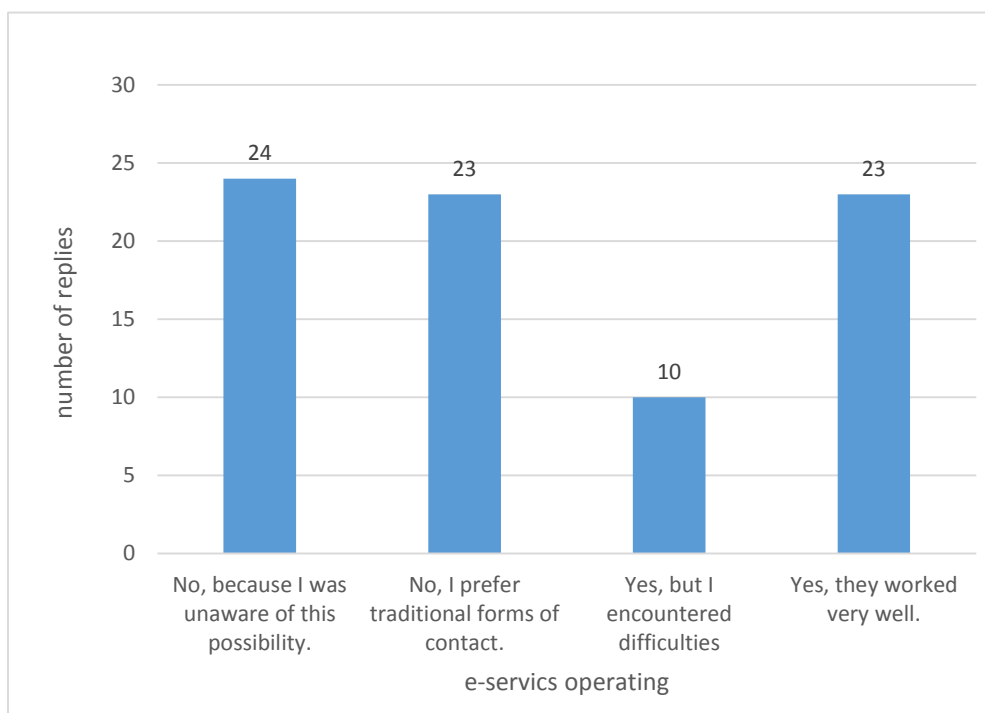


Figure 8. Operation of electronic services offered by a healthcare facility (e.g., online registration).

What may be surprising here are the answers placed in Figure 8. As many as 58.7% did not use the e-services offered by the facility, emphasizing that they prefer traditional forms of contact which contradicts the thesis that modern forms of marketing are perceived

and positively by patients. This corresponds with the answer to the next question in the survey: “To what extent did the promotional activities of the facility affect your confidence in the facility?” 74 people said that promotional activities had no or a moderate effect on trust in the facility. This represents as much as 92.5% of all responses and contradicts the assumption that the promotional activities of the facility are noticed by patients. However, it can be seen, also, that NZOZs do not use modern marketing activities on a large scale, e.g. via email or text message. Only 12.5% of respondents received an e-mail message after a visit and 28.7% received an sms message after a visit. 2 people received a marketing message in another form. According to 48.5% of respondents, there is no personalization of marketing activities at the facilities. Only 11.3% note such activities. The rest of the respondents state a low degree of personalization. This is in opposition to researchers' predictions of personalization processes that also involve healthcare facilities. However, it may also indicate a certain slowness in implementing change in the healthcare sector as captured in the work of Chanchaichujit, Tan, Meng, Eaimkhong, among others, (Chanchaichujit et al., 2019).

As for the application of ethics in the marketing activities of HNWIs, the majority of respondents as much as 87.5% of the answers were positive. The remaining respondents had a different opinion. This issue requires further in-depth research, as it is not known which/what activities influenced these negative opinions.

Figure 9 shows that almost half of the respondents/patients believe that marketing activities did not encourage them to use the services of a particular HCAI again, which was surprising to the researcher as it again contradicted the thesis of positive perception of marketing activities by patients. This may be due, in conjunction with the previous responses, to the fact that modern online marketing activities were not perceived by almost half of the respondents and thus they cannot appeal to them.

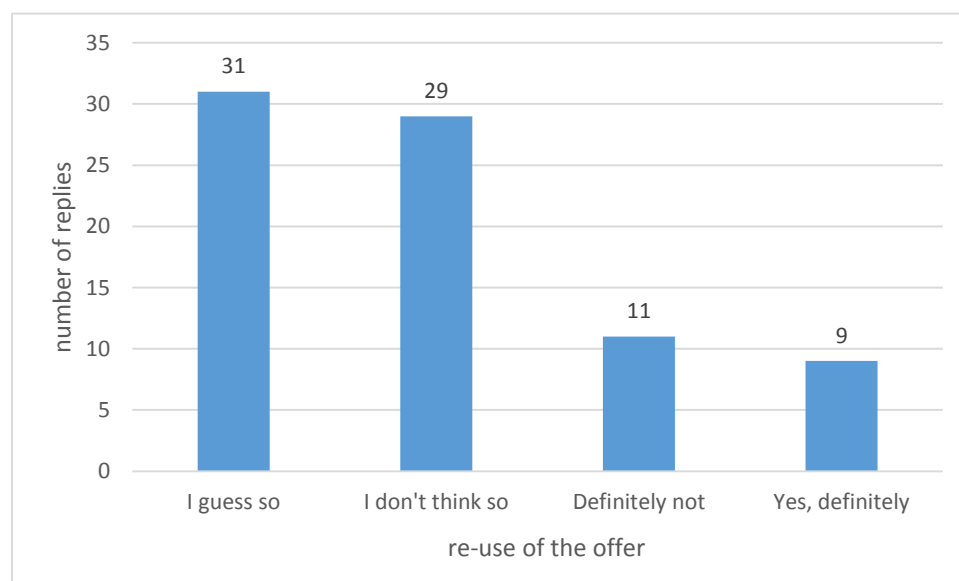


Figure 9. Effectiveness of marketing activities encouraging respondents to use the healthcare facility's services again.

However, additional questions on the general perception of marketing activities undertaken in the health sector are encouraging. The willingness of respondents to accept such activities is evident. When asked, does marketing affect the quality of the patient-provider relationship? 70.1% think it can influence positively, 28.7% have no opinion on this. Among the marketing activities that respondents consider most needed, health education and prevention, as well as information about services and personnel, come to the forefront.

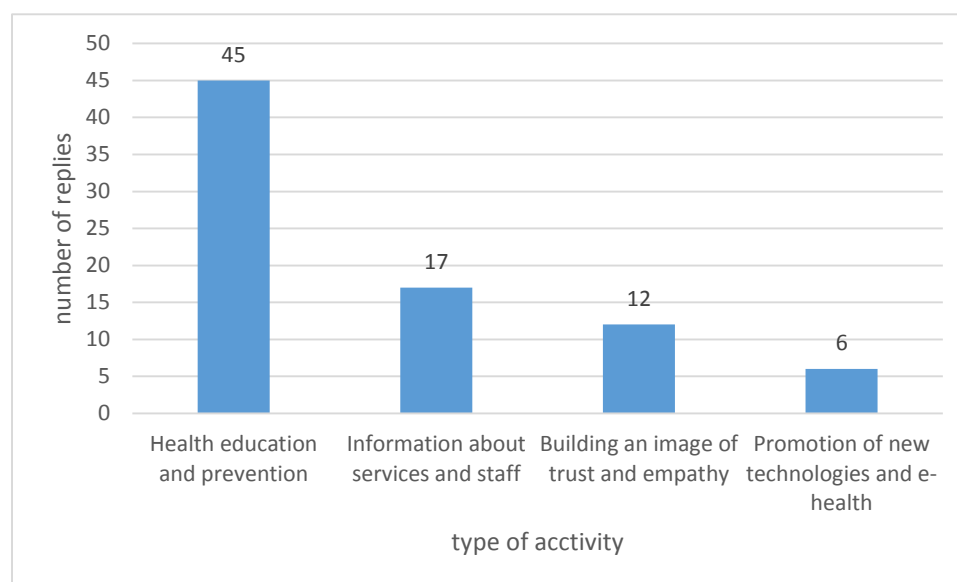


Figure 10. Healthcare activities considered most necessary by patients.

It follows that patients first of all want to take care of their health beforehand and then know what services they can use. Due to the nature of these services, of course, medical personnel and information about them are important to them. The mechanisms that influence this are included, among others, in the publication of A. Mykowska (2002). It should also not be forgotten when undertaking marketing activities that medical services have a number of specific features (Holub, 2001). Hence, the marketing activities one undertakes have a specific form.

4. Discussion

Changing market conditions, the continued development of artificial intelligence, the spread of online tools and, of course, technological developments are undoubtedly affecting changes in the management of non-public health care facilities in Poland. These changes also affect marketing activities. The purpose of this article was to try to look, to a small extent, at the introduction of these changes to the management activities of NZOZs and the perception of patients. The premise of the paper was that modern marketing activities undertaken by NZOZs are noticed and positively evaluated by patients. Unfortunately, this assumption cannot be stated unequivocally on the basis of the research conducted. The willingness of patients to

accept marketing activities is apparent, however, a certain tardiness in learning about and using modern marketing channels is revealed. The correlation study conducted by the chi-square test of independence highlighted the relationship between the use of sources of information about the facility and the age of the person acquiring this information. Therefore, the assumption that ongoing marketing activities influence the patient can only be partially confirmed. Many respondents still use information provided by friends and family, and it is their recommendations that are most important to them. A change in attitude and partial use of information on the Internet can be observed among those under 45 years of age. It can be seen here that what happens at NZOZ-e is most important because the ambassadors are patients who have already used NZOZ-e's services. Therefore, any shortcomings in the activity must be immediately corrected and explained. However, managers must bear in mind that a new generation is coming, familiar with social media and the Internet, which cannot be neglected. This article can therefore be a contribution to making appropriate marketing decisions by NZOZ managers. In a few years, one can try to repeat the research in order to compare today's results with the future.

5. Summary

To summarise the research conducted, it should be noted that it is incomplete, but at the same time it points to elements that may be important in the process of managing the marketing activities of non-public healthcare institutions. This research is definitely of a pilot nature. It may be deepened and expanded at a later date. However, it constitutes a contribution to further research and the expansion of the issues raised. An interesting conclusion from this partial research is that contact via modern marketing channels, such as the Internet, has a greater impact on young people and is not really applicable to older respondents over the age of 60. It is also worth noting that marketing activities introduced into the healthcare sector are accepted, but this is happening slowly and, despite patients' relatively positive attitude towards these activities, they are not fully familiar with their role. The healthcare activities considered most essential by patients are mainly health education and providing information about services and staff. This shows that there is a need for proper health education and prevention of potential diseases, as well as basic information about the range of services available. Typical marketing activities are still seen as an addition. Changes in the approach to marketing in healthcare facilities are visible among younger respondents. This trend may encourage facility managers to manage marketing properly and use it to build a competitive advantage for healthcare facilities in the future.

References

1. Andruszkiewicz, K. (2007). *Strategiczne zarządzanie marketingowe w polskich przedsiębiorstwach w warunkach kryzysu*. Toruń: Wydawnictwo Naukowe Uniwersytetu Mikołaja Kopernika.
2. Andruszkiewicz, K., Kaczmarczyk, S. (2002). Planowanie strategiczne w procesie marketingowego zarządzania przedsiębiorstwem. *Acta Universitatis Nicolai Copernici*, 53, p. 193.
3. Barłóg, K., Mendryk, I. (2024). Developing the competencies of medical students versus the challenges of coordinated and personalized medicine. *Scientific Papers of Silesian University of Technology. Organization & Management*, 197, pp. 25-39, doi: 10.29119/1641-3466.2024.197.2
4. Bukowska-Piastrzyńska, A. (2007). *Marketing usług zdrowotnych. Od budowania wizerunku placówki do zadowolenia klientów*. Warszawa: CedeWu.
5. Chanchaichujit, J., Tan, A., Meng F., Eaimkhong, S. (2019). *Healthcare 4.0. Next Generation Processes with the Latest Technologies*. Singapore: Springer Nature, doi: 10.1007/978-981-13-8114-0
6. Ćwiertniak, R., Wikowska, K. (2024). Optymalizacja SEO w e-commerce: kluczowe czynniki i ich rola w skutecznym marketingu treści. *Zeszyty Naukowe Wyższej Szkoły Ekonomii i Informatyki w Krakowie*, 19, pp. 13-44.
7. Elrod, J.K., & Fortenberry, J.L. (2020). Direct marketing in health and medicine: using direct mail, email marketing, and related communicative methods to engage patients. *BMC Health Services Research*, 20, pp. 1-7.
8. Gaál, Z., Szabó, L., Obermayer-Kovács, N., Csepregi, A. (2015). Exploring the role of social media in knowledge sharing. *Electronic Journal of Knowledge Management*, 13, 3.
9. Gaciong, Z. (2016). Medycyna personalizowana: przeszłość i przyszłość, nadzieje i zagrożenia. In: J. Gaciąg, A. Jassem, K. Kowalik, P. Krajewski-Siuda, K. Krawczyk, K. Łach (Eds.), *Medycyna personalizowana* (pp. 15-26). Warszawa: Instytut Ochrony Zdrowia.
10. Hackley, Ch. (2009). *Marketing: A critical introduction*. SAGE.
11. Holub, J. (2001). Kierunki rozwoju marketingu na rynku usług medycznych. *Przegląd Organizacji*, 6, p. 36.
12. Jose, A., Tortorella, G.L., Vassolo, R., Kumar, M., Mac Cawley, A.F. (2022). Professional Competence and Its Effect on the Implementation of Healthcare 4.0 Technologies: Scoping Review and Future Research Directions. *International Journal of Environmental Research and Public Health*, 20, 1, 478, doi: 10.3390/ijerph20010478

13. Khan, S., Kulshreshtha, R. (2020). *Event Marketing in the Healthcare Industry: Opportunities, practices and challenges*. Advances in Science and Engineering Technology International Conferences (ASET). IEEE, pp. 1-6.
14. Kotler, Ph, Keller, K.L., Chernev, A. (2025). *Marketing*. Rebis.
15. Kotler, Ph., Armstrong, G., Saunders, J., Wong, V. (2002). *Marketing – podręcznik europejski*. Warszawa: PWE.
16. Kotler, Ph., Kartajaya, H., Setiawan, I. (2024). *Marketing 6.0*. Warszawa: MT Biznes.
17. Krukowska-Miler, A. (2015). Działania wizualizacyjne zakładów leczniczych jako przejaw promocji. In: S. Kowalski, J. Sztuka, K. Zadros (Eds.), *Obraz i przestrzeń w komunikacji marketingowej* (pp. 123-135). Częstochowa: Wydawnictwo Wydziału Zarządzania Politechniki Częstochowskiej.
18. Krukowska-Miler, A. (2016). Działania wizualizacyjne wybranych zakładów leczniczych jako przejaw możliwości promocji w sektorze opieki zdrowotnej. *Zeszyty Naukowe Politechniki Częstochowskiej. Zarządzanie*, 22, pp. 73-83.
19. Łazorko K. Syrkiewicz-Switała A., (2011). Public Relations in the Health Care. In: M. Syrkiewicz-Świtała (Ed.), *Marketing w ochronie zdrowia*, Katowice: Śląski Uniwersytet Medyczny.
20. Mudie, P., Cottam, A. (1998). *Usługi. Zarządzanie i marketing*. Warszawa: PWN.
21. Mykowska, A. (2002). Satysfakcja pacjenta a jakość obsługi medycznej. *Zdrowie i zarządzanie, Vol. IV, No. 6*, pp. 70-71.
22. Pabian, A. (Ed.) (2007). *Środki i formy marketingowego oddziaływania na konsumentów*. Częstochowa: Wydawnictwo Politechniki Częstochowskiej.
23. Payne, A. (1997). *Marketing usług*. Warszawa: PWE.
24. Przybyłowski, K., Hartley, S., Kerin, R., Rudelius, W. (1998). *Marketing*. Warszawa: Dom Wydawniczy ABC.
25. Rafałko, S. (2017). Platforma Google adwords współczesnym narzędziem promocji przedsiębiorstw. *Zeszyty Naukowe Politechniki Częstochowskiej*, 119.
26. Rutkowski, I. (2007). *Rozwój nowego produktu. Metody i uwarunkowania*. Warszawa: PWE.
27. Sprzęty Medyczne. *Reklama w służbie zdrowia*. Retrieved from: <http://www.sprzetymedyczne.com.pl/nowoczesne-rozwiazania/reklama-w-sluzbie-zdrowia>, 10.04.2013.
28. Syrkiewicz-Świtała, M., Świtała, R. (2012). Social media marketing jako współczesna koncepcja komunikowania się jednostek ochrony zdrowia z otoczeniem. *Zeszyty Naukowe Wydziału Zarządzania Politechniki Częstochowskiej*, 5, pp. 86-94.