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Roll No.

576334(76)/676534(76)

**M. B. A. (Third Semester) Examination,
Nov.-Dec. 2021**

(New Scheme)

(Management Branch)

(Specialization : Marketing Management)

SERVICES MARKETING

Time Allowed : Three hours

Maximum Marks : 80

Minimum Pass Marks : 32

Note : Attempt all section as directed.

Section-A

***Note : Attempt any eight questions. All question
carry equal 8 marks.***

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1. Explain the salient features of service and how it differs from goods.
2. What is so distinctive about services marketing that it requires a special approach, set of concepts and body of knowledge? What is the contribution of services sector to the Indian Economy.
3. What is service triangle? How it is relevant in the market focused management model?
4. What approaches and strategies of pricing of services available before any marketer. Discuss in detail.
5. Write short notes on :
 - (i) Waiting line strategies
 - (ii) Boundary spanners
6. Explain service segmentation with example.
7. What are the causes of service quality gaps? How can the gap between customer's expectations and perceived service be resolved?

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8. What is customer satisfaction and why is it so important? Discuss the differences between perceptions of service quality and customer satisfaction.
9. Explain the concept of ZOT. For any marketer, which one is preferred, narrower or wider the ZOT of customer?
10. What is meant by physical evidence of a service? If you are a consultant to a gym, how would you advice the gym management to begin the process of developing an effective physical evidence strategy?

Section-B

(Case Study) (Compulsory)

11. Read the case study and attempt the questions given in the end of case. 16

Bharat Doneriya was simply amazed. He had seen all forms of hostility and marketing warfare in the consumer goods industry, but to see similar warfare in the health industry fascinated him. Clearly, he told himself, doctors had found consumers in their patients. At least, that's what the concept note sent by Dr. Gopal Dewan, country

manager of Ayush Clinics and Hospitals, seemed to indicate. Dr. Dewan and seven other senior doctors had left Bachpan Nursing Home and Hospital to set up Ayush, which, as the note said. "..... would be entirely devoted and dedicated to customer responsiveness." Bharat was a management consultant and was recommended to Ayush by the marketing director of Glow Pharma, a large pharmaceuticals company in Mumbai. Infact, the suggestion to set up Ayush came from a non-resident patient, Chetan Chauhan, who was undergoing treatment at Bachpan's large speciality hospital in Central India. It was in the course of his interaction with the doctors that Chetan sensed their unhappiness with the system. This prompted him to suggest the idea of Ayush.

Dewan had joined Bachpan 10 years ago, assured of a challenging career in a hospital that was promising to be different. But over time, disillusionment set in as Bachpan's image and response to the environment diluted its equity.

"Now that we have decided to do this, we do not want to repeat old mistakes." Dewan had told Bharat during

their first meeting. "Having worked at Bachpan, we can see its weaknesses and why its losing saliency. Ten years ago, when it was established, we believed it was going to add value to our careers, we became part of it because we were told that we are specialists who would bring exclusivity to the hospital. But soon, the focus shifted to fetching business and revenues. The management started hiring specialists and private practitioners, offering them cabins and consultancy arrangements at Bachpan. The strategy was that these doctors would bring in their patients and use the infrastructure so that the hospitals would start earning money."

The Bachpan's management wanted to derive short-term benefits, than gradually build up clientele. But the strategy, it appeared, did not payoff. As Dewan said, "Because there were many doctors and the business was not large enough in the first few months. Consequently competition for business became cut-throat between doctors."

Despite modern amenities, state-of-art systems and numerous doctors, the image of the hospital was that of being too commercial-a fall out of the stigma of being a

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private hospital. It was common among doctors to slot every hospital under either category - a place where you get neglected to death or a place where you get researched to death. Bachpan earned a new label- a place where you got cross-referred to death, for doctors at Bachpan slowly took to enhancing each other's earnings as they sent patients back and forth to doctors and specialists. At the end of his diagnoses, the patient ended up paying a huge amount of money for this treatment.

According to Dewan, the high cost, high expectation syndrome hit the hospital. The initial promise of exclusivity and quality was lost. Bachpan had the best doctors, but after-care was abysmal. With a view to keeping cost low, nurses, house-keeping staff and even the front office staff were hired cheap, training was virtually absent, and no attention was paid to end-user needs.

Doneriya could see Ayush trying to be all that Bachpan was not and desiring not to be all that Bachpan was. If Doneriya thought Dewan was hiring him for routine systems design and patient management manual, he was mistaken. for Dewan said "We want to get Ayush's

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positioning platform right and work on a sound marketing plan. What we want you to do is to help us build this brand, help ordinary doctors like us understand what brand-building entails and how it is managed in a service industry."

Questions :

- (i) Suggest a positioning strategy for Ayush Clinics and Hospitals.
- (ii) Explain why it would be necessary for doctors as well as nursing staff to be marketing oriented?
- (iii) Identify and discuss the service quality dimensions which Ayush Clinics and Hospitals can use for measuring its services quality.