

# Communicating Brand Differentiation among City and Town OBGYNs

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**Abstract:** Branding is no longer a concern of a company or an institution. In the last decade, studies have suggested that even individuals have considered personal branding as a form of advertising and marketing to enhance their value and sense. This paper focuses on finding a qualitative answer to one of the brand asset valuator (BAV) concepts of Young and Rubicam (2000) - brand differentiation. Using transcripts of focus interview and XSight software observation logs from six Filipino OB/GYNs from the city of Manila and the town of Virac, Catanduanes, this paper argues that there are commonalities on the concepts of brand differentiation from the two locales. Moreover, the paper suggests that OB/GYNs communicate their brand differentiations by highlighting knowledge and personal care as stand out themes in increasing their personal brand.

**Keywords:** *Personal Branding, Doctor Communication, OB/GYN, Brand Differentiation, Brand Asset Valuator, Filipino Communicative Behavior*

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## Introduction

When communicators participate in encounters, they create strategies to pave way for the negotiation of meaning and experience. Most of the time, these communicative stratagems are made and executed in order for them to create awareness, get attention, and retain the recognition from others. Individuals use various tactics to seek interest, establish credibility, assert authority, and maintain impression from other communicators with the hope that these would institute their personal marque in a social sphere. Oftentimes, especially in professional encounters, communicators are tactical in positioning themselves alongside their "others." The placement of one's personal identity is made to create an effect that would not only last for a short period of time but as long as such a labelling is deemed important. In effect, it seems that communication paves way for one to build his or her credentials and, in the long run, establish one's importance. Communication, then, helps define one's capabilities and uniqueness in spins of continuous processes.

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As communicators engage in positioning oneself in the social and communicative arena, they build some form of branding –an understanding of who they are so that they could create relationships. Moreover, the process of building and maintaining one's personal brand is not made in a vacuum. Branding goes through relationships' various stages of communicative development. Initially, in this type of communication, one may ask: How do individuals communicate their personal brand?

Various communicative behaviors and processes are used in attaining desired personal branding experiences. In professional and dyadic communication, for instance, strategies are exemplified through the communicative views and competencies of the one who is creating the brand. Another consideration is the meeting up of the constructed brand with that of the expectations of the audience. Moreover, the culture of the interactants is perceived to be a factor in the construction of meaningful sharing of branding. Furthermore, how these factors develop, change, and may eventually disintegrate are also powerful determinants of how branding is successful. On a positive note, when communication variables of branding are consistently used, it then seems that effective communication is achieved. In a negative light, the inappropriate use of communicative views and styles may lead to labelling disintegration.

The researcher assumes that by investigating the nature and processes of personal branding of OB/GYNs, the Department of Health and the Philippine Medical Association can gain insights in formulating general guidelines on the improvement of the changing nature of branding among doctors in both private and public hospitals. Furthermore, this study attempts to determine the types of considered branding values of OB/GYNs by determining the nature and characteristics of such type of professional communication in terms of one brand vitality factor- differentiation. The research works around the premise that communicative behaviors in branding, as shown in doctors' musings in their clinics, are part of the crystallizations of who the Filipino doctor is. The focus of this study is only on results of focus interviews and observation logs of the practices of selected OB/GYNs in a town and a city.

OB/GYNs had been chosen for the study because of the importance of their communication practices especially in the healthcare industry. This study hopefully added to the global literature of professional communication, specifically doctor communication, while bridging the dearth of local research on the communicative nature of health communication experience in the Philippines.

Considering the importance of understanding the communication characteristics, styles, and behaviors in personal branding among OB/GYNs, this research investigated on the question: *What are the constructs of brand differentiation of selected OB/GYNs from the City of Manila and Virac, Catanduanes?*

## Theoretical Framework

### *Brand Asset Valuator*

Brand Asset Valuator (BAV) by Young and Rubicam, Inc. was originally developed for advertising purposes. Coming from the claim of the mentioned company that a “brand is the most valuable asset a company can own (2000:1)”, the model asserts that brands are formed in very specific development perception metrics namely: Differentiation, Relevance, Esteem, and Knowledge. BAV is said to lead to a brand’s health. According to the model, the relationship of the four variables results to the value of the brand. The value that is derived from the relationship of the four eventually underlies a brand’s ability to create a margin and to set itself apart against its competition (Sasikala, 2013).

A brand’s differentiation measures how it is viewed as different from other brands. In the advertising world, this is an important facet for profitable brand building (Verbeteen, 2006). Differentiation, sometimes referred to as distinctiveness, is also perceived as the initial point for a brand since it allows a specific brand to distinguish itself from the others. Sasikala (2013) further noted that differentiation gives birth to a brand. Hassan (2012) claims that if a brand wants to remain competitive, it must sustain its differentiation.

Jurgensen (2011) noted that it was only recently that the concept of personal branding has emerged in the literature. He mentioned that in creating a business, one needs to understand what people are saying about a person and how one should respond to the challenges of introducing oneself to others. Hence, there is a rise of personal branding as a communication tool for marketing. Findings are contradicting on the nature of personal branding. Some researches show positive reception to this practice amongst experts between professionals and clients that result to harmonious and prolonged relationships. Other researches show that one’s concept of how s/he markets him/herself is often in contrary to the audiences’ own branding concepts, thinking that there is a gap between the individuals who do the brand and the realm on the communicative, cultural, and social realities of the clients.

When it comes to branding concepts of professionals in the medical field, there is a dearth of literature that explains such a concept. In the West, although there is a growing desire to document how personal branding is communicated, there are only a few literature to explain how doctors and patients talk about marketing concepts. There is a dilemma, too, as to how both communicators – doctors and patients – would understand each other between the commonly differing and potentially conflicting explanatory processes they undergo. Current researches note that patients have expectations on their physician communication competence that have effect on the quality of relationships that are built between them and their doctors (Avtgis & Polack, 2007; Blanquicett, et al, 2007). Studies have shown that patients are more likely to be satisfied with care when

they establish rapport with the physician, are given information about their symptoms and the treatments prescribed, are able to ask questions and to discuss their ideas and those of the healthcare provider, and perceive the physician as seeking to build a partnership (Sudore, et al., 2009).

In the Philippines, the rising branding of doctors have been accepted not only among practitioners but also the market. Dr. Victoria G. Belo of the Belo Medical Group is said to be a success story as a brand as claimed in the website [www.belomed.com](http://www.belomed.com). The write up suggests that “she has proven to be top of mind when it comes to the specialized field of cosmetic surgery” because of her revered medical institution for the past two decades. Moreover, she is perceived as a pioneer in the area of liposuction, a booster of Philippine tourism, and a trusted practitioner by a list of celebrity talents. The tags associated with Dr. Belo do not only provide marks of her brand, they seem to claim how she is esteemed by those who patronize her. The success of Belo and her medical group is not a unique story in the Philippine branding experience among medical practitioners. Other medical groups have the same kind of strategies in different media formats. There are sentiments, however, that this type of marketing strategy that highlights a name as a brand is a violation of the Philippine Medical Act.

There seems to be a perception that OB/GYNs are in a state of good personal branding since no specific guidelines are set on how they are supposed to communicate their expertise to their patients. Likewise, it appears that despite the scholarly work on doctor communication, there has been no focus on how personal branding can have crucial implications on the doctor-patient experience in the Philippine situation. The researcher, therefore, finds it interesting to look into the communicative process of such a phenomenon. In fact, the Medical Act of the Philippines (1959) does not provide any clear form of reprimand, suspension, or even revocation of a medical license if a doctor does not comply with medical branding essentials.

Broadbent, Bridson, Ferkins, and Rentschler (n.d.) aimed to contribute to the current brand marketing by focusing on the relationship between brand image, brand love and loyalty within Australian elite sport. The authors claimed that since their paper is an investigation of Australian football teams, they found that in order to enhance profits through marketing strategies targeted at driving supporter loyalty, such teams are marketing their identities as a brand. This is made as an attempt to create a unique team personality in order to achieve a competitive advantage over other teams. They noted that “team or brand personality and its relationship with loyalty do not operate in isolation and the introduction of brand love to the conceptual model seeks to better explain variations in loyalty performance”.

Elmore (2010) mentioned that rebranding in these times is a necessity. From her perspective, a brand would allow one to stand out from a group and increase the

chance of getting promoted in a job. Interestingly, the author recommended that one has to expand the building and rebuilding of a brand using social media. The research article mentioned that a personal brand needs to be exposed in blogs, virtual resumes, and social networks. It is claimed in the article that with the presence of the internet, everyone has been given the chance to become a marketer.

In this paper, brand differentiation was investigated using the perspective of the brand makers themselves –OBGYNs- and not the brand followers or their clients. The paper argues that there is value to how brands consider their own brand values in order to position themselves to their patients. Indicators from the BAV, especially on brand differentiation, were used.

*A1a: OBGYNS from Manila and Virac consider themselves as distinct practitioners compared to other doctors.*

### *Filipino Communicative Behavior*

Lacson (2005) introduced the concept of Filipino Communicative Behavior (FCB) to mean that as a people, Filipinos behave uniquely. Based on his observations, “Filipinos have multiple meanings of things and common meanings are arrived at in tacit agreement with the other,” (p.1). He further noted that there are mindsets that help define the communicative behavior of the Filipinos that suggest presentations of who they are as a nation and as a cultural group. In Lacson’s (2005) conceptualization, FCB refers to the collection of “concepts of awareness, knowledge, attitude, values, beliefs, opinions, tendencies, predispositions, practices and perceptions” (p. 2) that make Filipinos who they are. The author further claims that the way a Filipino behaves is affected by the norms, values, and, most importantly, technology. In effect, he claims that actions that are taken and decisions that are drawn from the communicator’s class and life progression. What is important for FCB is the “matrix of contexts and perspectives” (p.10) that is basis for the behaviors.

The Filipino has been characterized in various sociological, psychological, cultural, communicative, etc. ways. In the literature, he is thoroughly discussed as someone who has the unique concept, mindset, behavior, and even patterns of communication. Enriquez (1976, 1994), where Lacson’s (2005) FCB is somewhat founded, claimed that the Western concept of self-other is contradictory to the Filipino concept of *sarili* and *kapwa*. As a support to the concept of Enriquez, Maggay (1999) stated that Filipinos have “surface westernization that lends a certain facility to interactions with outsiders that misleads outsiders into thinking that they could operate significantly within the culture without having to cross substantial cultural and linguistic barriers” (p.34).

What is good to note about ambiguity is its direct proportionality with the degree of intimacy that a Filipino feels towards the “other.” Santiago and Enriquez (in Maggay, 1999) stated that, “as the level of intimacy expands, verbal and non-verbal expressiveness also increases. One moves not only towards increasing self-disclosure, but also towards increasing verbalization of inner mental and emotional states” (p.45).

Maggay (2002) asserted that the levels of identification that were mentioned by Enriquez (1994) could be amplified to our manner and degree of intimacy with other individuals. She noticed that when Filipinos interact with outsiders, they normally adhere to the strict conduct of how to deal with strangers. The interaction adapted is tagged as *palihis*, *maligoy*, and *mapitagan* as opposed to the directness that one does when talking to an insider that employs “*tahasang pananalita*, *biro*, and *dusta sa pagtrato* with the other interactionist. These categories are reflected on the level of relationship that the Filipino does. The Filipino, it is argued, projects her/himself differently and contextually.

More recently, Gastardo-Conaco (2005) explained further the development of the Filipino psyche by mentioning that there is an ongoing challenge in developing a Philippine Indigenous psychology. Her paper focused on the *kapwa* concept- a central position in Sikolohiyang Filipino. The author found that experiencing *kapwa* is possible in *di-ibang tao* and *ibang tao* classifications. In her model, *kapwa* is one of the cultural factors that influence the construal of a social situation. Although this has to be proven using both quantitative and qualitative methods, she argued that with the collected indigenous data on how Filipinos behave and think; the dualities that are *ibang-tao* and *di-ibang tao* can be successfully proven.

Lacson (2005) found that Filipinos have mindsets that could determine their communicative behaviors. These mindsets are part of the “traditions, values, belief systems, and more importantly, the shared experience of a social and natural environment” (p.1). Lacson (2005) further claimed that the predispositions of the Filipino/a are developed in his/her mind on an increasing order. This means that as a Filipino/a individual continuously and continually experience being situated in a specific condition, s/he develops concepts on how to act and react in the given situation. Lacson’s (2005) paper included a thorough discussion on Filipino Communicative Behavior- a coined term that included “awareness, knowledge, attitude, values, beliefs, tendencies, predispositions, practices, and perceptions relating to the communication behavior of Filipinos” (p. 1). Based on musings and observations, Lacson (2005) was able to generate that “Filipino communicative behavior is a matrix of contexts and perspectives, illustrating the multiple layers of thinking which precedes and determines communicative behavior” (p.10).

So how do Filipinos who are also medical practitioners communicate? Capule (2011a) published a legal prescription that somehow tackled the legal

relationships of doctors and patients in the Philippines. He claimed that medical relationships between Filipino doctors and patients are guided by the “captain of the ship” type of responsibility. He mentioned further that in a given circumstance, the “head surgeon is made responsible for everything that goes wrong within the four corners of the operating room” (p. IV). The lawyer further articulated the legal responsibility of the surgeon not only for the wrongful acts of those who are under his physical control but also those wherein he has extension of control.

Capule (2011b) also mentioned that under Philippine laws, a physician cannot refuse to give emergency medical assistance to a patient who needs such care. If a patient, he stated, is not dying or has only sustained less serious or slight physical injuries, then the law will not apply. Interestingly, there seems to be a retainership agreement between a physician and a corporation/ establishment in the country. This allows for a long term relationship between a doctor and a specific patient.

These studies and perspective suggest a rich literature on describing the nature of the Filipino as an individual and a communicator, in various forms of relationships. Although studies on the nature of the Filipinos are extensive on the psychological, the legal, and the sociological, there is a dearth of literature on the nature of the linguistic and communicative aspects of Filipino doctor-patient communication in its various stages of development. This study hopes to contribute on that area of specialization.

In this study, the theory was used in order to determine how the OB/GYNs created meaning in the context of their brand differentiation practices. Since the informants had their environments (clinics and locales) as backdrop for their actions, then FCD has helped determine the mindsets and conditions that enabled the OB/GYNs to practice their branding natures and explications. Specifically, the paper looked at concepts of ownership and credit seeking among the OBGYNs in the two settings.

*A1b: There are distinct Filipino communicative brand differentiation behaviors among OB/GYNs.*

## **Method**

### *Research Design*

This study was descriptive in nature. To strengthen the validity and reliability of data, the researcher utilized the qualitative method of research to explain the performance and practices of the phenomenon of brand differentiation among selected OB/GYNs in both public and private clinics in a town –Virac, Catanduanes and the city of Manila, Philippines.

### *Research Method*

Focus interview (FI) was originally formulated for use with both individuals and groups. The explicit objective of the focused interview was to test, appraise, or produce hypotheses about a particular concrete situation in which the respondents have been involved (e.g., a shared event or salient experience). The focus of the interview was circumscribed by relevant theory and evidence and involve skilled facilitation of the process (in a one-on-one or group forum) using an interview guide, allowing for unanticipated views to also be uncovered and explored.

Moreover, the researcher used the qualitative software Xsight as platform in order to determine how personal brand differentiation was practiced. The researcher spent time with the observed informants when they were in their actual consultation sessions. Pictures, too, were taken to provide additional data on the constructs of branding artifacts that are present on the clinics.

### *Research Instruments*

Focus interview guide and observation logs were used. For the FI, the researcher conducted the interviews at the clinics of the OB/GYNs. Transcriptions were made after the interviews. Since only the information was considered for the study, no special notation or transcription scheme was used. Guide questions were prepared in order to give direction to the flow of the interviews as these tried to answer the research questions of the study. The interviewees were encouraged to talk freely and openly about their views and practices on branding in order to capture real-life data.

The observation logs were used to serve as validation of the information mentioned in the transcripts of interviews. This provided the cohesion that the research wanted. Moreover, the researcher took pictures that provided the actualizations of some of the branding techniques of the OB/GYNs.

### *Units of Analysis*

Three OB/GYNs from the town (Virac, Catanduanes) and three doctors from the city (Manila) were treated as separate groups to determine whether the locale had effects on the results of the study. Dr. SA (F, 50 yrs. old) and Dr. DS (M, 53 yrs. old) have been practicing the field in Virac, Catanduanes for decades while Dr. ML (F, 37 yrs. old) has only been an OB/GYN for three years. All of them have practiced their profession in public and private hospitals in the province. There were three OB/GYNs from Metro Manila who participated in this study. Dr. DD (F, 59 yrs. old) is a resident OB/GYN from a University hospital. Dr. EI (M, 50 yrs. old) is a public hospital doctor. Lastly, Dr. WM is a 51 year old doctor who practices in the city.

### *Sampling Method*

The researchers used the voluntary response sampling method for the FI. The OB/GYNs were also consulted prior to the observation of their medical consultation sessions. Furthermore, permission was asked so that pictures can be taken inside the clinics.

### *Data Construction*

To determine the communication characteristics, styles, and behaviors in brand differentiation among OB/GYNs, the researcher transcribed interviews. Relevant data from the interview were categorized and coded. The data were analyzed to find dominant themes that indicated the communicative branding practices, and examined patterns to look for the concepts of brand differentiation, relevance, esteem, and knowledge.

### *Data Analysis Procedure*

In the FI, responses were recorded exactly as they were delivered. As such, the insights of the interviewees were analyzed and explained. How the OB/GYNs responded to the different talking points raised by the interviewer were transcribed appropriately. In addition, FI data were subjected to “data reduction.” This meant that the researcher categorized and coded only those parts that were deemed significant to the study. Meanings and relations of the utterances/texts were related to the objectives and problems of the study. Furthermore, the data from the transcripts were validated using the observation logs of the researcher.

## **Results**

### *Constructs of Brand Differentiation*

This study wanted to identify how selected OB/GYNs from two research locales constructed their brand differentiation. From the actual statements of the six respondents, there were two themes that are common amongst the six OB/GYNs. The commonalities were on their knowledge that includes training and skills and the type of care they give to their clients.

### *Knowledge as a Construct of Differentiation*

Informants from Virac, Catanduanes mentioned that in order for them to be different from one another, they must have knowledge that are not possessed by other OB/GYNs in the locality. For the three respondents, the schools they went to, the skills they possess, and the trainings that they had make the different from one another. Dr. SA claimed that for her to stand above the other doctors in Virac, she has to have the training because “*a good obstetrician starts with training.*” This is seconded by Dr. ML who mentioned that her “*recent training*

*and the skills*" that she got from major conferences and conventions makes her a good choice. She emphasized that her edge is her youth that is why she has fresh ideas. Dr. DS, the only male OB/GYN in the province, claimed that one has to "*become a specialist in order to be successful in the field of Obstetrics and Gynecology.*" The three of them were one in saying that having the technical know-how, being hands-on, and updating the information that one possesses would allow him/her to be highly regarded in the profession. In the words of Dr. DS, "*what makes one different is the specialty because it encompasses everything.*" The three doctors were also proud of their medical schools and claimed that this factor contributed to their knowledge. "*I graduated from a prestigious school and I had my residency training in one of the best hospitals in Manila,*" said Dr. ML. Dr. DS similarly stated, "*For me, I came from Bicol Regional Training Hospital, which is now known as Bicol Medical Center in Naga City. It is a government hospital. So the experience we gain in there made more, well I say, competent.*"

Interestingly, Dr. DS, the only male OBGYN in the province of Catanduanes feels that his gender is a brand differentiation. He said, "*maybe because males compared to women are more courageous when dealing with problems or emergencies. Unlike with females, [sabi sa tagalog, nerbiyosa, nerbiyosa ang mga babae kumpara sa mga lalaki.] men are more firm when it comes to surgery.*"

For Metro Manila OBGYNs, knowledge, specifically specialty and training, is a construct of brand differentiation that makes the three of them positively different from other practitioners. Dr. DD claimed that in order for one to be different, the OBGYN has to be "*competent and knowledgeable in the field.*" Training and specialty, too, has been the topmost answer of Dr. EI when asked about his best asset as an OBGYN. He pointed that his four years of residency training in an accredited institution and the knowledge that he possesses allow him to be a good practitioner. He added that if one wants to be different, then he needs to sub-specialize. In the same light, Dr. WM believes that his residency training has made him a good practitioner in the field. He shared that he knows what the patients want and he gives what they deserve.

For both locales, there is an existing construct that if an OB/GYN wants to be different, there must be a rich source of training and education. As observed by the researcher, there seems to be pride in the knowledge that one has acquired from education and training. It seems that in order for one to be known in the field, one must know a lot. This was clearly evident on the way most doctors post their certificates, attended trainings, and affiliations on the walls of their clinics.

### *Personal Care as a Construct of Differentiation*

The OB/GYNs from Virac, Catanduanes agree that more than the required knowledge and skills, they have to have positive relationships with their clients. Dr. SA claims that she is “*patient because patients can be very irritable.*” Her strength is found on her ability “*to understand them so that you can manage them well.*” Dr. ML stated that “*in the province, you cannot expect that all patients can pay well,*” so if patients tell her that, she adjusts her professional fee. They mentioned that in order for them to be perceived as a top choice; they must exert that extra effort of being charitable. After all, they believe that part of their work is to be of service to the community.

The doctors from Manila agree that positive attitude is one main way to be different from other doctors in the OB/GYN world. The concept of positive attitude is composed of proper pricing and progressive care. Dr. DD said that she is open and frank to her clients. “*I make them very comfortable for the consultations,*” she said. The doctor also claimed that part of her positive attitude is being reasonably priced and affordable. Moreover, Dr. DD thinks that an additional value to her positive attitude is her years of practice. “*I do not have any subspecialty but my years of practice make me different,*” she added. Dr. EI also noted that doctors are not supposed to compete with one another because their basic work is to give service to the patients. “*Doctors are supposed to be for service but there are a lot of those who ventured into private and we know that their service[s] are offered with corresponding amounts,*” he mentioned. Interestingly, he added that for the welfare of the people, doctors must note that they are not a business enterprise. This was supported by the statement of Dr. WM who said that a doctor has to show care and kindness to the patients in order to establish the differentiation. In the vernacular, he mentioned that “*kapag caring ka sa patient, maalaga ka sa patient, kung baga word of mouth na yun eh, na pwede niyang i-transfer... dun ka na lang sa OB ko, maalaga yun.*”

### **Discussion**

These findings run parallel to the research of Broadbent, Bridson, Ferkins, and Rentschler (n.d.) who aimed to contribute to the current brand marketing literature by focusing on the relationship between brand image, brand love and loyalty within Australian elite sport. It is observed that if a brand wants to create a sense of enhancement to their marketing strategy, then there must be uniqueness to the brand. Broadbent, et al (n.d.) noted that “team or brand personality and its relationship with loyalty do not operate in isolation and the introduction of brand love to the conceptual model seeks to better explain variations in loyalty performance” (abstract). In this study, the OB/GYNs thought of highlighting their brand differentiation in order to establish customer loyalty in their brand.

Brand differentiation, too, should not be a one shot phenomenon. Elmore (2010)

mentioned that rebranding is a necessity that one has to do from time to time. From her perspective, a brand would allow one to stand out from a group and increase the chance of getting promoted in a job. In this study on OB/GYNs, the researcher found that in order to stand out, the informants had to highlight their brand by mentioning that their knowledge is always being updated. Personal care is always given to the clients in order to be different from other medical practitioners, too.

Interestingly, Elmore (2010) recommended that one has to expand the building and rebuilding of a brand using social media. It was mentioned that a personal brand needs to be exposed in blogs, virtual resumes, and social networks. It is claimed in the article that with the presence of the internet, everyone has been given the chance to become a marketer. Based on the actual statements of the informants, they are still not using social media to advertise themselves. It seems that in the Virac and Manila, there is still a mindset that social media is new and its benefits are not yet felt by the informants.

Clelland and Zarankin (2012) considered branding as a form of strategic communication. They claimed that if individuals use branding as strategies, trust can be established. Once trust is established, cooperation is easy to be achieved. Based on the observations made in the study, this seems to be the goal as to why OB/GYNs position their brand to their clients. They do not seem to claim that they brand because they want to earn money. They do the act of branding so the clients can be influenced to trust them. It appears that as the OB/GYNs project better brand differentiation, relevance, esteem, and knowledge, they can also better affect the communicative actions of their clients. Moreover, if the OB/GYNs positively position themselves to their patients, they can establish willingness and trust as practitioners.

In the same breath as Schultz and Sheffer (2012) applied a theory of branding to news reporters, this study also did apply BAV and FCB to a select number of Filipino OB/GYNs in Virac and in Manila. In Schultz and Sheffer's study, there was an aim to assess the creation of a personal brand via a collection of attitudinal data through a purposive survey of television and newspaper reporters in the US. Their study suggested that reporters do not aggressively brand themselves despite the fact that conditions are good for such behaviors.

In this study, the same situation has emerged. The OB/GYNs were not aggressive because they do not equate branding with financial gains. Moreover, OB/GYNs in the Philippines do not use branding as it connotes advertising oneself through media. They adhere to the code of ethics of the Philippine Medical Association that states that it is unethical to attract customers. Furthermore, the act of branding via social media is still a concept that is not seeping in to the mindset of the Filipino OB/GYNs. In a way, this suggests that there is still a traditional feel to the field of medicine despite the claims of the OB/GYNs that their field is a dynamic one. The author notes that the concept of

branding is not related to the concept of a celebrity in the sense that issues of differentiation, awareness, and honors do not play a part to the selected participants.

In terms of analysis, this inquiry has proven that measurable and quantitative concepts of the Brand Asset Valuator can be qualitatively studied. The measures that were originally designed by BAV, however, were translated into indicators so that they could be observed and translated into insights from the respondents. Questions during the FI were framed so as to reveal the displays of the brand values in the experiences of the selected OB/GYNs.

Lacson's (2005) concepts of Filipino Communicative Behavior (FCB) have also been observed as determinants to the contextual realities of the select OB/GYNs. In this study, the Filipino informants gave multiple meaning to their everyday life. One of this is the way they interpret their signs and symbols as shown on the artifacts they post on their offices and the attachments they have for their professional achievements. It seems that these communication habits are in accordance to the claim of Lacson (2005) when he said that Filipinos do make distinct meaning from objects and experiences. Moreover, as Lacson (2005) points out that Filipinos have "no middle ground posturing, only extreme swings of positioning," (2005:3), the OB/GYNs have shown that their personal branding style is either a complete adherence to the rule or the violation thereof. This appears to be true especially since most OB/GYNs in this study claimed that they do not advertise because the Philippine Medical Association has hindered them to do so or some violate the rule because there is no mechanism that checks the practice.

This qualitative inquiry has been an open-ended exploration. Because the quest is highly interpretive, the constructions and data consolidation must be strong for them to matter. Despite the subjectivity of this representation, the researcher believes that he has found strength in introspection and in order to weave the initial findings of this paper. This exploration, too, has given the researcher meaningful learning in terms of how data is described and reported. Armed with the task that he needs to document the process of data gathering/construction so the research can be replicated, he has expanded his open-mindedness in order to be knowledgeable in data interpretation.

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