

THE UNIQUENESS OF MEDICAL SERVICES IN THE SYSTEM OF MODERN MANAGEMENT, MARKETING AND PROJECTS: URGENCY, EMOTIONAL COMPONENT, AND DIGITALIZATION CHALLENGES

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The Uniqueness of Medical Services in the System of Modern Management, Marketing and Projects: Urgency, Emotional Component, and Digitalization Challenges

The aim of the scientific research is to identify the unique features of medical services in the system of modern management and marketing, determine the ethical boundaries of their promotion, and analyze the role of urgency, the emotional component, and digitalization in building patient trust. The work is written to outline a new paradigm of marketing management in healthcare that combines economic efficiency with public good. The research methodology is based on a theoretical analysis of scientific sources, regulatory documents, and the practice of medical institutions. A comparative approach to commercial and medical marketing practices and an analysis of ethical problems were used. The main results of the study indicate that medical services are variable and individual, and their evaluation by the patient is based on subjective quality markers. Ethical marketing implies honesty, truthfulness, and orientation toward the patient's real needs. Digitalization transforms the interaction between patient and doctor, increasing accessibility and service personalization. Reputation, trust, and communication determine the competitiveness of a medical institution. Further research should be directed toward developing tools for evaluating subjective quality markers, studying communication strategies in crisis situations, and finding a balance between market mechanisms and public good. The methodology requires expanding the interdisciplinary approach, combining medicine, marketing, sociology, and digital technologies. The research results can be used to improve management models in medical institutions, develop ethical advertising standards, introduce digital tools into marketing management, and form long-term patient loyalty strategies. The proposed approaches contribute to increasing trust in the healthcare system, reducing information asymmetry between patient and doctor, and forming policies oriented toward protecting the public good. The study brings a new perspective to marketing management in medicine. Its value lies in forming a conceptual model that allows for balancing the institution's economic interests with the real needs of patients and the strategic resilience of the healthcare system.

Keywords: marketing, management, project, digitalization, efficiency, medical care, healthcare.

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Литвинова О. Н., Петрашук Ю. М., Максимчук І. О. Унікальність медичних послуг у системі сучасного менеджменту, маркетингу, комунікацій та проєктів у сфері охорони здоров'я: невідкладність, емоційна складова й виклики цифровізації

Метою наукового дослідження є виявлення унікальних особливостей медичних послуг у системі сучасного управління та маркетингу, визначення етичних меж їх просування та аналіз ролі терміновості, емоційного компоненту й цифровізації у формуванні довіри пацієнтів. Роботу спрямовано на окреслення нової парадигми маркетингового управління в охороні здоров'я, яка поєднує економічну ефективність із суспільним благом. Методологія дослідження базується на теоретичному аналізі наукових джерел, нормативних документів та практики медичних закладів. Використано

порівняльний підхід до комерційних і медичних маркетингових практик та аналіз етичних проблем. Основні результати дослідження свідчать, що медичні послуги є варіативними та індивідуальними, а їх оцінка пацієнтом базується на суб'єктивних маркерах якості. Етичний маркетинг передбачає чесність, правдивість та орієнтацію на реальні потреби пацієнта. Цифровізація трансформує взаємодію між пацієнтом і лікарем, підвищує доступність та персоналізацію послуг. Репутація, довіра та комунікація визначають конкурентоспроможність медичної установи. Подальші дослідження слід спрямовувати на розробку інструментів для оцінки суб'єктивних маркерів якості, вивчення стратегій комунікації у кризових ситуаціях та пошук балансу між ринковими механізмами та суспільним благом. Методологія передбачає розширення міждисциплінарного підходу, поєднуючи медицину, маркетинг, соціологію та цифрові технології. Результати досліджень можна використовувати для вдосконалення моделей управління у медичних установах, розробки етичних стандартів реклами, впровадження цифрових інструментів у маркетингове управління та формування стратегій довгострокової лояльності пацієнтів. Запропоновані підходи сприяють підвищенню довіри до системи охорони здоров'я, зменшенню інформаційної асиметрії між пацієнтом і лікарем та розробці політик, спрямованих на захист суспільного блага. Дослідження пропонує нову перспективу в управлінні маркетингом у медицині. Його цінність полягає у створенні концептуальної моделі, яка дозволяє збалансувати економічні інтереси установи з реальною потребою пацієнтів та стратегічною стійкістю системи охорони здоров'я.

Ключові слова: маркетинг, управління, проект, цифровізація, ефективність, медична допомога, охорона здоров'я.

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Introduction. In the modern economy, medical services occupy a unique position within the system of management and marketing, as they combine the drive for efficiency with the necessity of adhering to ethical norms and ensuring public well-being. Unlike tangible goods, a medical service is individualized, variable, and difficult to evaluate objectively; this forces the patient to rely on subjective quality markers – trust, communication, emotional support, and an atmosphere of safety. Consequently, marketing technologies in healthcare must consider not only the institution's profitability but also the patient's interests, perceptions, and expectations. At the same time, a conflict between commercial interests and ethics is observed in practice, manifesting through manipulative advertising techniques, overdiagnosis, or unjustified procedures. These challenges are intensified by the need for rapid response in emergency situations and the necessity of implementing digital solutions that transform the interaction between the patient and the medical facility. In this paradigm, establishing trust, transparency, and personalization becomes particularly significant, defining the strategic resilience and competitiveness of modern medicine.

Analysis of Recent Research and Publications. In contemporary scientific literature, the uniqueness of medical services within management and marketing systems is examined through several key aspects:

Patient-Centricity and Trust: Recent studies [1] emphasize that the primary criterion for medical service quality is

becoming not just the clinical outcome, but the level of communication, emotional support, and the atmosphere of safety. This forms a new marketing paradigm where patient trust is a strategic resource for the institution.

Ethical Boundaries of Marketing: Contemporary authors stress the inadmissibility of aggressive advertising practices in medicine. Particular attention is paid to cosmetology and dentistry, where commercial interests are often masked as "aesthetics" and "comfort". Scientific publications highlight the need for state regulation and the formation of ethical standards for promoting medical services.

Digitalization as a Strategic Challenge: Zgurska [3] and other researchers note that digital technologies – telemedicine, CRM systems, electronic records, big data analytics – are transforming the interaction between patients and medical facilities. This opens new opportunities for personalizing treatment, increasing accessibility, and building long-term loyalty.

Management of Emergency and Urgent Services: Scientific publications underscore the importance of rapid reaction and clear communication in critical situations. Research shows that responsiveness and psychological support are what shape an institution's reputation and patient trust.

Pricing and the Emotional Component: Recent works draw attention to the fact that the cost of medical services often depends not only on clinical complexity but also on the institution's brand and the emotional value to the patient. This creates new challenges for ethical management.

Identification of Previously Unresolved Parts of the General Problem. One of the significant unresolved issues in the marketing and management of medical services is the lack of universal criteria for evaluating service quality from the patient's perspective. There is also a need to develop methodologies for resolving conflicts between the commercial interests of institutions and the ethical norms of healthcare. Legally, the regulation of advertising practices in medicine is insufficiently developed. Additionally, the limited research regarding the effectiveness of digital tools in building patient trust requires further attention. More productive work is needed regarding the management of urgent and emergency services due to the discrepancy in how the patient and the doctor perceive the condition.

The Aim of the Article. To demonstrate the unique features of medical services in the system of modern management and marketing, define the ethical boundaries of their promotion, and outline the role of digitalization and urgency in building patient trust for the optimization of effective medical care delivery.

Methodology. This study utilizes a theoretical analysis of scientific sources and regulatory documents, as well as a comparative analysis of commercial and medical marketing practices. Key ethical problems and risks of commercialization were identified. A generalization of modern digital solutions in medical marketing and an analysis of emergency and urgent care management practices were conducted.

Presentation of Main Materials and Results. Modern management, like modern marketing, is oriented toward a final goal: generating profit from services provided. The difference lies in the fact that management focuses on internal efficiency and process management to achieve profit, whereas marketing focuses on creating value for the consumer, generating demand, and building trust and relationships with clients as the sources of this profit. However, the situation shifts somewhat when it comes to medical services. By its nature, a medical service is non-standard, individualized, and variable, and its result depends largely on a combination of factors beyond the consumer's immediate perception. The variability of medical services is largely determined by the patient's individual physical and psychological characteristics, varying levels of clinical case complexity, different physician approaches to diagnosis and treatment, and the influence of organizational, technological, and resource factors.

Given these factors, the patient is often unable to objectively evaluate the effectiveness and quality of the medical service on their own. It is well known that, unlike material goods, a medical service lacks clearly fixed quality parameters that can be verified before or immediately after its provision, and its effect often manifests after a delay, requiring professional interpretation. Under such conditions, the patient is forced to rely less on objective performance indicators and more on subjective quality markers – their own feelings and perceptions, the level and quality of communication with medical personnel, emotional support, accessibility and clarity of information, an atmosphere of trust, and a sense of safety.

These multiple components of medical service quality require specific marketing technologies that must be oriented not toward the institution's profit, but toward the patient's in-

terests. As noted by Zharlinska [1], the difficulty for healthcare institutions in resolving this issue is evident. Today, one can often observe a duality in this approach: on one side, a visible image component promoting patient-centricity and deep care for the patient's health; on the other, management decisions oriented toward increasing the healthcare institution's profit. Under these conditions, implementing management and marketing tools aimed at increasing the transparency of medical processes, building trust, and informing patients becomes particularly significant. Furthermore, such management measures should be implemented not by the interested party providing the medical services, but by the state.

In this situation, the paradigm of ethics, which defines the boundaries of marketing practices, gains special significance. Unlike commercial markets, aggressive forms of advertising, manipulative techniques, or the creation of artificial demand are inadmissible in medicine. Unfortunately, we observe such phenomena today in the sphere of cosmetic advertising, where various types of artificial interventions are usually presented through euphemisms and "soft" wording. For example: plastic surgery becomes "aesthetic correction" or "surgical rejuvenation"; injections become "beauty procedures," "injectable restoration," or "beauty shots"; hardware methods become "innovative technologies" or "laser renewal"; chemical exposure becomes "delicate peeling" or "active formulas," creating an impression of naturalness and safety.

In dental advertising, artificial interventions are also presented through softened and positive phrasing: tooth extraction becomes "atraumatic extraction"; implantation becomes "restoration of the dentition" or "return of a full smile"; prosthetics becomes "aesthetic rehabilitation" or "orthopedic restoration"; fillings become "artistic restoration"; orthodontic treatment becomes "bite correction" or "smile alignment". This advertising is oriented toward reducing patient fear and emphasizes necessity, comfort, and positive results. The latter is reinforced by glamorous photos. In dentistry, profit-oriented offers are usually masked as "aesthetics" and "comfort" and do not always have direct medical indications, specifically: professional whitening without clinical indications; replacement of healthy fillings or crowns solely for aesthetic purposes (for beauty); widespread advertising of total veneer installation (especially on intact teeth); excessive prosthetics and implantation when there is a possibility to save the natural tooth; frequent professional cleanings and "procedure packages" without individual indications; paid "proprietary methodologies" and hardware diagnostics without proven added benefit, which reinforces the commercialization of treatment even to the detriment of the principle of preserving healthy tissues.

In general medical practice, offers oriented primarily toward profit rather than real improvement of patient health are also encountered. Often, especially in the private sector, practices include overdiagnosis (check-ups without indications, "analysis packages"); prescribing expensive examinations and procedures without clinical necessity; prolonged "maintenance" treatment without proven efficacy; aggressive promotion of cosmetic and anti-aging interventions under the guise of medical ones; medications with unproven efficacy or duplication of drugs; and paid consultations and repeat visits

without a change in treatment tactics, etc. Such advertising is particularly aggressive on social networks, often using inadmissible iatrogenic techniques. They do not shy away from clearly false information regarding the concealment of “progressive” methods by doctors or even the Ministry of Health, stirring up artificial hype around a particular treatment, often using famous media personalities, artists, singers, etc., for such advertising.

This situation reflects a clear conflict between healthcare ethics and commercial interests. Resolving this conflict lies with the state, which should defend the health interests of the people rather than stimulating the commercialization of healthcare institutions at the cost of the former's health.

Ethical marketing of medical services implies honesty, responsibility, truthfulness of information, and orientation toward real medical needs. Management based on ethics builds long-term patient trust and strengthens the institution's reputational capital, but, unfortunately, in current conditions, it does not ensure economic prosperity.

Therefore, modern management models in healthcare must integrate marketing tools with clinical, social, political, and technological approaches, ensuring a balance between market mechanisms, public good, and the strategic resilience of the medical institution. Forming such a new paradigm of marketing management should increase the efficiency of medical services and improve the population's quality of life.

Thus, the paradigmatic features of medical services in the system of marketing management reflect the multidimensional nature of medical service. Their measures must combine professional medical activity, communication management, quality, ethics, and a value-based approach to the patient.

Ideally, the “lifeline” for medical service marketing is a high level of patient trust in the actions of medical personnel. The patient expects maximum honesty and ethics from medical marketing. Marketing of medical services must fall under strict regulatory requirements and ethical norms that limit promotion methods and advertising messages. Marketing emphasis should be placed on treatment results, service quality, technologies, and personnel qualifications, with selective application to the patient seeking the specific service, considering their characteristics, perception, understanding, and readiness to consume said service.

Pricing requires separate consideration; today, it accounts not only for the cost of the medical manipulations themselves but also for the value of the service to the patient and the emotional component. Therefore, in practice, we see that the cost of medical services is, unfortunately, directly proportional to the threat to life, or to the power of a so-called “hyped brand,” such as in plastic surgery.

Managerial efforts are driven by the importance and weight of marketing activities, management of ethical communication channels, information campaigns, reputation building, and working with reviews and recommendations.

An integral part of the medical marketing infrastructure and its management implementation is distribution and logistics, which involves convenient location, online booking, virtual consultations, service accessibility, etc.

Positioning an institution in medical marketing as fast and reliable implies a readiness to provide medical services un-

der time constraints, which is sometimes critically important for the patient. This makes them “urgent” in certain situations. Such services include emergency care, resuscitation, surgical interventions for trauma or heart attacks, etc.. The actions of the doctor or clinic must be instantaneous, as the patient's life often depends on it. In this situation, the patient cannot “postpone” service consumption until later if their condition is critical.

Here, a situation of dual assessment arises, which often leads to conflict. Although legislation clearly distinguishes between urgent and emergency care [2], the assessment of the patient's condition from the doctor's perspective and the patient's perspective often differs. The Law states that an “emergency condition of a person is a sudden deterioration of physical or mental health that poses a direct and inescapable threat to the life and health of the person or those around them and arises as a result of illness, injury, poisoning, or other internal or external causes.” A patient may think their condition is critical, and even if the doctor or dispatcher assumes the condition is not critical, if the patient insists and describes dangerous symptoms, the ambulance brigade will arrive in most cases. Only on-site can the doctor determine that the condition is not critical, but this happens after deployment. A common example is parents calling an ambulance at night because a child has a fever, while the emergency intake doctor does not consider this an emergency condition and advises seeing a family pediatrician in the morning. Therefore, the ambulance team is required to possess not only professional medical skills (or service delivery in the private variant) but also deep communication skills and mastery of psychological methods for situational management [4].

From a management perspective, the distinction between planned and urgent care correlates with different project management methodologies. Planned medical services (e.g., elective surgery or orthodontics) typically follow a linear, “Waterfall” model: clear stages, predictable timelines, and fixed protocols. In contrast, emergency medicine operates on “Agile” principles. The condition of a critical patient changes rapidly, requiring the medical team to work in short iterations, constantly re-assessing the situation and adapting the treatment plan in real-time. This “medical agility” requires institutions to move away from rigid, bureaucratic command structures toward flexible, decentralized decision-making teams capable of immediate response.

The management of emergency medical care consists of organizing the implementation of urgent organizational, diagnostic, and treatment measures by emergency medical system employees in accordance with the Law, aimed at saving and preserving the life of a person in an emergency condition and minimizing the consequences of such a condition on their health. Marketing measures should be aimed at highlighting this activity with an emphasis on timeliness and effectiveness. Patients expect a quick response to their requests (from 10 to 20 minutes), clear information regarding the situation, and receipt of medical aid or service in the expected volume within the shortest possible timeframe [5]. If the capabilities of the medics and the expectations of the patient coincide, the institution that ensured a quick response receives positive reviews and strengthens patient trust.

However, this connection does not always end positively. There are situations where medicine is powerless, and in these cases, hoping for a positive attitude from the patient or their circle is much harder. Again, smoothing over the situation requires maximum honesty, dedication, empathy, and psychological support at a high professional level from the medical staff. Besides such critical situations, epidemics also demand such operational activity from medical institutions; during mass illnesses, the speed of service provision becomes a key factor in treatment effectiveness [6]. The effectiveness of such services requires sufficiently complex managerial measures, ranging from the direct organization of healthcare institution activities and optimal conditions for responsible staff work to powerful logistics.

The system of management and marketing in healthcare is inextricably linked to the specific nature of business communications, which differ fundamentally from standard corporate models. In traditional business, communication is primarily aimed at persuasion, negotiation, and concluding a transaction. In the medical sphere, the "transaction" is deeply rooted in the physical and psychological integrity of the individual, transforming business communication into a complex ethical-psychological construct. The uniqueness of medical communication lies in the fact that it often occurs under conditions of informational asymmetry and high emotional stress. The "client" (patient) usually lacks the specialized knowledge to critically evaluate the arguments of the "provider" (doctor), creating a power imbalance that must be managed not through persuasion, but through the cultivation of absolute trust and "informed consent".

A key feature of communication management in this sector is the triangular nature of interaction: Doctor – Patient – Relatives. Unlike a standard B2C model where the buyer makes an autonomous decision, in medicine, the decision-making center is often shifted or distributed. Relatives frequently act as "shadow stakeholders" who can influence the patient's compliance, question the treatment plan, or initiate reputational crises. Consequently, the medical manager or physician must simultaneously maintain two communication loops: a clinical one with the patient (focused on symptoms and empathy) and a rational-logistic one with relatives (focused on prognosis, costs, and legal aspects). This requires the medical staff to possess high adaptability and the ability to switch "communication codes" instantly.

Furthermore, internal business communications in healthcare are characterized by a linguistic and axiological conflict between clinical and administrative personnel. In many institutions, a "Two Worlds" problem exists: medical staff operate with concepts of "clinical protocols," "indications," and "patient welfare," while management operates with "margin," "bed turnover," and "insurance limits." Effective management in healthcare requires the creation of a "pidgin language" – a unified communicative space where clinical necessity is translated into economic justification and vice versa. Without this translation, internal communication breakdowns occur, leading to resource misuse and staff burnout.

In the modern healthcare landscape, treating a patient—especially in complex clinical cases – can no longer be viewed solely as a linear functional process. It increasingly ac-

quires the characteristics of a project, defined as a temporary endeavor undertaken to create a unique result. In medicine, the "unique result" is the restoration of the patient's health or the stabilization of their condition. However, Project Management (PM) in healthcare possesses distinctive features that fundamentally separate it from engineering, IT, or construction projects. The primary distinction lies in the stochastic nature of the "technical task." Unlike a construction blueprint where the scope is fixed before work begins, a medical project often starts with a high degree of uncertainty. The diagnosis (project scope) may evolve during the implementation phase (treatment), requiring the project manager (the attending physician) to possess high adaptability and the ability to pivot the strategy instantly.

A critical uniqueness of medical project management is the transformation of the classic "Iron Triangle" (time, cost, scope). In standard commercial projects, a manager can trade quality or scope to meet a deadline or budget. In medicine, the quality parameter (patient safety and adherence to clinical protocols) is non-negotiable and fixed by ethical and legal standards. A hospital cannot "cut corners" on sterilization to save money or "skip" a diagnostic stage to save time without risking legal prosecution and the patient's life. This rigidity places immense pressure on the remaining variables – cost and time – creating a unique managerial challenge: how to deliver maximum unchanging quality within often severely limited financial resources and critical timeframes.

Furthermore, the role of the stakeholder in medical projects is unique. The patient is simultaneously the "customer," the "product" being worked on, and often a "team member" whose compliance (adherence to treatment) determines the project's success. Unlike a corporate client who evaluates a project based on objective metrics (ROI, functionality), the medical stakeholder is in a state of physical and emotional vulnerability. Their satisfaction is driven not only by the clinical outcome but by the process itself – communication, empathy, and a sense of control. Consequently, project management in medicine requires an elevated focus on communication management. The physician-manager must constantly manage the expectations of the patient and their relatives, translating complex medical data into understandable language to ensure stakeholder engagement and compliance.

Risk management also takes on a different dimension. In traditional business, risk is measured in financial loss or schedule slippage. In healthcare, risk is biological and existential. The concept of "iatrogenic risk" (harm caused by the healer) forces medical project management to adopt a "zero-defect" mentality similar to the aviation industry. However, unlike machines, the human body is variable. This introduces the concept of "biological variability" as an inherent project risk that cannot be entirely eliminated, only mitigated. Management methodologies here must shift from predictive planning (strictly following a long-term plan) to adaptive planning (Agile), particularly in oncology or intensive care, where the biological response to treatment dictates the next sprint of the project.

Finally, the Project Team structure in healthcare is distinctively horizontal and multidisciplinary. A single "medical project" for a complex patient may involve surgeons, anesthesiologists, rehabilitation specialists, nurses, and administrative

staff. These specialists often report to different functional departments, yet they must function as a cohesive unit for the specific patient. The attending physician acts as the Project Manager but often lacks direct administrative authority (hiring/firing power) over the team members. This necessitates a leadership style based not on hierarchy, but on expert authority and collaborative negotiation. Success depends on the rapid synchronization of these disparate experts, often under extreme time pressure, to achieve the singular goal of patient recovery. Thus, the integration of Project Management competencies – specifically leadership, team dynamics, and cross-functional coordination – is not just an administrative enhancement but a clinical necessity for modern medical institutions.

Again, the limited ability of the patient to evaluate the quality of medical services creates an information asymmetry between the patient and the healthcare provider, which elevates the role of professional reputation, ethical standards, and regulatory control in the healthcare sphere. Thus, the non-standard nature and variability of medical services necessitate a comprehensive approach to quality management, combining clinical effectiveness, communication practices, and modern digital solutions capable of partially reducing information uncertainty for the patient and increasing their engagement in the healthcare process.

The informational complexity of the medical care system necessitates the introduction of digital technologies into logistics, management, and communication systems. That is why the modern paradigm of medical marketing is largely based on digitalization. Digital medical platforms, telemedicine, electronic records, CRM systems for medical facilities, artificial intelligence, and big data analytics are transforming the interaction between the patient and medical personnel [7]. Digital marketing management forms new communication channels, increases service accessibility, ensures the personalization of treatment pathways, and allows for building long-term loyalty strategies.

In this paradigm, the medical institution is viewed as a data-driven service-information system. This plays a special role in managing the quality of medical services. The paradigm of informational marketing management implies that quality must be measurable, standardized, and verified. To achieve this, modern indicator monitoring systems, accreditation procedures, clinical audits, and Continuous Quality Improvement (CQI) models are used. To ensure stable quality of medical services, institutions develop unified protocols and instructions.

In the context of modern management, the provision of complex medical services increasingly acquires the characteristics of project management. While routine medical care (e.g., standard check-ups) can be viewed as operational management, complex clinical cases – such as oncological treatment, rehabilitation, or surgical intervention – possess all the classic attributes of a project: they have a defined start and end, a unique goal (recovery or stabilization), strict time constraints, a specific budget, and a high degree of uncertainty (risks).

In this paradigm, the physician acts not merely as a performer of medical manipulations but as a project manager, coordinating a multidisciplinary team (nurses, diagnosticians, anesthesiologists), managing resources, and communicating

with stakeholders (the patient and their relatives). This requires the integration into medical practice of project management methodologies, such as risk management, stakeholder management, triple constraint.

Despite the uniformity and standardization of medical services, each can differ even with the same doctor, and the result depends on the specific patient, their health status, and individual characteristics. Furthermore, different clinics have different equipment, service standards, and levels of service. This means the result of a medical service can differ across different patients or even when the same service is provided by the same doctor. Individual patient differences – including health status, reaction to treatment, physiological and psychological traits—combined with the doctor's experience, qualification, and approach, determine the effectiveness and quality of the service [8]. Therefore, marketing must promote not only quality but also unique approaches (treatment personalization), emphasize individual approaches to each patient, and explain that the result may be individual in order to form realistic expectations.

The marketing component consists of externally communicating the quality level and building reputation and trust, which are critically important for the medical sphere where patient choice is often based on recommendations, reviews, and previous experience. An institution that responds quickly to patient requests gains competitive strength and advantages. In marketing, this is emphasized through messages about fast and accessible care. An effective system for booking, dispatching, and patient logistics, adherence to queues, doctor availability, and 24/7 patient communication services are required.

The patient is not a medical expert and cannot always understand how correctly an examination or treatment was conducted. It should also be remembered that some medical services (e.g., treatment of chronic diseases, rehabilitation) only show effects after a certain time – weeks or even months. Differences in approaches, methods, and doctor experience make the result unpredictable for a non-specialist. Therefore, patients most often rely on recommendations, certificates, licenses, reviews, and clinic ratings. Thus, it is obvious that marketing must provide patients with understandable information about procedures, treatment methods, and expected results.

Often, the name of a doctor or medical institution becomes a mark of quality that compensates for the inability to evaluate the service directly; therefore, marketing needs to build trust through visible evidence of competence. The patient evaluates not only the medical result but also comfort, staff attitude, and the atmosphere in the clinic. Explaining treatment methods, expected results, and process stages helps build trust. If a doctor is inattentive or incompetent, the service is instantly perceived as low quality, affecting the clinic's reputation, which is especially relevant for private clinics. Patients rely on others' reviews, certificates, doctor experience, and clinic ratings.

Medical services significantly influence the patient's emotional state and psychological perception, making this aspect key in marketing and service organization, as fear, uncertainty, and patient expectations strongly influence service perception. The patient evaluates not only the treatment result

but also how their feelings were considered. Calm, attentive, and responsive communication from the doctor and medical staff reduces stress and increases trust. Positive emotions during service provision can compensate for unpleasant or painful procedures. Psychological support and personalization help form a sense of care and safety in the patient. Patients share emotional experiences: satisfaction or dissatisfaction influences reviews and recommendations. In marketing materials, a clinic can highlight a humane approach and attention to patient emotions as a competitive advantage.

Medical services are subject to the law and medical ethics. Marketing must be limited regarding aggressive advertising: it is forbidden to deceive, mislead, or make unsubstantiated promises. Medical activity is regulated by licenses, standards, Ministry of Health orders, and other regulatory documents. Doctors are obliged to adhere to principles of confidentiality, honesty, respect for the patient, and patient autonomy. Ethics limit direct marketing techniques that may be perceived as manipulation. Guarantees of a complete cure cannot be given if not confirmed by evidence-based medicine. Information about services must be truthful and balanced. All advertising and PR materials must be checked for compliance with the law and ethical norms.

Unfortunately, when looking at social networks, we cannot confirm this doctrine. We believe the reason for this is the absence of specific liability for violating ethical principles in the legislative base, allowing provider profit to take precedence.

Conclusions. Management and marketing in medicine have different accents: management focuses on internal efficiency, while marketing focuses on creating value and patient trust. A medical service is variable and individual; its quality is difficult for a patient to evaluate objectively, so they rely on subjective markers (communication, support, atmosphere of trust). Ethics in medical marketing is critically important: aggressive advertising, manipulation, and the creation of artificial demand are inadmissible.

The state's role is to ensure regulatory control, process transparency, and protection of patient interests. Digitalization of medicine (telemedicine, CRM, data analytics) is becoming a key tool of marketing management, increasing service accessibility and personalization. The patient evaluates not only the treatment result but also comfort, staff attitude, clinic atmosphere, and institution reputation. Urgent and emergency services require rapid reaction, clear communication, and a high level of trust. The basis of successful medical service marketing is patient trust, honesty and transparency of information, and a personalized approach.

Furthermore, the digitalization of healthcare must be viewed through the lens of organizational project management. The transition to electronic health records (EHR) or the implementation of CRM systems are not just technical upgrades but complex Change Management projects. These projects often face resistance from staff and patients (stakeholders). Therefore, success depends not only on the software's quality but on professional project planning: defining stages, training personnel, piloting systems, and monitoring adoption rates. Without a project-based approach to digitalization, medical institutions risk investing in "dead" technologies that do not integrate into the actual clinical workflow.

We consider it appropriate to conduct further research on an interdisciplinary basis: combining medicine, management, marketing, ethics, sociology, and digital technologies. This will allow for the creation of a more balanced model of medical marketing that simultaneously considers profitability, ethics, and real patient needs.

LITERATURE

1. Zharlinska R. H., Trynchuk (Mishchuk) A. A., Lepetan I. M. The Paradigm Shift in Healthcare Marketing at the Current Stage of Healthcare System Transformation. *Current Issues of Economic Sciences*. 2025. № 7.

2. On Emergency Medical Care: Law of Ukraine of 05.07.2012 № 5081-VI. URL: <https://zakon.rada.gov.ua/laws/show/5081-17#Text>

3. Zghurska O. M., Dyma O. O., Dichenko A. L. Digital Marketing Providing in the Market of Medical Services. *Problems of Modern Transformations. Series: Economics and Management*. 2023. № 9.

DOI: <https://doi.org/10.54929/2786-5738-2023-9-04-10>

4. Fundamentals of Legislation of Ukraine on Health Care. URL: <https://zakon.rada.gov.ua/laws/show/2801-12#Text>

5. Habor H. H., Marushchak M. I., Moskaliuk M. I., Habor V. S. Marketing activity in the field of medical services. *Bulletin of Social Hygiene and Health Care Organization of Ukraine*. 2024. № 1. C. 69–74.

6. On Approval of Rules for Prescribing Medicinal Products and Medical Devices... : Order of the Ministry of Health of 19.07.2005 № 360. URL: <https://zakon.rada.gov.ua/laws/show/z0782-05#Text>

7. Slobodian N. O., Panchyshyn N. Y., Kondratiuk V., Lytvynova O. N., Petrashyk Y. M. Implementation of electronic medical records: advantages, challenges and role in healthcare institution management. *Bulletin of Social Hygiene and Health Protection Organization of Ukraine*. 2025. № 1. C. 46–51.

DOI: <https://doi.org/10.11603/1681-2786.2025.1.15342>

8. Petrashyk Y. M., Trushchenkova L. V., Kito V. V., Lykhat-skyi P. H., Lytvynova O. N., Slobodian N. O. The importance of international project management for achieving the goals of strategic healthcare management and transformations in the global health economy. *Bulletin of Social Hygiene and Health Protection Organization of Ukraine*. 2025. № 1. C. 78–81.

DOI: <https://doi.org/10.11603/1681-2786.2025.1.15348>

REFERENCES

Fundamentals of Legislation of Ukraine on Health Care. <https://zakon.rada.gov.ua/laws/show/2801-12#Text>

Habor H. H., Marushchak M. I., Moskaliuk M. I. & Habor V. S. (2024). Marketing activity in the field of medical services. *Bulletin of Social Hygiene and Health Care Organization of Ukraine*, 1, 69–74.

On Approval of Rules for Prescribing Medicinal Products and Medical Devices: Order of the Ministry of Health of 19.07.2005 № 360 (2005, July 19). <https://zakon.rada.gov.ua/laws/show/z0782-05#Text>

On Emergency Medical Care: Law of Ukraine of 05.07.2012 № 5081 VI (2012, July 5). <https://zakon.rada.gov.ua/laws/show/5081-17#Text>

Petrashyk Y. M., Trushchenkova L. V., Kito V. V., Lykhat-skyi P. H., Lytvynova O. N. & Slobodian N. O. (2025). The importance

of international project management for achieving the goals of strategic healthcare management and transformations in the global health economy. *Bulletin of Social Hygiene and Health Protection Organization of Ukraine*, 1, 78–81. <https://doi.org/10.11603/1681-2786.2025.1.15348>

Slobodian N. O., Panchyshyn N. Y., Kondratiuk V., Lytvynova O. N. & Petrashyk Y. M. (2025). Implementation of electronic medical records: advantages, challenges and role in healthcare institution management. *Bulletin of Social Hygiene and Health Protection Organization of Ukraine*, 1, 46–51. <https://doi.org/10.11603/1681-2786.2025.1.15342>

Zghurska O. M., Dyma O. O. & Dichenko A. L. (2023). Digital Marketing Providing in the Market of Medical Services. *Problems of Modern Transformations. Series: Economics and Management*, 9. <https://doi.org/10.54929/2786-5738-2023-9-04-10>

Zharlinska R. H., Trynchuk (Mishchuk) A. A. & Lepetan I. M. (2025). The Paradigm Shift in Healthcare Marketing at the Current Stage of Healthcare System Transformation. *Current Issues of Economic Sciences*, 7..

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