

Organizational Identity and Strategic Responses in a Public Hospital in Angola

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Abstract: The purpose of this study is to verify the influence of organizational identity of a public hospital in Luanda, Angola in the strategic responses implemented by its managers in order to deal with the profound changes occurred throughout the country in a post-civil war context, especially in the health sector. According to the assumptions of the institutional theory, a case study of descriptive and qualitative approach was carried out. Data were collected from semi-structured interview, newspapers articles, websites, organizational documents and government agencies' documents. For the treatment of data, content analysis was used. The results obtained highlighted a close link between the characteristics of organizational identity and the predominant implementation of strategic responses of acquiescence and compromise by the hospital during that specific period.

Key words: Organizational identity, strategic responses, institutional theory, angolan public hospital, theory

INTRODUCTION

With the end of the civil war (1975-2002), the Angolan government began to seek solutions to numerous problems which left the country totally disrupted. The health of the population stood out as one of the most serious problems. According to note released by the Ministry of Health of Angola in 2004 (Tati, 2009), the armed conflict has weakened the social structure, leading to serious health public problems, such as compromised health care related infrastructures, increased risks of endemic diseases in addition to mortality with a particular focus on the maternal and child deaths. The living conditions of the population have become precarious and, consequently, increased the risk of illness.

Data contained in the report of the World Health Organization show that about 65% of health facilities were destroyed in Angola. The report also states that at the end of the civil war, the problems in the public health framework in Angola were, to some extent, justified by the limited capacity of the government to formulate health policies to address the needs of the population and at the same time, compatible with available resources by competition with other sectors of society, mainly the defense sector by the limited funds derived of foreign aid by the fragmentation of the system and the lack of coordination mechanisms. These problems required the Angolan government to develop strategies for the improvement of health conditions and public health

service. According to Fontes, the health care framework and epidemiological conditions in Angola reflected the conditions of the country.

In this sense, the Angolan hospitals realize the increasing need to adjust their strategies to the demands of the environment, looking for change, among other factors, the forms of service and knowledge generation, demanded an ability of quick adaption. Therefore, it is relevant to identify the strategic responses implemented by these organizations to respond to the environmental pressures, whose formulation is influenced by many internal aspects and among them, the organizational identity.

The seminal study performed by Albert and Whetten (1985) made possible to relate individuals with the ones related to organizational life through the concept of identity. From this idea, not just individuals possess identity but also organizations have their identity recognized features, that make them distinct from the others and which form the organizational identity. For (Kodeih and Greenwood, 2014) the concept of organizational identity portrays organizations acting according to a logic of appropriateness between, for example an old and a new strategy in such a way that they ask each other who they are before taking any course of action. Therefore, this concept refers to subjectivity and to what was experienced, emphasizing the action of individuals in a dynamics built through social interactions, identifications and affiliations (Gioia, 1998; Gioia *et al.*, 2000).

The growing recognition of the importance of organizational identity also stems from the results of several studies that have shown that it “functions as a filter for interpreting and responding to strategic issues and environmental changes” as noted by Glynn (2008) and Oliver (1991) suggests that strategic responses range from passive compliance to active resistance, depending on the environmental pressures for conformity which are exerted on the organizations. Thus, the choice of strategic responses is also connected to the way their leaders perceive and interpret the environment.

In view of these arguments, the assumptions of institutional theory are sufficient and relevant to investigate how a chosen behavior may occur and persist in the everyday life of organizations in the absence of any evident indication of its usefulness for maintenance of the interests, efficiency or organizational legitimacy (Meyer and Rowan, 1977; Oliver, 1991; Scott, 2013). Effectively, “the institutional context may be more or less conducive to active engagement by organizations depending on the degree to which the rules and relationships that characterize it are taken-for-granted or supported by intractable social mechanisms” (Lawrence, 1999).

Given these considerations, an investigation was carried out to verify the influence of organizational identity of a public hospital in Luanda, Angola in the strategic responses implemented by its managers to deal with environmental pressures that took place in the period 2003-2013. In the literature review several elaborate studies stand out aiming to understand the strategies of hospital organizations, based on concepts such as the evidence-based management, knowledge management and organizational learning, among others. However, there are few studies that combine organizational identity and strategic responses mechanisms to analyze the action those organizations employ as result of the external demands and expectations from the institutional environment. In addition, investigate phenomena linked to organizational reality of public hospitals is also necessary, especially in a country that went through a civil war, since these organizations are part of a sector with active participation in the balance of the national economy and the change of social indexes.

Theoretical framework: The concept of identity is used in organizational studies in order to understand how an organization differs from the others and how this process of differentiation takes place and establishes an organizational identity. According to Corley *et al.* (2006), the organizational identity involves a perception shared

by a collective, establishing the issue of who are the individuals included in this collective and how meaning is shared.

The seminal definition of Albert and Whetten (1985) is still prevailing in the approach of organizational identity. Generally speaking, Albert and Whetten (1985) consider it a self-reflective question, emerging in the organization to grasp the essential traits of its characteristics. Therefore, the organizational identity has three attributes, similar to those obtained on an individual level which highlight the criteria of centrality, distinctiveness and temporal continuity of the organization.

Synthetically, the central attributes represent the characteristics of the organization regarded as essential by its members, linked to the system of beliefs, values and organizational standards. They focus on fundamental aspects that represent the organization what it is, its objectives and its mission.

The distinctive attributes emphasizes differentiating characteristics of an organization in relation to the universe where those comparison are possible. They relate to its uniqueness, making it a reference provider of maintenance of their identity and bounding their borders.

The enduring attributes are those perceived as a continuous trait that links the past to the present and ensure constant transformation and continuity of the organization. The characteristics of durability of the identity in the organization do not change over time; identity is socially constructed in itself, around perceptions of its members about its essence or its ‘soul’.

It is important to highlight the difference observed by Whetten and Mackey (2002) between the identity in organization and identity of organization. The first conception which guided the research presented here, consider the organization as a social aggregate, as a collectivity or group of individuals who have in the identity a representation of the set of interpretations shared by them. Such conception leads to important questions regarding how members perceive the organization and also the ones displaying more influence in the definition of organizational identity. The second conception is the organization seen as a legitimate social actor, engaged in an active participation in society with rights and responsibilities as an individual and thus, identity as a set of institutional principles that guide its action.

Organizational identity is constructed through a process of socialization which occurs in the interaction between individuals and the organization, configuring itself as a process in constant construction, having as agents the organizational actor and the group in which he

is inserted. In this process, the individual approaches the group's conduct, incorporating certain organizational patterns and also acts on the group, having the possibility to modify it. Socialization is an ongoing process which becomes part of the set of individual experiences.

From the statements of Albert and Whetten (1985), Gioia (1998) seeks to identify the underlying logic guidance to the various organizational identity approaches. In an initial attempt, he explains, for instance, that the personal identity may remain stable over time, if the changes to the individual's behavior undergoes during its life cycle are consistent with his set of perceptions and core values, characterizing the maintenance of certain type of dynamic consistency on this mutation. Organizational identity, however is fluid, because processes and structures of the organizations change faster, to a lesser or greater degree in the face of the environment pressures. In this sense, the active role that the contextual pressures exert today in the formulation of organizational actions, requires organizations to change their identity aspects with relative ease for purposes of environmental adaptation, expressing what (Gioia *et al.*, 2000) called "adaptive instability".

On institutional theory perspective, the environment is understood as an instance that emerges in the everyday life of organizations which selects and transmits operation modes. In those terms, social interaction shapes social institutions, resulting in the emergence of an intersubjective reality which makes strategic actions to be formulated according to the interpretation of rules and practice standards defined and rationalized in the environment through the use of isomorphic mechanisms including the coercive, mimetic and/or normative types. In search of legitimacy, organizations formulate strategies to obtain resources and provide an internal adequacy to external pressures, responding in accordance with the rules and the dominant social values in their organizational field (Meyer and Rowan, 1977; DiMaggio and Powell, 1983; Scott, 2013).

Oliver (1991) states that organizations meet the requirements environment according to their internal capacity, the reasons and types of such pressures, those who exercise them and how and where they are exercised. She establishes a typology of five strategic responses that vary in a continuum that goes from passive conformity to active organizational resistance.

In the strategic response of type acquiescence organizations commonly adhere to institutional pressures assuming habit, imitation and compliance tactics, depending on the relationship that exists between them

and the environment. For Oliver (1991) the habit is embodied in the adherence to standards, rules or institutional values taken-for-granted which become a pattern of action reproduced continuously, especially when those standards have achieved the status of a persistent social fact. In view of that, an organization may be unable to react strategically to external pressures, just repeating the usual practices and actions.

Imitation refers to playing the organization of existing institutional models, of which it grasps some enhanced legitimacy of the success of the strategic responses of other organizations it mimics. It is important to note that Oliver (1991) related this response tactic to the practices of mimetic isomorphism, according to DiMaggio and Powell (1983). In this sense, the imitation serves as the basis for ensuring efficiency in response to pressures of environments to which these organizations maintain a relationship of acquiescence.

Compliance in turn, occurs when an organization embodies values, norms and institutional requirements. Oliver (1991) considers compliance as a more active response tactic than habit and imitation because in this case, an organization adheres to institutional pressures in anticipation of the perceived benefits.

On the other hand, the strategy of compromise represents the beginning of the organization's resistance to environmental pressures, assuming balance, pacify and bargain tactics. This strategic response is formulated in the spirit of accommodation and conformation rules, standards or institutional values; however in contrast with the acquiescence, submission is only partial.

The balance tactic refers to the combination of multiple demands in response to pressures and institutional expectations through the range of satisfaction and parity of interests of various stakeholders. The search for a balanced response occurs when organizational interests conflict with the external requirements, making it appropriate to reach a satisfactory compromise between expectations and objectives of the competitors. An organization that employs the tactic of pacifying commonly takes on a lower level of resistance to the contextual pressures and at the same time, devotes most of its capabilities to appease institutional bases that has resisted, perpetuating its relationship with the environment. The bargain or negotiation is a more active response tactic to the continued compromise with the environment than pacifying. It involves an effort of the organization, based on some strong points and recognized by the sources of pressure, to provide some concessions to external requirements and demands.

The strategic response of avoidance is defined as “the organizational attempt to preclude the necessity of conformity” (Oliver, 1991). It used concealment, buffering and escape tactics from institutional rules or expectations. In concealment tactic the organization uses a disguise of acquiescence to mask its non-conformity with the institutional pressures, developing plans and procedures in response to environmental requirements that do not intend to deploy. The buffer tactic refers to the organization’s attempt to loosen links with sources of external pressures that inspect and assess its internal activities, promoting its legitimacy. The organization seeks to achieve its goals and at the same time, it creates conformity with the external context. The escape is to Oliver (1991) the most dramatic tactic of choice among those that make up the avoidance strategy, because the organization deliberately and strategically chooses to change significantly its objectives or activities to avoid the need to comply with the institutional pressures.

The strategic response of defiance can be operationalized by the employment of tactics of dismissal, challenge or attack. The dismissing of institutional rules and values occurs when the organization realizes that the potential of the sources of pressure regarding the application or enforcement of institutional rules is relatively low or in the case of internal objectives deviating widely from institutional values or requirements.

Challenge is an alternative of strategic response more active than dismissal. If an organization challenges the institutional pressures, it implements, for example, actions that might offend the will of the institutional environment, such as demonstrations or union strikes, making explicit its insurrection. When the values and environmental expectations are specific to particular source of pressure or when the organization believes that its rights, privileges and autonomy are at risk in the event of responding to an institutional demand, the most common tactic is the attack. Attack is distinguished from challenge by the organization because it expresses with higher degree of intensity its rejection of the institutional norms and expectations (Oliver, 1991).

Finally, manipulation is the most active strategy of resistance to environmental pressures, since it is formulated “as purposeful and opportune or opportunistic effort in order to affect institutional constituents and assessment standards in the environment” (Crubellate, 2004). In this strategy, the organization adopts tactics such as cooptation, influence or control of the agents or relevant institutional forces in order to ensure the efficiency of their actions.

When using the cooptation tactic, the organization seeks to engage actors with capacity to interfere on its behalf in the demands of the environment. An

organization can choose to corrupt the pressure source in order to neutralize the opposition and increase its legitimacy or to create coalitions with other organizations and demonstrate worthiness to the environment with the purpose of obtaining resources and approval to reach a specific objective.

The use of the influence tactic embodies the intention of the organization in shaping beliefs, values, criteria or consolidated practices in the environment to accomplish a particular goal. Oliver (1991) note that this is the case of organizations that use the practice of lobbying, for example in the sense of using illegitimate pathways to exercise influence over certain source of pressure; as result, they are able to change the environmental rules or standards to which they are forced to conform. Controlling tactic is deployed when the organization intends to create power over the external pressures applied to it, so that it can carry out its purposes. It is the most active tactic of response if compared to the cooptation and influence tactics, since the intention of the organization is to dominate the environment, instead of influence, shape or neutralize institutional sources.

In summary, the formulation of strategic responses and their various tactics, according to Oliver (1991) can be influenced by the standards, values and beliefs legitimized in the institutional environment and internally by the manifestation of power relations, structures of strategic decisions as well as the mechanisms of acquisition or maintenance of legitimacy as actions reproducing the meaning of perception of the identity of the organization.

MATERIALS AND METHODS

The analytical categories focused on research were organizational identity and strategic responses. Organizational identity was verified by identifying of the organizational values that guided the expression of the central, distinctive and enduring attributes of the hospital under study, as defined by Albert and Whetten (1985). The strategic response was verified by identifying of the frequency of strategic actions and tactics formulated by the hospital in the period 2003-2013, classified according to the typology of Oliver (1991).

The method used was the case study of descriptive nature and qualitative approach. The sample was intentional non-probabilistic composed of two directors and two managers of the administrative department and pedagogical and scientific department for them participate directly in the strategic formulation process as well as holding courses, lectures, symposia and seminars for employees in order to enable them to implement such strategies.

Semi-structured interviews with members of the sample were carried out for the collection of primary data in order to verify the organizational identity and the strategic responses of the hospital investigated. The interview script was composed of eleven questions open, semi-open and closed. All interviews were conducted in the hospital in Luanda, Angola and took an average of forty minutes. Of the four interviews, three were recorded and one was hand written by the researcher for alleged discomfort with the recording by the informant. Further, the content of the recordings made was transcribed in an integral way.

Secondary data were collected by consulting the documents and information records of the organization, Ministry of Health and the National Public Health Service of Angola. Data were also collected from Angolan newspapers and websites in search of information on the health sector, the hospital under study and other environmental features.

All data were initially treated with the help of Atlas.ti 7.5.2 Software. All data were entered into a single document in this software, used as a tool support in the management of documentation, facilitating the process of analysis, storage and control. The software enabled the encoding of relevant text fragments that, subsequently, were allocated to the corresponding analytical categories and linked to the theoretical framework exposed. The software also allowed the inclusion of comments, quotes and graphic schemes between codes which were the final results generated. Then these fragments grouped in their categories were interpreted using content analysis.

With the aid of software, the four interviews were encoded one after another. As a code already created for a text passage was used to encode the other hand, it was made using the same code. For the content analysis of the interviews were accurate 39 codes. These 39 codes were used in 143 quotations which is an index of 3.66 quotations per code. The interview number one required the generation of 31 codes and the interview number two more three new codes. In the third interview that number was reduced to two codes, indicating only a new code in the fourth interview. This finding is important, particularly to justify that as the interviews were being conducted, data redundancy suggested approaching the saturation point.

RESULTS AND DISCUSSION

After the end of the armed conflict and the achievement of peace, security and political stability in 2002, started in Angola an accelerated process of social and economic development to create a society of welfare

for citizens, based on the principles of universality, equality, social justice, social solidarity and democracy, as established in the Constitution of the country. In the health sector, among other initiatives, a Management and Expansion Program of Sanitation Network was created, with very specific targets for development until 2021 and rules for the standardization and maintenance of different types of health facilities in order to meet conditions to provide care and health services in different levels of attention. Angola's National Health System is now composed of three health levels of attention: municipal level, consisting of basic health units, health centers, municipal hospitals, nursing stations and doctors' offices, offering services of low complexity; provincial level, integrated by general and monovalent hospitals offering services of intermediate complexity; and national level, comprising the central hospitals and specialized hospitals, as the case of the hospital investigated in this study, offering services of high complexity. These levels are linked to each other through reference and counter-reference mechanisms to ensure a continuous and integrated assistance to citizens (Ministerio, 2012).

In 2011, a Multisectoral Commission was established; this commission is coordinated by the Minister of Health which was responsible, among other things, for the creation of the National Public Health Plan for the period 2012-2021. A National Health Development Plan was also created in order to respond entire health care network of the National Health Service which until 2011 was made up of 2,356 healthcare facilities in cities across the country (Ministerio, 2012).

In the period under study, the main problems faced by the National Health Service were linked mainly to the limitations of human, material and financial resources which represented a huge challenge for achieving the objectives of National Health Development Plan. According to a document of the Ministry of Health of Angola, the problems that stood out were: sanitation coverage and insufficient maintenance of healthcare facilities; reference and counter-reference systems deficient at the three levels of the National Health Service; human resources and health technicians reduced in quantitative and qualitative terms and inefficient distribution of staff in rural and peri-urban areas; flaws in the Health Management System including the information systems, logistics and communication; insufficient financial resources and inadequate funding model; limited access of the population to safe drinking water, sanitation and energy.

The line of action for the design and implementation of the National Health Development Plan was the long-term development strategy, created in 2008 and

named Angola 2025 which establishes the guidelines of the Reform of the National Health System including the development and the approval of the National Health Policy. The Minister of Health set the basis for such reform which began in the Government Program of 2009-2012, concerning the structuring, restructuring and management of the National Health System; sanitation coverage and organization of the system of reference and counter-reference to provision of health care services; integration of public and private sectors and traditional medicine; standardization, organization and financing of health care system; monitoring of the health care quality; and scientific research in the health field. The mentioned reform was based, therefore, on four pillars: structure, funding, regulation and operation of the system, associated in a matrix form to the crucial points with the purpose to create synergies and promote an inclusive structure which embraced most of the interest groups involved in the transformation process of the National Health System (Ministerio, 2012).

However in health expenditure made from 2005-2010, the proportion of the state budget devoted to the sector ranged between 3.8 and 8% of the total which generated a low health of sanitation coverage and reduced access to a reference and counter-reference system, affecting the performance of the National Health System. On the other hand, the fact that the major hospital centers of expertise concentrated in Luanda (the capital), caused the populations of several provinces to travel to the capital for certain medical procedures. As a result, the response capacity and resolution of hospitals did not meet the population's needs; this situation meant that the citizens' rights regarding the choice service and provider, acceptance or refusal of treatment in order to protect their privacy, confidentiality, respect for personal data and any information on his health status were not respected (Queza, 2010).

Considering the situation the country was facing and the government's actions to get around it, the public hospitals started to be the center of attention of the government and the population, as they became the base of operations of the entire health policy. The reform of the health sector brought closer together the public health institutions of the third level with the Angolan government.

The result of government efforts was also the construction of medical school and vocational schools for health professionals. Five new public medical schools were created in the provinces of Cabinda, Malange, Benguela, Huambo and Huila which enabled a progressive increase in the labor force between 2010 and 2013, highlighting the number of doctors which went from

127-176, nursing graduates, from 14-45 and the nurses, from 1,906- 3,769. With regard to infrastructure, there was until 2013 an increase of 34 new healthcare facilities, with emphasis on first level of attention of health.

It is pertinent to consider that Angola has an extension, population, epidemiological and socio-demographic profile that displays a very complex reality. In 2011, the country had about 24 million inhabitants, distributed in a peculiar way in 1,246,700 km² of total surface. Of the 24 million, almost 60% lived in urban centers. Only in Luanda, there was a concentration of 5,288 million which represented approximately 27.08% of the population (United Nations Statistics Division, 2016). These data reveals not only the population density in the capital but also the effort that national hospitals had to make to provide health care to all these people.

The hospital investigated in this study is located in Luanda and is among the four main public hospitals at the national level of attention to healthcare of the country. As a third level hospital, it depends directly on the Ministry of Health, with a public institution regime with administrative and financial autonomy. It is equipped with conditions for medical hospitalization and a staff able to provide care in different medical specialties. Among the main services provided by the hospital the inpatient services and special services stand out as well as outpatient services such as emergency bank, external queries and day-hospital. Its funding comes from the State General Budget, supplemented by the collection of co-participation fees charged for consultations and outpatient procedures. Hospitalized inpatients are exempted from payment of these fees.

However, the hospital has not always been in this situation. After its independence and the beginning of the civil war, priority was given to repairing the damage caused by the political context of Angola. The socioeconomic weaknesses of the country at the time did not allow investment in the improvement of living conditions and health of citizens, since during the conflict the main concern of the Angolan government was with the survival and security of the population.

Organizational identity of the hospital: The analysis of primary data revealed that, before the end of the Angolan civil war in 2002, the purpose of the hospital focused was only the maintenance of a service infrastructure to deal with health problems that were accumulating with the growth of the conflict. The uncertainty caused by the political instability either allowed the hospitals to perform strategic infrastructural changes, focusing only on helping patients who sought their services in order to contain the precarious quality indicators of the health

sector which only tended to increase. The concern was also focused on the approach to patients, ensuring that their arrival meant a solution for their problems.

Since 2003, Angola's political situation began to stabilize and the hospital aims shifted to the pursuit of improving the infrastructure and the clinical condition through investments directed to its reconstruction. Thus, it was possible to reform the entire hospital infrastructure which included the completion of new wall painting, replacement of floors and internal suspended ceilings, installation of air conditioners, the repair of power grid, among other improvements.

The change of organizational objectives also includes the hiring and qualification of employees, such as doctors, nurses, hospital administrators, support staff etc. The hiring of foreign professionals became frequent from bilateral technical cooperation signed between the various countries with which the Angolan government maintains a diplomatic relationship, as is the case of Cuba, Portugal, Brazil and China. New equipment for the performance of health services were also purchased, signaling the increasing number of specialties that the hospital needs to have. The use of advanced technology and a logistics system with constant updating brought results that even contributed to the reduction in the mortality rates in Angola.

With these objectives, the hospital's mission has become in general, to provide a more humanized and quality care for patients in order to allow them a dignified reintegration into society. With regard to the vision, the intention is to stand as a reference hospital in the African continent, with the differential to provide humanized and specialized service.

In these terms, in relation to the central attributes of the organizational identity, it was found the incidence in the hospital during the period 2003-2013 of values such as innovation, professional training, humane care and specialized care. Indeed, the external pressures associated with the political and economic situation after the civil war, in addition to those derived from government efforts to improve the country's health conditions, as described in the previous section, contributed to the emergence of these values, kept in the work context also based on the way they were disseminated among employees.

Considering the distinctive attributes, the hospital's effort to ensure a more humanized service for the citizens turned it into a reference hospital in Angola for quality high standard in care and exclusive provision of certain services in various specialties, enabled it to receive patients from all over the country. To this end, the hospital also encouraged employee participation in lectures, symposia and national and international

conferences, as well as promoting courses, conferences and symposiums for the training of internal staff and employees of several Angolan hospitals, especially those considered 'godchildren hospitals'. The godchildren hospitals (provincial and/or municipal) are those designated by the Ministry of Health to come under guidance of certain national hospitals, the 'godfather hospitals' which should guide their godchildren in health care matters and hospital administration.

The organization became also reference as a university hospital, for having foreign professors designated appointed to form the best doctors in the country and for allowing several medical schools, mostly in Luanda, to use its infrastructure for their students to perform internships under the monitoring of these professors.

The hospital is one of the largest health institutions in Angola. It occupies an area of over 20,000 m² and in 2013 having >900 employees between contract and temporary employees >800 beds and was distinguished from other national hospitals because the highest number of specialties, offering excellence in most of those considered priorities for improving the health situation in the country.

Thus, with regard to the distinctive attributes, was identified the predominance in the hospital of values such as continuing professional training and hospital reference, disseminated from its central characteristics. However, these values were at the same time indicators of distinctive and enduring attributes of organizational identity. The characteristics and activities of the hospital presented above remained the same during the period 2003-2013, merely conducted with significant intensity in recent years due to the commitment of the top management team in dealing with the government and population pressures. The directors not only knew the main distinctive attributes but also developed strategic actions to differentiate increasingly the hospital from its peers and other institutions in the health sector.

Strategic responses of the hospital: In order to make the changes described above, the hospital investigated began to deploy in the defined period a series of strategic actions that allow it to achieve the goals outlined. The analysis of the primary data revealed that the constant search for information about the strategic actions implemented in other public hospitals in Luanda before making decisions about its own actions, was a procedure adopted in order to adapt their way of addressing the problems of the population to the other hospitals in third level of attention. This could ensure not only compliance with the rules of law in force in the sector and the

Ministry of Health guidelines but also demonstrate its commitment to alignment and improvement of citizens' care conditions throughout the country as well as serving to explore possible weaknesses that other hospitals did not prioritize, strengthening its distinction as compared to its peers. This way of acting characterizes the imitation tactics whose adoption allows the enhancement of its survival and legitimacy in the environmental context, according to DiMaggio and Powell (1983) and Oliver (1991).

On its own initiative and sometimes under the guidance of the Ministry of Health, the hospital also developed strategic actions to search for differentiation in the health sector, a factor that turned it into a reference in certain specialties. To this end, understanding the demand of the population for specialty services that did not exist in Angola or displayed very limited capacity, leading citizens to travel frequently to other countries, the hospital sought to stand out by providing high quality services more humanitarian and recovery of citizenship. It also created the conditions to perform these services efficiently, to invest in innovation management, installations, machinery and equipment, even with increased costs, in the continuous training of its staff, in their motivation in the promotion of professional careers in the mechanisms of retention of human capital and in the salaries of skilled employees, as specified in the previous section. The hospital had to stop reacting to specific problems that patients brought and assist them in order to prevent future problems, using for this purpose the services of its health education sectors.

The intention of the continuous training of employees was aimed at raising their level of knowledge not only in terms of medical skills related to each function but also with regard to the forms of service offered to the population. The hospital disclosed its mission among employees in internal circuit radios, in the hospital walls, as well as sectoral, departmental and interdepartmental meetings, so that they would be aligned around the same objective, despite the diversity of functions.

The hospital also used the media as a strategy to spread its distinctive characteristics. This action allowed to inform stakeholders, especially the population, novelties and limitations on services which somewhat eased certain pressures, especially for medical consultations.

Thus in addition to professionalization of management which was a strategic action taken to ensure an increasing methodical performance, conscious and scientifically based, the hospital hired from abroad doctors and professors for the medical school and made use of consulting services for the implementation of new strategic actions and its adjustment to the norms of

legislation in the health sector. Thus, the hospital obtained greater knowledge about the essence of population's problems as well as it started to have a top management team that could solve effectively such problems.

The hospital staff began to participate in symposia, congresses and national and/or international conferences promoted by its leaders and by health sector entities, as well as visiting trade fairs and exhibitions of the national and/or international health sectors. These actions allowed them to learn about what other hospitals were doing and at the same time, they served to expose their achievements.

All together, these strategic actions relate to the use compliance tactics. It should be noted that in defined period the hospital had some autonomy to formulate their strategies. However, considering the precarious situation of the country and the hospital, it was determined by the Ministry of Health of Angola that the above actions were taken to the rapid improvement of the health situation of the population.

Concerning the negotiations, the hospital's representatives did not use to discuss, challenge or bargain with representatives of government, laboratories and suppliers the procedures, deadlines and prices for the achievement of its objectives. The reason was that, as a public organization, the hospital operationalized the government strategies. Furthermore, there was never the need to negotiate deadlines because the members of its top management team participated in meetings with government entities focused on developing actions for the common good. There were also discussions about the rules of the current legislation in the health sector with members of the administrative sector, reinforcing the importance of accomplishing them with the other employees, asked about expectations and difficulties to perform their work.

Therefore, it was found that to deal with the rules and requirements of a turbulent environmental context, characterized by serious problems in the health sector arising from the end of an armed conflict in the country, during the defined period the hospital predominantly formulated strategic responses of acquiescence and compromise. The strategic response of acquiescence was adopted with the predominance of the use of imitation and compliance tactics and the strategic response of compromise including balance and bargain tactics.

CONCLUSION

The general objective of the present research was to verify the influence of organizational identity of the public hospital, located in the city of Luanda, Angola in the

strategic responses implemented by managers on environmental pressures arising in the period from 2003-2013. The results obtained reveal that, after the end of the civil war in 2002, the precariousness of the health system demanded, for an improvement, much Angolan government investment. In Luanda, the transformations that began in the following year allowed the public hospitals, including the hospital investigated, to experience significant expansion of its structures and services, performed by professionals trained continuously to assist the demands of citizens who came from various parts of the country hoping to receive health care there.

With regard to organizational identity of the hospital focused, its central attributes in the delimited period were characterized by improved inpatient service, offering new specialties and the improvement and expansion of health infrastructure, guided by the diffusion and sharing of values such as innovation, professional training, humane care and specialized care. The distinctive and enduring attributes were expressed in the consolidation of the organization as national reference hospital and as university hospital which was a result of the high standard of quality services, exclusive availability of certain medical specialties, its size, besides the production of the best doctors in the country.

Regarding the strategic responses, the hospital professionalized its managers, enabling them to meet the expectations and requirements of the Ministry of Health, other entities in the sector and the population of Angola by the predominant adoption of a passive compliance posture. The implementation of the strategic responses of acquiescence and compromise were explicitly driven by the values mentioned previously, allowing the hospital to increase the survivability and legitimacy in a time of intense contextual instability.

However, one cannot say that the strategies formulated in the hospital in the period examined were exclusively a product of the initiative of its directors, revealing evidence of occurrence of coercive isomorphism. Therefore, the assumption regarding the possibility of strategic actions based on strong environmental pressure may inhibit the effects of the direct influence of organizational identity in the process of formulating strategic responses arises, as noted in the hospital investigated. According to Glynn (2008), "although isomorphic pressures can constrain the choices of elements that organizations use to construct their identities, institutional forces also enable the process of identity construction itself".

On the other hand, considering the nature of the sources of pressure, their intensity and the context in which the hospital was inserted, it is inferred that the

characteristics of its identity may have been reaffirmed. Hence, an organization as socially constituted, can see its identity being tested while dealing with the pressures of the institutional environment, conjecturing that the relationship between the two phenomena occur in a more recursive way.

The research context and methodology selected for this study offer some limitations. During the period of stay in Angola for data collection, other hospital's directors and managers could not be interviewed for reasons such as business travel and downtime which restricted the sample size. It was not possible also to obtain all secondary data considered relevant to the characterization of country's health sector due to the delay in obtaining permission from the ministries and related agencies to carry out the documentary surveys. The lack of authorization to examine various organizational documents and to disclosed the hospital's name prevented the description of some of its features and major events in the focused period. Finally, this research was conducted in one organization which limits its generalizability.

It is expected that they inspire further research including other public and private hospitals in Angola, despite the theoretical and methodological challenges they might raise, thus stimulating the advance in understanding of the theme.

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