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Article

Improving Marketing Research in Medical Services: Shams-Med Service Case

Hamidova Maftuna Boburjon qizi*¹

1. PhD Candidate Tashkent state university of economics

Correspondence: hamidovamaftunaprincess@gmail.com

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Abstract: Growing competition in the medical services market requires healthcare institutions to reassess their marketing activity, since medical services are intangible and their quality is difficult for patients to evaluate in advance. This study aims to identify the criteria patients use when choosing a hospital, their information channels, and their attitudes toward the marketing activity of Shams-Med Service, a private medical institution, in order to develop recommendations for improving its marketing research system. A quantitative online survey (n=78) was conducted through Google Forms using convenience and snowball sampling. Descriptive statistics and Pearson correlation analysis were applied; open-ended responses were processed through thematic content analysis. Doctors' qualification (82.1%) was the leading criterion in hospital choice, followed by service quality (52.6%). Recommendations from friends and relatives (78.2%) were the dominant information source. A strong positive correlation ($r=0.57$, $p<0.01$) was found between awareness of Shams-Med Service and the rating given to its services. Marketing effectiveness in the medical services market depends primarily on staff competence and the ability to disseminate positive patient experience rather than on price incentives. Practical recommendations are proposed for patient-relationship management and digital communication.

Keywords: marketing research, medical services market, patient satisfaction, healthcare marketing, hospital choice criteria, survey analysis, Shams-Med Service, patient awareness

1. Introduction

Under market economy conditions, the medical services market is becoming increasingly competitive. The growing number of private medical institutions, together with rising public expectations regarding the quality of healthcare, is compelling providers to reconsider their operations from a marketing perspective. Unlike ordinary consumer goods, a medical service is intangible, cannot be stored, and its outcome is frequently impossible to evaluate before purchase. In addition, an information asymmetry exists between the patient and the provider: patients are rarely able to independently assess the technical quality of the service they receive and therefore tend to rely on the physician's reputation, the institution's image, and the opinions of other patients [1].

These characteristics require marketing research in the medical services market to follow a distinct methodological approach compared with research in other consumer sectors. Understanding which factors shape patient decision-

making, which communication channels patients trust, and how awareness of a given institution correlates with satisfaction is essential for designing an effective marketing strategy. This article addresses these questions using the case of Shams-Med Service, a private medical institution operating in Namangan and Tashkent regions of Uzbekistan [2].

The purpose of this study is to examine patients' hospital-choice criteria, their information-seeking behaviour, and their attitudes toward the marketing activities of Shams-Med Service, based on the results of an original online survey, and to propose evidence-based recommendations for improving the institution's marketing research system. The specific objectives are: (1) to review the theoretical foundations of services marketing as applied to healthcare; (2) to design and administer a structured questionnaire; (3) to analyse the collected data using descriptive and correlational statistics; and (4) to formulate practical recommendations based on the findings [3].

The relevance of this topic for Uzbekistan is heightened by ongoing structural changes in the national healthcare system, including the expansion of public-private partnership mechanisms and the gradual liberalisation of medical service provision [4]. As private clinics compete not only with state institutions but increasingly with one another, marketing research ceases to be an optional management tool and becomes a prerequisite for sustainable growth [5]. Yet in practice, many small and medium-sized medical institutions in the regions still lack a systematic approach to studying patient behaviour, relying instead on informal impressions or ad hoc feedback. This gap between the theoretical importance of marketing research and its limited practical application in regional healthcare institutions constitutes the central problem addressed by this article [6].

The theory of services marketing has been extensively developed in the works of Kotler, Zeithaml, Parasuraman and Berry, who identified four defining characteristics of services-intangibility, inseparability of production and consumption, heterogeneity, and perishability. These characteristics are particularly pronounced in the medical services market, given the high level of risk associated with a patient's health and life [7].

The SERVQUAL model proposes assessing service quality along five dimensions-reliability, responsiveness, assurance, empathy, and tangible-and remains widely used for evaluating patient satisfaction in healthcare institutions. According to Grossman's model of health capital, the demand for medical services depends not only on price but also on income and the individual's level of health-related awareness, a conclusion that resonates with the awareness-satisfaction relationship identified in the present study [8].

International research on word-of-mouth communication has repeatedly emphasised its role as the most trusted channel in healthcare marketing, precisely because patients cannot verify service quality in advance and therefore rely on the experience of trusted individuals. Recent studies on digital health marketing indicate a growing role for social media and online platforms, although traditional word-of-mouth communication continues to dominate patient decision-making in many developing-country contexts, including Uzbekistan [9].

A further strand of the literature focuses on patient-relationship management (CRM) as a mechanism for systematising marketing research within healthcare organisations. Scholars argue that CRM systems allow institutions to move beyond episodic, one-off surveys toward continuous monitoring of patient experience, enabling faster identification of service gaps and more precise segmentation of target audiences [10]. In the post-Soviet healthcare context, however, adoption of such systems remains limited, particularly among small and medium-sized private clinics operating outside major capital cities, which tend to rely on informal feedback mechanisms rather than structured data collection. This observation is consistent with findings from the present study, discussed further below, and points to a broader regional pattern rather than an isolated institutional

shortcoming [11].

Taken together, the reviewed literature suggests three propositions that guided the design of the present study: first, that perceived competence of medical personnel should outweigh price as a determinant of patient choice; second, that interpersonal communication channels should dominate over formal advertising; and third, that institutional awareness should be positively associated with perceived service quality, irrespective of whether this association is primarily causal or partly attributable to self-selection. These propositions are tested empirically in the Results section below [12].

2. Materials and Methods

This study relied on a quantitative survey design. Data were collected online in April 2025 through the Google Forms platform. The questionnaire was distributed using convenience and snowball sampling, resulting in a final sample of 78 respondents. The instrument consisted of 16 items grouped into five blocks: (1) respondent demographics (age, sex, place of residence, occupation, income); (2) frequency of medical service use and preferred type of hospital; (3) hospital-choice criteria and information sources; (4) awareness of Shams-Med Service and the rating given to its services; and (5) an open-ended question on suggestions for improving the institution's marketing activity.

Data processing involved descriptive statistics (frequency and percentage distributions) and Pearson correlation analysis. Multiple-choice items (e.g., hospital-choice criteria) were coded as separate binary variables, so the percentages for these items sum to more than 100%. Responses to the open-ended question were grouped into thematic categories through qualitative content analysis. Statistical significance was accepted at the $p < 0.05$ and $p < 0.01$ levels. Awareness of Shams-Med Service was coded as an ordinal variable (0 = no information, 1 = heard about it only, 2 = aware and uses services) to allow correlation with the five-point service rating scale.

It should be noted that, because the survey did not exclusively target Shams-Med Service patients, roughly one third of respondents identified themselves as active users of this particular institution when asked to name the private hospital whose services they use, while the remainder had varying degrees of exposure to it. This composition should be taken into account when interpreting the awareness-related findings, as it introduces a degree of self-selection rather than strict random sampling.

Prior to full distribution, the questionnaire was reviewed for clarity and completeness and minor wording adjustments were made to reduce ambiguity in several items, particularly those relating to hospital-choice criteria and marketing strategies, which allowed multiple simultaneous selections. No personally identifying information was collected, and participation was voluntary and anonymous, consistent with standard practice for exploratory marketing surveys of this kind. All percentages reported in the Results section are rounded to one decimal place and are based on the number of respondents who answered each specific item, which in a small number of cases (open-ended and optional questions) was marginally lower than the full sample of 78.

3. Results and Discussion

Descriptive statistics. Of the 78 respondents surveyed, 59.0% were aged between 16 and 25, which is consistent with the higher propensity of younger audiences to participate in online surveys. Respondents were almost evenly split by sex (52.6% female, 47.4% male), and the majority (67.9%) resided in the Namangan region, with 24.4% residing in Tashkent. The demographic structure of the sample is summarised in Table 1.

Table 1. Demographic structure of the survey sample (n=78)

Indicator	Category	Share, %
Sex	Female	52.6
	Male	47.4
Age	16-25 years	59.0
	25-35 years	24.4
	35-45 years	10.3
	Over 45 years	6.4
Place of residence	Namangan region	67.9
	Tashkent	24.4
	Other regions	7.7
Occupation	Student	43.6
	Employee	32.1
	Entrepreneur / homemaker / other	23.1
Monthly income	Below 1 million UZS	26.9
	1-6 million UZS	37.2
	Above 6 million UZS	32.1

Source: compiled by the author based on original survey data (Google Forms, 2025) [11]

Age distribution. The age structure of the sample, dominated by the 16-25 and 25-35 age cohorts, is illustrated in Figure 1.

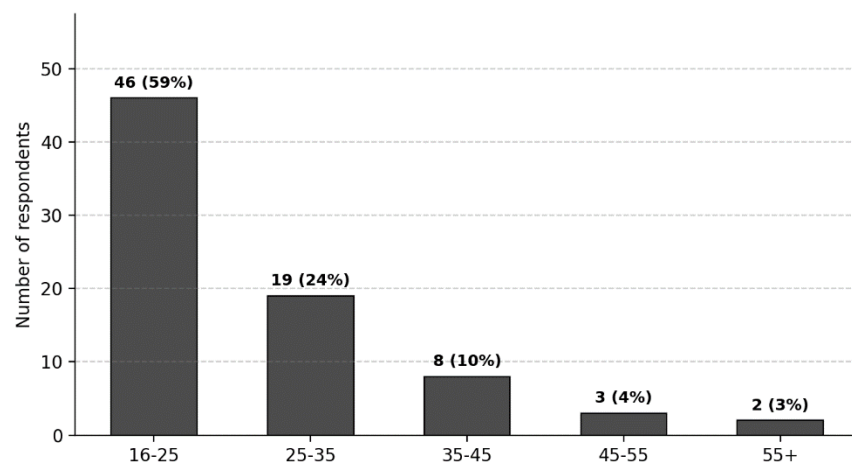
Figure 1. Age distribution of respondents (n=78)

Figure 1. Age distribution of respondents (n=78). Source: author's survey data [11]

Preferred type of hospital. When asked which type of institution they would prefer in the event of a health problem, 74.4% of respondents indicated a private hospital, compared with 23.1% who preferred a state-run hospital. This finding reflects a relatively high level of public trust in the private healthcare sector [13].

Hospital-choice criteria. The analysis of factors considered when choosing a hospital shows that doctors' qualification (82.1%) is by far the dominant criterion, followed by service quality (52.6%) and cleanliness (39.7%). Notably, price ranked only sixth (28.2%), indicating that in the medical services market, trust and perceived competence outweigh cost considerations for most patients. The full ranking of criteria is presented in Table 2 and Figure 2.

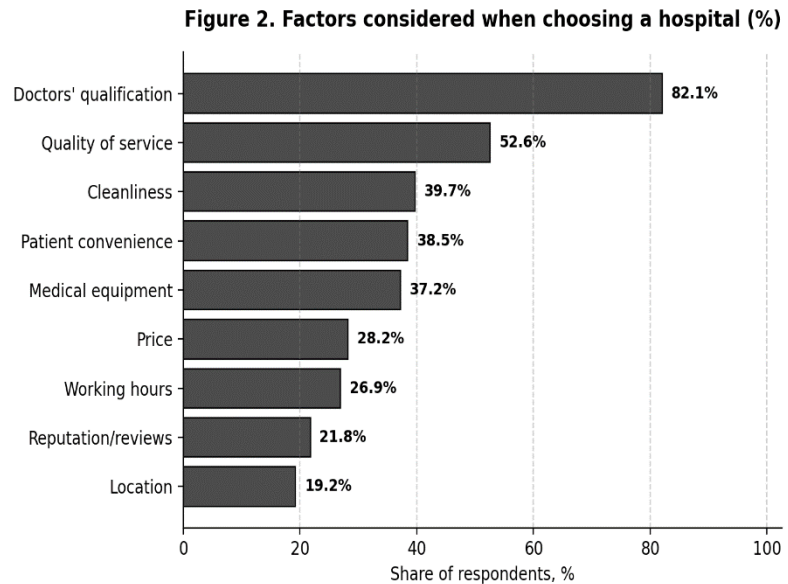


Figure 2. Factors considered when choosing a hospital (%). Source: author's survey data [11]

Table 2. Ranking of hospital-choice criteria

No.	Factor considered when choosing a hospital	Share of respondents, %
1	Doctors' qualification	82.1
2	Quality of service	52.6
3	Cleanliness	39.7
4	Patient convenience	38.5
5	Medical equipment	37.2
6	Price	28.2
7	Working hours / admission procedure	26.9
8	Reputation / patient reviews	21.8
9	Location	19.2

Source: original survey data (n=78; multiple responses permitted) [11]

Information sources. Recommendations from friends and relatives (78.2%) emerged as the single most important information channel, followed by respondents' own prior experience with a given institution (43.6%). Digital channels-social media (30.8%), advertising (17.9%) and the official website (14.1%)-remain secondary. This finding underscores the continued importance of word-of-mouth communication in the medical services market and suggests that marketing strategies should prioritise cultivating positive patient experiences that are likely to be shared informally [14].

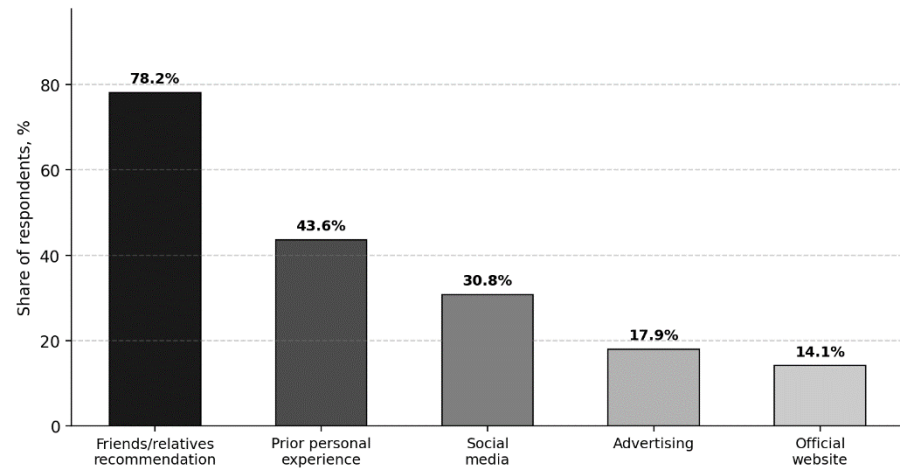
Figure 3. Sources of information about hospitals (%)

Figure 3. Sources of information about hospitals (%). Source: author's survey data [11]

Marketing strategies attractive to patients. More than half of respondents (51.3%) identified fast and high-quality service delivery as the most attractive marketing strategy, followed by patient reviews and doctor ratings (39.7%) and the availability of queue-free or online appointment booking (33.3%). Discounts and promotions (24.4%) and social media advertising (21.8%) ranked comparatively lower, suggesting that patients in this market place greater value on service quality and transparency (patient feedback, physician ratings) than on price-based incentives [15].

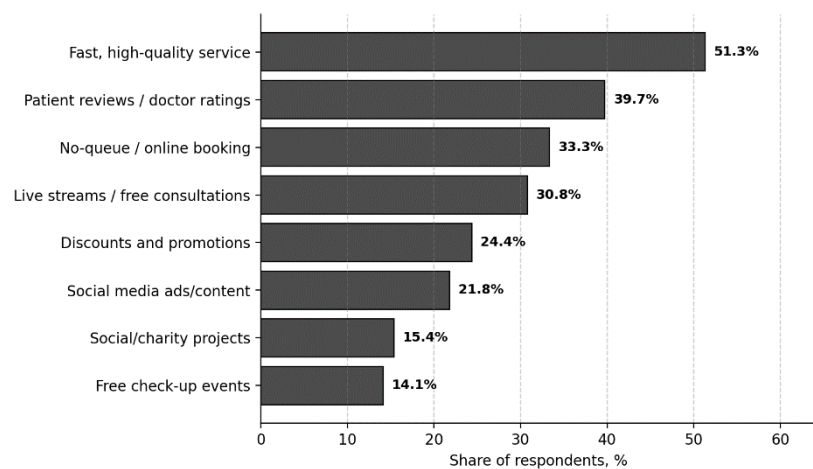
Figure 4. Marketing strategies that attract patients (%)

Figure 4. Marketing strategies that attract patients (%). Source: author's survey data [11]

Awareness of Shams-Med Service. Nearly half of respondents (48.7%) reported being aware of and using the services of Shams-Med Service, while 28.2% had merely heard of it, and 23.1% had no information about the institution at all (Figure 5).

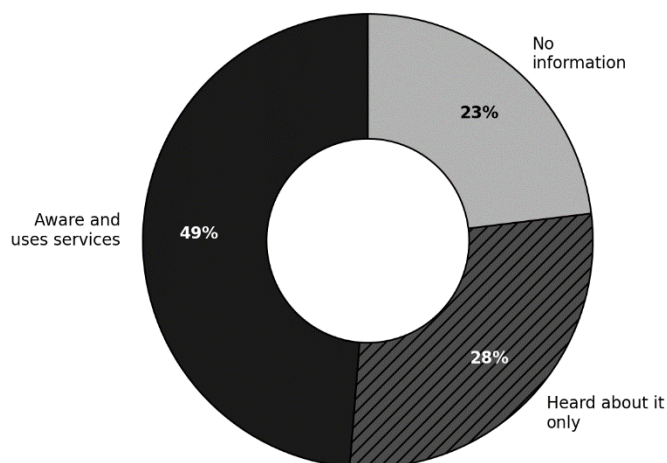
Figure 5. Awareness of Shams-Med Service hospital (%)

Figure 5. Awareness of Shams-Med Service hospital (%). Source: author's survey data [11]

Service ratings. The distribution of ratings given to Shams-Med Service's services (on a five-point scale) shows that 60.3% of respondents rated the service highly (4 or 5 points), with a mean rating of 3.92. Only 11.6% of respondents gave low ratings (1 or 2 points), as shown in Figure 6.

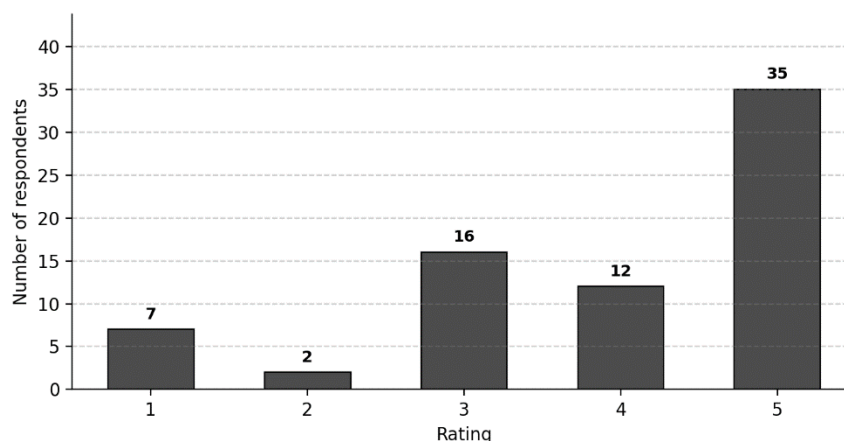
Figure 6. Distribution of service ratings (1=very poor, 5=excellent; mean=3.92)

Figure 6. Distribution of service ratings (1=very poor, 5=excellent). Source: author's survey data [11]

Correlation analysis. One of the most important findings of this study is the strong positive correlation ($r=0.57$, $p<0.01$) between the level of awareness of Shams-Med Service and the rating given to its services (Table 3, Figure 7). Respondents with no information about the hospital gave a mean rating of 2.83, while those who reported being aware of and using its services gave a substantially higher mean rating of 4.63. A weak negative correlation ($r=-0.22$) was observed between monthly income and service rating, possibly reflecting higher expectations among higher-income respondents. Female respondents rated the service noticeably higher on average (4.27) than male respondents (3.54). No practically meaningful relationship was found between service rating and either age ($r=0.05$) or self-rated health status ($r=0.12$).

Figure 7. Mean service rating by awareness level (1-5 scale; Pearson $r=0.57$, $p<0.01$)

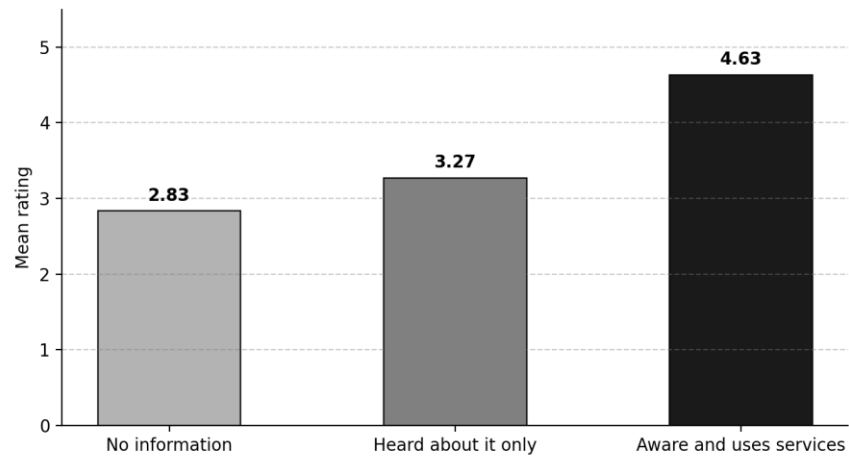


Figure 7. Mean service rating by awareness level (Pearson $r=0.57$, $p<0.01$). Source: author's calculations [11]

Table 3. Correlation between key variables and service rating

Pair of variables	Correlation (r)	Interpretation
Awareness level ↔ Service rating	0.57	Strong positive, $p<0.01$
Monthly income ↔ Service rating	-0.22	Weak negative
Sex (female=1) ↔ Service rating	—	Mean 4.27 (female) vs 3.54 (male)
Age ↔ Service rating	0.05	Not practically significant
Self-rated health ↔ Service rating	0.12	Not practically significant

Source: author's statistical analysis (Pearson correlation coefficient) [11]

Content analysis of open-ended responses. Thematic analysis of the open-ended question on improving the marketing activity of Shams-Med Service identified the following recurring categories: increasing advertising and social media activity (approximately 18% of responses), attracting more qualified and experienced doctors (12%), introducing discount and bonus schemes (7%), improving the online booking system (7%), optimising pricing (6%), and expanding the branch network (4%). Approximately 20% of respondents expressed general satisfaction without offering a specific suggestion.

The findings of this study confirm that, in the medical services market, marketing effectiveness cannot be reduced to conventional promotional tools such as discounts or advertising alone. The overwhelming preference for doctors' qualification as a choice criterion (82.1%) aligns with the theoretical proposition that information asymmetry in healthcare services elevates the importance of perceived professional competence over price. This is consistent with the SERVQUAL framework's emphasis on assurance and reliability as key dimensions of perceived service quality.

The dominance of word-of-mouth communication (78.2%) as an information source, combined with the comparatively limited role of formal advertising channels, suggests that Shams-Med Service and similar institutions would benefit more from strategies that actively cultivate and amplify positive patient experiences—for example, structured referral programmes—than from conventional advertising expenditure. This finding is consistent with prior research emphasising the centrality of interpersonal trust in healthcare decision-making.

The strong positive correlation between awareness and service rating ($r=0.57$) is a particularly noteworthy result. It may reflect a genuine causal relationship, whereby direct exposure to the institution's services builds

confidence and satisfaction; however, it may also partly reflect a self-selection effect, since individuals who already have a favourable impression may be more inclined to use and rate a private provider positively. Distinguishing between these two explanations would require a longitudinal or experimental design, which lies beyond the scope of the present cross-sectional survey. Nonetheless, the practical implication is the same in either case: expanding awareness of the institution's strengths through channels patients already trust is likely to be associated with higher perceived satisfaction.

The weak negative correlation between income and service rating ($r=-0.22$) invites further investigation, as it may indicate that higher-income patients hold higher expectations regarding amenities, waiting times, or staff communication that are not yet fully met—a pattern broadly consistent with Grossman's proposition that health-related demand and expectations rise with income. Similarly, the observed sex difference in ratings (female respondents rating the service more favourably than male respondents) warrants further qualitative exploration, as the present data do not permit a definitive explanation.

A limitation of this study is the relatively small, non-probability sample ($n=78$), skewed toward younger respondents from Namangan region, which restricts the generalisability of the findings to the broader population of healthcare consumers in Uzbekistan. Furthermore, since not all respondents were confirmed patients of Shams-Med Service, some ratings reflect indirect impressions rather than direct experience. Future research should employ a larger, more representative sample and, where possible, a comparative design involving several private healthcare providers.

Beyond the institutional level, these findings carry broader implications for healthcare marketing policy in transitional economies such as Uzbekistan. As the private medical sector continues to expand, industry associations and professional bodies could play a constructive role by promoting shared standards for patient satisfaction measurement and by facilitating knowledge exchange on marketing research methods among smaller regional clinics that currently lack the resources to conduct systematic studies independently. Public health authorities, for their part, could benefit from monitoring aggregate patient satisfaction and awareness trends across private providers, since such data offer an additional, market-based lens on service quality that complements conventional regulatory inspection. From a managerial standpoint, the results also imply that marketing budgets in this sector may be more efficiently allocated toward improving the underlying patient experience and enabling that experience to be shared, rather than toward conventional mass-media advertising, whose relative influence on decision-making in this sample was modest (17.9%) compared with interpersonal channels (78.2%).

5. Conclusion

This study demonstrates, using empirical evidence from the case of Shams-Med Service, that the improvement of marketing research in the medical services market must be grounded in an understanding of patients' actual decision-making criteria rather than generic promotional practice. Three conclusions follow directly from the findings. First, doctors' qualification remains the single most decisive factor in hospital choice, implying that marketing communication should foreground staff competence and professional credentials rather than price. Second, word-of-mouth communication continues to be the most influential information channel, underscoring the value of strategies designed to encourage and amplify satisfied patients' recommendations. Third, the strong association between institutional awareness and perceived service quality ($r=0.57$) demonstrates the tangible value of sustained, informative brand communication.

Based on these conclusions, the following practical recommendations are proposed for Shams-Med Service and comparable institutions:

1. Implement a patient-relationship management (CRM) system to track patient experience systematically and support recurring satisfaction surveys;
2. Develop and regularly publish content that highlights doctors' qualifications and professional achievements (physician profiles, certifications, case outcomes) on the official website and social media;
3. Establish a structured referral programme to incentivise existing patients to recommend the institution, given that word-of-mouth accounts for 78.2% of information exposure;
4. Further develop queue-free and online appointment booking systems, identified as the third most attractive marketing feature (33.3%);
5. Launch targeted awareness campaigns and free health check-up events in regions with lower awareness levels, such as areas outside Tashkent and Namangan;
6. Review pricing policy and consider selectively introducing discount schemes, as repeatedly requested in respondents' open-ended feedback.

Future research should extend this analysis to a larger and more representative sample, incorporate a comparative perspective across multiple private healthcare providers, and, where feasible, adopt a longitudinal design capable of distinguishing the causal direction between institutional awareness and patient satisfaction.

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