

Identity domains as cognitive drivers of competitive interaction:

a single case study analysis of the Dutch health insurance market

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Preface

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Hope you enjoy reading my Master Thesis.

Diederik Groeneveld

Nijmegen, August 4, 2022

Abstract

Organizations in a competitive environment act and respond to various economic drivers. This research suggests that cognitive drivers, specifically organizational identity, may be an important factor in competitive interaction. Through abductive research in the Dutch health insurance market, this research found that health insurers draw on identities in organizational, industry, and strategic group domains to influence competitive interactions. In particular, this research found that organizational identity relates to product offerings at business-level; industry identity relates to downstream strategies at corporate-level; strategic group identity relates to expansion modes on the corporate level. The results highlight the strategic group as a filter in the identity domains and form a conceptual model that describes how the identity domains of health insurers influence competitive interaction at business-level and corporate-level.

Keywords: health insurers, Dutch health insurance market, influence, organizational identity, identity domains, competitive interaction

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Chapter 1 | Introduction

1.1 Background

According to Zaller (1999) organizations compete when they offer the same product to customers. The competition consists of competitive interaction between organizations in the market. Competitive interaction includes both the competitive actions (*moves*) and the responses (*countermoves*) between organizations (Andrevski et al., 2021). The competitive actions and responses are categorized as ‘competitive moves’, for example product-level, downstream strategies, or expansion modes (Fisher, 1997; Siggelkow, 2001)

According to Chen and Miller (2012), competitive interaction has different drivers that determine how an organization competes based on certain competitive moves of rivals. Hence, Andrevski et al. (2021) examined various economic drivers for competitive interaction. The first driver, superior capabilities, explains how an organization was found to act or respond when it has superior technological resources (Carnes et al., 2019; Gnyawali & Madhavan, 2001). The second driver, market centrality and multimarket contact provide the core contextual driver of engaging in a certain market (McGrath et al., 1998; Yu & Cannella Jr, 2013). The third driver, subjective perceptions of rivalry and tension, is inferred from psychological experiences of rivalry and competitive tension (Kilduff et al., 2010). The fourth driver, managerial cognitive dispositions, affects how executives notice and interpret rivals’ actions (Nadkarni & Barr, 2008; Nadkarni & Chen, 2014).

However, these economic drivers do not specifically address the underlying reason for a specific competitive move (Chen & Miller, 2012). The economic drivers examined *whether* a competitor is able and likely to initiate a competitive move, but not *why* a competitor initiates a competitive move and what it intends to achieve (Andrevski et al., 2021). The cognitive drivers develop a subjective representation of why an organization initiates a particular competitive move. Whereas most work in forming the competitive strategy focuses on economic drivers (Irwin et al., 2018), this research examines cognitive drivers, specifically organizational identity.

Drawing on competitive interaction, organizational identity has become a prominent concept in researching the cognitive drivers of competitive interaction (Whetten & Mackey, 2002). Organizational identity is defined as a set of central, enduring, and distinctive statements (Albert & Whetten, 1985) and is concerned with how an organization share beliefs in alignment with questions such as: ‘who we are as an organization’ and ‘what do we want to be in the

future’ (Albert & Whetten, 1985, p. 803). The concept helps organizations through their competitive moves, interpretation, and decision-making (Albert & Whetten, 1985).

Subsequently, Albert and Whetten (1985) introduced the concept – identity domain – to bridge the gap between organizational identity and competitive interaction and provide insight into the cognitive drivers of organizational identity. The identity domain refers to “the organizations’ consensual understanding of the competitive environment that reinforces the organizational identity in the market” (Livengood & Reger, 2010, p. 48). Identity domains can be separated into the following domains: organizational identity, industry identity, and strategic group identity (Dhalla, 2007; Peteraf & Shanley, 1997). First, organizational identity informs organizations’ strategic choices, as they filter the competitive environment through their own beliefs about the organization, and so align competitive moves with identity (Irwin et al., 2018). Second, Dhalla and Oliver (2013) define industry identity as: “the collective understanding or shared set of beliefs widely held by members of an industry about what constitutes the central, enduring, and distinctive characteristics of the industry as a whole and its members” (p. 1804). Third, the strategic group identity contains a collection of organizations that pursue similar strategies in the industry and see themselves more closely in competition with members of their group than others (Porter, 1980). In addition, identity domains provide a better understanding of *why* organizations act vigorously toward competitive moves of rivals, which are less financially rewarding compared to other potentially more financially rewarding competitive moves (Chen & Miller, 2012).

The following example gives more insight into the possible connection between organizational identity and competitive interaction; an electronics company – for example, Samsung – specifically invests in sustainable semiconductor solutions. Taking into account that this investment is an economically profitable innovation, it is expected that competitors in the electronics market will react with other competitive sustainable solutions. Since Samsung’s identity focuses on being the leader in sustainable semiconductors (Ali et al., 2011), it is predicted that Samsung will competitively react to the sustainable innovation of semiconductors. Although semiconductors are important for most of the electronics companies, others are not expected to respond as quickly as Samsung, because the sustainability of semiconductor solutions is not part of their main identity in innovation (Ali et al., 2011). This example suggests that the identity of the organization influences the way the organization competes within the competitive market.

Thus, although acknowledging that various identity domains exist, these rarely are combined to understand how organizations draw on several identity domains and how these relate to competitive interaction and their competitive moves. This research addresses several contributions toward a richer understanding of the role of cognitive drivers, specifically identity domains as part of organizational identity, on competitive interaction.

1.2 Research gap & relevance research

Competitive interaction today is often viewed from a rational model, which suggests that organizations in a competitive environment act and respond in an economically rational manner based on various economic drivers (Andrevski et al., 2021; Scherer & Ross, 1990). These economic drivers describe what enables, stimulates, and hinders organizations to carry out a competitive move (Andrevski et al., 2021). However, cognitive drivers may be an important factor as well in competitive interaction (Kilduff et al., 2010). According to Livengood and Reger (2010), there is a growing body of literature that recognizes the importance of organizational identity as a cognitive driver of competitive interaction. Thus, although the economic drivers of competitive interaction are studied, previous studies criticized the competitive interaction as being undertheorized with too much emphasis on simple rational models and too little on cognition (Andrevski et al., 2021; Chen & Miller, 2012; Kilduff et al., 2010).

Moreover, Irwin et al. (2018) have determined that organizational identity may influence competitive moves, as organizations filter the competitive context of organizational, industry, and strategic group-level, through their own beliefs. This influence aligns competitive moves with identity (Andrevski et al., 2021; Kahneman et al., 1982). Therefore, these identities in competitive interaction remain to be explored (Chen & Miller, 2015). To conclude, this research fills the gap by addressing the influence of organizational identity on competitive interaction – focusing on why organizations act and respond in competitive environments, often in ways that are counterintuitive within a purely rational manner (Livengood & Reger, 2010). This gap is addressed by examining the identity domains, exploring the relationships between them, and connecting them to competitive interaction.

1.3 Problem statement & Research question

Organizational identity allows organizations to explore how cognitive processes in an organization relate to competitive moves at organizational, industry, and strategic level

(Ashforth et al., 2011). However, despite the importance of competitive interaction, there remains a paucity of evidence on how the identity domains are combined and how these identity domains relate to competitive interaction. Overall, the organizational identity perspective helps examine the identity domains and *why* Dutch health insurers compete the way they do when making competitive moves.

To examine the role of identity domains in competitive interaction, the following research question has been formulated: *“How do organizational identity influence the competitive interaction of Dutch health insurers?”*. To specify the research question, the following sub-questions are formulated: *“How can the identity domains of the health insurers be examined?”* and *“How do identity domains of organizational identity and competitive interaction interrelate?”*.

To critically assess this research question and sub-questions, nine semi-structured interviews were conducted with employees of health insurers. Thereafter, the acquired data will be analyzed using ATLAS.ti to code the data.

The results emerged in three stages. First, the identity domains are examined, with health insurers attending to all three identity domains. Second, these identity domains are aligned with the dimensions of competitive interaction that health insurers execute. Whereas the identity domain ‘organizational identity’ relates to product-level competitive moves (the “what”); the identity domain ‘industry identity’ outlines the downstream strategies (the “who”), and the identity domain ‘strategic group identity’ addresses the expansion modes (the “how”). Combining these identity domains influences how organizations interpret their competitive moves. Additionally, the identity domain ‘strategic group identity’ played an important role in filtering the industry identity to align with the group and organizational identities, and looks for conformity and differentiation. Third, a conceptual model is developed that links the identity domains to the competitive interaction at the business level and the corporate level. Thus, this conceptual model is expanded to understand how organizational identity can drive competitive interaction as it connects identity domains to specific competitive moves, indicating why health insurers act and respond the way they do and beyond behavior predicted by traditional economic drivers.

1.4 Outline

The remainder of the research will be organized as follows. Chapter two provides relevant literature on the key concepts ‘organizational identity’ and ‘competitive interaction’.



Furthermore, the conceptual framework will be included, linking the most important concepts together. Chapter three concerns the methodology section of this research. This chapter includes the research design, respondents, case selection, data collection procedure, data analysis procedure, and finally the limitations and research ethics. Next to that, chapter four will elaborate on the most important findings of this research, including the associated themes and identity claims that emerged from the secondary data and semi-structured interviews. Finally, chapter five presents the discussion of the results, gives elaboration on the limitations and implications of this research, provides future research, and develops propositions that provide answers for the research question and sub-questions.

Chapter 2 | Theoretical background

The second chapter outlines the theoretical background, which provides an understanding of the literature and concepts that are relevant to the identified problem. First, the theoretical background consists of key concepts, which are competitive interaction and organizational identity. The chapter continues by discussing the relation between both concepts. Finally, a visual representation of the relevant theoretical concepts is discussed and presented in the form of a conceptual framework.

2.1 Competitive interaction

Competitive interaction attempts to explore the competitive actions and responses that organizations take in the competitive market (Livengood & Reger, 2010). As mentioned in the background, competitive actions can be defined as “a specific and detectable market move initiated by an organization; such actions may undermine a rival’s market share or reduce its anticipated returns” (Chen & Miller, 2012, p. 10). A response can be defined as “a specific and well-designed countermove, promoted by an initial action that an organization takes to defend or improve its share or profit position in its industry” (Chen & Miller, 2012, p. 10).

Beard and Dess (1981) increasingly emphasized distinctions between two levels of competitive interaction: (1) business-level decisions, concerned with questions of how to compete within a particular business, and (2) corporate-level decisions, concerned with questions about what business to compete in (Beard & Dess, 1981). Organizations’ business-level decisions contained organizations’ decisions about product choices. These product choices can be distinguished in differentiation by product characteristics, differentiation by product range, and differentiation by market scope (Jones & Butler, 1988). First, the differentiation by product characteristics can be based on which the organization seeks to differentiate its product from competitors to be unique in its industry. Secondly, differentiation by product range includes the breadth of the products, specified to the number and diversity of products. Thirdly, differentiation by market scope determines the way its segment targets or scope (Jones & Butler, 1988). Organizations’ corporate-level decisions can be operationalized in terms of distribution of assets, sales, employment, capital budget, or other indexes of organization resources among the range of existing industries (Beard & Dess, 1981).

According to Livengood and Reger (2010), more is known about *how* organizations compete within a competitive environment than is known about the underlying understanding

of *why* organizations undertake these competitive moves. Previous studies discussed how the competitive interaction of organizations works within the competitive market, focusing on the economic drivers. According to Schelling (2010), the success of a competitive move depends on the commitment of the competitive move and the likelihood of a competitive response. Moreover, Schumpeter (1982) argued that the longer the duration of a competitive action is without a competitive response, the longer the organization has a competitive advantage. Assuming that the competitive action creates a competitive advantage, the organization will have a first-mover advantage. Additionally, the competitive advantage provided by a competitive move will be more profitable when it minimizes the intensity of competitive interaction (*frequency, speed, and timing*) (Chen et al., 1992). When the intensity of competitive interaction is minimized, the duration of a competitive action without a competitive response is longer, which creates a more profitable competitive advantage.

Furthermore, multiple economic drivers influencing competitive interaction were identified from the literature. The economic drivers include the competitive environment, competitive maneuvering, and the performance of incentives. First, the competitive environment can exhibit high-velocity or low-velocity environments. A high-velocity environment is characterized by instability and intense rivalry and new markets, which are unpredictable and intensely competitive. An unstable market creates changing opportunities that offer competitive advantages with temporary duration (Santos & Eisenhardt, 2009). The competitive advantage is likely to be temporary in a high-velocity environment, because the changes in demand, competition, and technology are so rapid and discontinuous that the competitive advantage will not last for a long period (Eisenhardt, 1989). The intensity that engages competitors frequently in the pursuit of a series of temporary advantages is necessary to achieve superior performance in high-velocity environments (D'Aveni et al., 2010).

Second, competitive interaction is also affected by competitive maneuvering. Competitive maneuvering is intended moves to defend or improve an organization's position and competitive advantage against that of its competitors and rivals (D'Aveni et al., 2010; Hambrick et al., 1996). The frequency of the competitive moves influences the likelihood of dethronement of leading organizations and gaining market share. The higher the frequency of competitive moves, the lower the likelihood of dethronement of leading organizations and the higher the market share of the organization (Chen, 1996), because organizations are more likely to experience dethronement and/or market share erosion when – relative to industry challengers

– they are less competitively aggressive, carry out simpler repertoires of actions, and carry out competitive actions more slowly (Ferrier et al., 1999).

Third, competitive interaction is also affected by performance-based incentives. This indicates why some organizations engage in frequent moves more than others. Organizations will enact competitive moves more frequently when their organization performs poorly and make fewer moves when they are doing well, because poor performance stimulates the organization to make competitive moves and create a competitive advantage (Smith et al., 2005). Furthermore, the frequency of competitive moves can also be increased when the competitors in the market are unlikely or unable to respond with effective countermoves (Chen, 1996).

However, the underlying understanding of *why* organizations undertake a competitive move is undertheorized. To gain insights into *why* organizations do this, it is important to gain insight into the cognitive drivers that give rise to competitive moves and competitive interaction (Chen et al., 2007). Thus, cognitive drivers need to be examined to enrich the understanding of *why* organizations undertake certain competitive moves.

2.2 Organizational identity

Organizational identity attempts to further explore *why* organizations act and respond the way they do within the competitive market and what kind of impact it has on the competitive interaction. As stated in the background, Albert and Whetten (1985) described organizational identity as “the organizations understanding of ‘who we are as an organization’ and ‘what do we want to be in the future’ ” (Albert & Whetten, 1985, p. 803). This emerges from a set of central, enduring, and distinctive (*CED*) statements to the organization (Albert & Whetten, 1985, p. 265). Organizations used the *CED* attributes to speak or act on behalf of the organization (Whetten, 2006). The *central* attribute includes important and essential features of the organization and can be considered the core of the organization (Albert & Whetten, 1985). The *enduring* attribute means that organizational identity is stable and durable in the long term (Gioia et al., 2013). The enduring attribute refers to identity as “having continuity over time” (Albert & Whetten, 1985). A *distinctive* attribute implies the ability of the identity to distinguish the organization from others. The distinctive attribute expresses how organizational members define themselves as a social group and how this differs from members of other organizations (Empson, 2004).

Additionally, building on organizational identity, multiple identity domains are included (Livengood & Reger, 2010). As mentioned in the background, Andreovski et al. (2021) define identity domain as “the organizations’ consensual understanding of the competitive environment that reinforces organizational identity in the market” (Andreovski et al., 2021, p. 52). These identity domains include identities on organizational, industry, and strategic group-level.

The identity domain ‘organizational identity’ informs organizations’ how to compete when viewing the competitive context through their own beliefs about the organization. Competitive advantage can be gained when organizations use the unique characteristics of the organizational identity (Fiol, 2001). Organizations act and react to competitive moves based on how they see their organization’s identity; these can be summarized as identity claims (Porac et al., 1989). Identity claims motivate organizations to compete in a certain market because it is in line with their identity claim, even when these markets are less profitable (Livengood & Reger, 2010). Thus, these identity claims differ for each organization, which implies various competitive moves.

The identity domain ‘industry identity’ consists of organizations that are members of the same industry. According to Dhalla and Oliver (2013) industry identity can be defined as “a collective understanding or shared set of beliefs widely held by members of an industry about what constitutes the central, enduring, and distinctive characteristics of the industry as a whole and its members” moderate (p. 1804). The industry identity involves the industry’s norms, where non-compliance can lead to illegitimacy and punishing behavior by members attempting to maintain the identity (Ashforth et al., 2011). Industry identity relates to a set of shared mental models that motivate imitation between organizations that stimulates imitation between organizations, moderate competitive moves, and assist the industry’s long-term survival (Porac et al., 1989). Overall, industry identity sets behavioral boundaries, prescribing which competitive moves are acceptable (Porac et al., 1989).

The identity domain ‘strategic group identity’ consists of organizations that have similar strategies within an industry and see themselves more closely in competition with members of their group than with others (Porter, 1980). According to Peteraf and Shanley (1997), strategic group identity can be defined as a set of mutual understandings regarding the central, enduring, and distinctive characteristics of the group” (p. 166).

Although the multiple identity domains demonstrate the complexity of identities in the same domain, there is still a lack of understanding of how domains of identity interrelate and how it affects competitive interaction.

2.3 Connection between organizational identity and competitive interaction

Although organizational identity, including their identity domains, and competitive interaction are separately useful perspectives, combining the concepts provides immediate influence on the performance of the organization and gives insight into why organizations act and respond in a certain manner (Livengood & Reger, 2010). This provides insights into why organizations compete often in ways that are counterintuitive from a purely economic perspective.

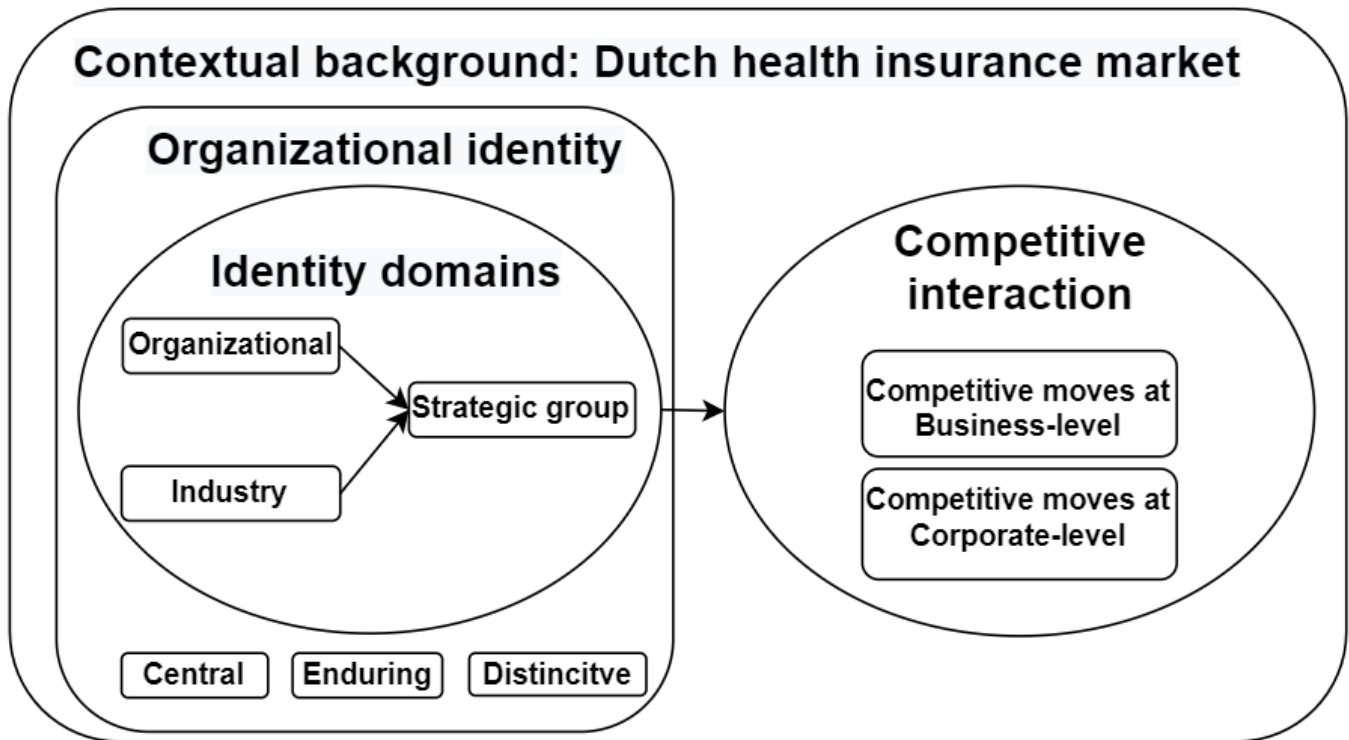
The identity domains are associated with competitive moves in patterned ways. The identity domain ‘organizational identity’ relates to business-level decisions on product-level actions; the identity domain ‘industry identity’ relates to the corporate-level strategies involved in downstream strategies, and the identity domain ‘strategic group identity’ relates to corporate-level strategies involved in expansion modes and addressing the approach to competition. Combining these identity domains influences how organizations interpret their competitive environment and thus how to execute their competitive interaction at the business level and the corporate level.

2.4 Conceptual framework

Academic literature has shown the importance of identity domains. Figure 1 shows that organizational identity and its identity domains emerged from three statements, namely, central, enduring, and distinctive. Subsequently, the identity domains emerged on organizational, industry, and strategic group level. The industry identity and strategic group identity create conformity, because organizations that do not conform with a group or industry are seen as ostracized. However, conforming to the industry and strategic group identities cannot create unique competitive moves, which means that organizations need to be distinctive in their identity to achieve competitive advantage (Barney, 1991; Fiol, 2001). The identity domains are expected to interchangeably interrelate with the competitive interaction. In addition, it is assumed that competitive interaction is influenced at business-level and corporate-level. Thus, the identity domains of organizational identity include the cognitive drivers for competitive interaction at business-level and corporate-level.

This research seeks to add knowledge on how identity domains interrelate and contribute to the knowledge of how competitive interactions at business-level and corporate-level are executed. Thus, figure 1 expresses the relations between the concepts in a visual manner, based on prior literature, that will be used to further explore the qualitative research.

Figure 1: Conceptual framework: identity domains of organizational identity and competitive interaction



Chapter 3 | Methodology

This chapter discusses the methodology that is used to answer the formulated research question: *“How do organizational identity influence the competitive interaction of Dutch health insurers?”*. The chapter provides an elaboration on the methodological considerations of this research. It provides a research design that was used to conduct the research. Subsequently, the respondents, the research context, and case selection are discussed. Next to this, this chapter provides an outline of the various stages of the research, including the data collection process and the data analysis procedure. Finally, research ethics will be addressed, as well as the limitations caused by the research design.

3.1 Research design

A qualitative method is used to gain insight into the relationship between identity domains and competitive interaction (Eisenhardt & Graebner, 2007). First, a qualitative approach is used in this study, because it captures the nuances to understand the multiple identity domains and it gives an explorative meaning to the relationships between the concepts of the research (Vennix, 2016). Second, it provides an in-depth description of the respondents' experiences to support the influence between both concepts (Myers, 2019).

A single case study approach is used to analyze data from multiple respondents and addressed one specific market (Yin, 2018). According to Myers (2019), “a case study is the description of a particular case or situation used to draw some conclusions about the phenomenon more generally” (p. 91). A case study makes it possible to study a complex phenomenon within a specific context (Baxter & Jack, 2008). Yin (2018) defines a case study in two parts: *“a case study is an empirical inquiry that investigates a contemporary phenomenon within its real-life context, and as another result benefits from the prior development of a conceptual framework to guide data collection and analysis”* (pp. 13-14). This allowed the researcher to gain in-depth knowledge about the identity domains and how it influences competitive interaction.

Subsequently, an important concept associated with a single case study is ‘triangulation’. This qualitative case study used triangulation to collect data and enhance validity through the convergence of information from different sources (Myers, 2019). Triangulation combines different data collection methods to develop a comprehensive understanding of phenomena (Vennix, 2016). This research applied triangulation since it

consists of content analysis, secondary data, and semi-structured interviews. The use of triangulation contributes to the insights into identity domains concerning behavioral motivations (Clandinin & Huber, 2010), because the use of multiple data sources in qualitative research develops a comprehensive understanding of the phenomena.

Furthermore, abductive research is used in this qualitative research, because the researcher encounters empirical phenomena that cannot be explained by the existing range of theories (Myers, 2019). However, it requires existing theories in qualitative data analysis and the relationship between methodology and theory generation (Timmermans & Tavory, 2012). Thus, this research rests on the cultivation of anomalous empirical findings against a background of multiple existing theories about competitive interaction.

3.2 Respondents

Aforementioned, this research integrated different approaches regarding the finding and selection of respondents. First of all, respondents were recruited through the researcher by contacting them via email or LinkedIn. According to Sargeant (2012), finding respondents requires standardization of procedures and random selection of respondents to limit the influence of external variables to ensure the generalizability of results. The random selection of respondents found place in the sample ‘Dutch health insurers’. This sample was selected on three criteria: organizational size, regional orientation, and organizational structure (see Table 1). However, the main activities remained the same, beside the criteria, which consisted of offering basic and supplementary health insurance. Table 1 (see Appendix 2) presents more key information about the health insurers.

Next to that, the respondents in this research were selected based on their ability to provide rich descriptions of their experiences and their willingness to articulate their experiences (Crabtree & Miller, 1992). By using this method, the respondents help in investigating the identity of their organization and how their organization makes competitive moves. Besides selection based on background, respondents are expected to work within a strategy, communication, or marketing department. The focus lies on this group of respondents, because these employees have the most insight into the identity of the health insurer.

Before moving on to the research context and case selection, important in this research is the semi-structured interviews. One or two employees for each health insurer were selected to provide a complete picture. To achieve this within the limited time of three months, six different comparable health insurers were investigated. Table 1 listed the compared health

insurers. In total, nine respondents were interviewed. Table 2 shows the interviewed respondents, including the health insurer where they are employed. Symon and Cassell (2012) stated that there are no hard rules when it comes to sample size, and limited advice regarding the likely number of respondents needed is given in the qualitative research field. Therefore, it can be concluded that the number of respondents that were interviewed for this research is a sufficient size for the quality of the research.

Table 1: Criterium list of health insurers

| Company | ^a Organization size (Market share) Small: (0%-5%); Medium: (5%-15%); Large: (>15%) | Region orientation (Nationwide/Regionally) | Organizational structure (Centralized/Decentralized) |
|--------------------------|---|---|---|
| <i>Achmea</i> | <i>Large (29,3%)</i> | <i>Nationwide</i> | <i>Decentralized</i> |
| <i>Eno</i> | <i>Small (1,0%)</i> | <i>Regionally</i> | <i>Centralized</i> |
| <i>CZ</i> | <i>Large (23,6%)</i> | <i>Nationwide</i> | <i>Decentralized</i> |
| <i>Menzis</i> | <i>Medium (11,6%)</i> | <i>Nationwide</i> | <i>Decentralized</i> |
| <i>ONVZ</i> | <i>Small (2,4%)</i> | <i>Nationwide</i> | <i>Centralized</i> |
| <i>Zorg en Zekerheid</i> | <i>Small (3,1%)</i> | <i>Regionally</i> | <i>Centralized</i> |

^a (Zorgwijzer, 2022)

Table 2: Interviewed respondents

| Company | Respondent | Function | Company | Respondent | Function |
|----------------|---------------------|-----------------------|-----------------------------------|---------------------|-----------------|
| <i>Eno</i> | <i>Respondent 1</i> | Marketeer | <i>Zorg en Zekerheid</i> | <i>Respondent 6</i> | Marketeer |
| <i>Menzis</i> | <i>Respondent 2</i> | Marketeer | <i>Zorgverzekeraars Nederland</i> | <i>Respondent 7</i> | Spokesman |
| <i>Eno</i> | <i>Respondent 3</i> | Communication advisor | <i>CZ</i> | <i>Respondent 8</i> | Innovator |
| <i>Achmea</i> | <i>Respondent 4</i> | Strategist | <i>CZ</i> | <i>Respondent 9</i> | Innovator |
| <i>ONVZ</i> | <i>Respondent 5</i> | Advisor | | | |

3.3 Research context & case selection: The Dutch health insurance market

The market that is examined comprises the Dutch health insurance market. The Dutch health insurance market is part of the Dutch healthcare system that has experienced market forces since introducing the health insurance Act of 2006. The Dutch health insurance market is a suitable case, because there is competition between health insurers who offer the same products (Rijksoverheid, 2022). If policyholders, also called customers, are not satisfied or can obtain health insurance elsewhere that fits their needs, they can switch. This creates competition between health insurers who are stimulated to provide high-quality health insurance. Policyholders can change from health insurer every year, during the switching period. Besides,

the Dutch health insurance market is a regulated market where the government wants to stimulate competition to ensure the quality of care and keep the prices of health insurance as low as possible (Rijksoverheid, 2022). This contributes to the view of distinguishing identity between health insurers that offer the same homogeneous products. Based on the fact that health insurers offer similar products, this research wants to contribute to the empirical work across a wider range of contexts about how identity domains influence the way a health insurer makes competitive moves during the switching period.

The Dutch health insurance market is ideal for several reasons. First, the basic health insurance of the health insurers is similar, which means that the distinction between the competitive moves and identity domains is tied to the different products the insurance organizations sell. Second, the organizations share the same customers, so competitive moves and identity will not be driven by access to markets. Third, the competition in this market is regulated with a mandate for individuals to purchase health insurance once a year, which has characteristics of a static competition market (Rosenau & Lako, 2008). Thus, differences in organizational identity and the competitive interaction in the Dutch health insurance market can more readily be observed without confusion with other aspects of the industry, which contributes to the conduction of more empirical work across a wider range of contexts about organizational identity and the competitive interaction (Gioia et al., 2013).

3.4 Data collection procedure

The data collection procedure contains collected empirical data and started with applying method triangulation by gathering data from content analysis, secondary data, and semi-structured interviews (see Appendix 2, Figure 1).

3.4.1 Content analysis

By using content analysis, differences in health insurers' competitive interactions were observed, which was surprising as health insurers operate under similar economic drivers. Health insurers differ in their competitive interaction both at business-level and corporate-level (Duriau et al., 2007). To begin to understand the Dutch health insurance market, the focus lies on observable differences between health insurers, as indicated by their competitive moves. Competitive moves at business-level contained product offerings, which include the number of brands and labels, breadth of products, and price range. The competitive moves at business-level are obtained from the websites of health insurers (Barr et al., 1992; Cho & Hambrick,

2006; Kaplan, 2008). Furthermore, the data on corporate-level domain competitive moves, which consist of downstream strategies and expansion modes, were obtained from the websites *Independer* and the Authority for Consumer & Market (ACM, 2022; *Independer*, n.d.).

3.4.2 Secondary data

Initial examination of the competitive moves alone created no clear patterns between the identity domains and competitive interaction. Therefore, secondary data is used, which explored organizational, industry, and strategic group identities. These identity domains are analyzed by collecting annual reports, and ‘about us’ pages of health insurers. This data helped to understand the identity claims of health insurers and industry identity claims of the Dutch health insurance market. To examine this, the sources were coded to uncover broader themes and identity claims.

3.4.3 Semi-structured interviews

Primary data was collected by conducting semi-structured interviews with employees from health insurers (see Appendix 3, Table 1). Nine respondents were interviewed, over a period of two months. To identify key respondents, potential respondents were contacted via LinkedIn to request their participation. This method of data collection resembles a self-selection sampling method, where potential respondents identify their desire to participate in this research. Oftentimes, self-selecting respondents are keen to participate, because they have strong feelings or ideas about the research, and are prepared to invest their time (Symon & Cassell, 2012).

Early in the data collection process, reaching respondents from health insurers proved difficult. Contacting them via LinkedIn yielded limited responses. The tactics were shifted to contact respondents by sending emails, which did turn out to be successful.

Next to this, snowball sampling was used to collect data. Snowball sampling is the process of identifying new respondents by asking for recommendations from respondents whose data was already collected (Symon & Cassell, 2012).

For those who responded positively via LinkedIn or email, telephone calls and online audio-visual platform interviews were arranged at their convenience. This consideration depended on the preference of the respondent. Sullivan (2012) argued that web-based in-depth interviews via videoconferencing provide an experience that is similar to face-to-face interviews, and especially so when it comes to semi-structured interviews.

The interviews ranged from 35 to 75 minutes in length, with an average of about 40 minutes. This duration proved to be sufficient for the respondents to be able to answer all the

questions and share their experiences. The nine semi-structured generated approximately 6 hours of interviews. After this point, theoretical saturation was reached, because no additional insights about the relations among concepts seemed to be gained from data gathering (Corbin & Strauss, 2008). The events of the semi-structured interviews were logically and sequentially arranged (Clandinin & Huber, 2010). The interviews started with general questions about the respondents' views or experiences on the organizational identity of their health insurers. Secondly, the three identity domains were explained and questions were asked about how health insurers see the industry identity. Thirdly, questions were asked about specific areas of respondents' experiences; their competitiveness, cost and quality orientation, and the focus on the environment (see Appendix 4, Table 1).

The semi-structured interviews pointed towards identity, as the respondents displayed distinctive personalities and attributes of the organization. New questions emerged during the conversation and improvisation was encouraged. Since largely the same questions were asked, the reliability of the research increased. The content validity also increased, because the depth of the answers resulted in more detailed information and provided insight into what this research wants to measure. Furthermore, the interviews were performed in Dutch, because the respondents and interviewer spoke Dutch.

Eventually, the interviews were transcribed into text by using audio files, resulting in 39 pages of transcripts (see Appendix 15). This transcription process involved two stages, namely, using 'Listen N Write' to convert the initial audio file into a typed text, and secondly, containing the essence of the answers and eliminating the unnecessary words and repetition. Furthermore, the transcripts were transcribed in Dutch, but for using it in the research were translated into English.

3.5 Data analysis procedure

Once the data collection procedure was accomplished, the data was analyzed. The analysis approach was iterative, moving between content analysis, secondary data, and semi-structured interviews. Broad categories of competitive moves were identified based on their repeated mentions in the content analysis (see Appendix 3, Table 1). The content analysis acknowledged competitive moves that emerged from product offerings, downstream strategies, and expansion modes. Table 7 summarized the data of competitive moves at business-level. Furthermore, the data at corporate-level is summarized in Table 8. The content analysis provided information for answering the second sub-question. Before the second sub-question was answered, it was

important to examine the identity domains and answer sub-question one. Therefore, secondary data and semi-structured interviews were conducted to understand the role of identity domains.

Drawing on secondary data and transcripts as background, associated themes were coded to uncover identity claims for each health insurer. The associated themes contain those statements where the respondents expressed a characteristic as representative of the organizational identity of the health insurer or the industry identity and emergently developed exemplary quotes based on these data. The exemplary quotes were coded as associated themes (e.g., “Synergy”, “Family-oriented”, “Socially concerned”), creating working memos on identity profiles rising from the data. The associated themes from the interviews were coded using ATAS.ti and were examined for comparability for each interview, annual report, or ‘About us’ page. After the comparability, associated themes that had the same definition had been merged and unusable codes had been removed. The associated themes were simplified and differentiated, leading to a shared coding scheme (see Appendix 8, Table 1). These group codes reflect a category that brings structure to the data. Through the processing of the data, various codes or associated themes were added, removed, or renamed. In this manner, an understanding of organizational identity domains was gained. Appendix 14 listed how frequently each associated theme was encountered and how the associated theme originated. Thus, these coded associated themes were useful to conduct the analysis and determine the identity claims for the health insurers.

To identify the identity claims attributed to individual health insurers, three types of identity claims can be found. First, there were associated themes and identity claims made by health insurers to gain insight into the organizational identities within the health insurer (see Table 3). Second, the industry identity domain is examined by the associated themes and industry identity claims. These identity claims are ubiquitous in the industry and are part of the industry identity (see Table 4). Third, some identity claims are shared by groups of health insurers, and these shared claims separate the industry into two distinct groups. These distinct groups are aligned with the strategic group identity (see Table 5).

After the coding process, each organization was drawn on three domains of identity – organization, industry, and strategic group – in an interrelated way to form complex identities, emerging from the secondary data and semi-structured interviews.

3.6 Limitations and research ethics

The methodology had several limitations. First, a limitation was mapping all the Dutch health insurers: unfortunately, some health insurers did not respond. Other health insurers declared that they did not want to participate in the research, because they were unwilling to reveal sensitive information about their organization.

Second, snowball sampling has a lack of external validity, because the outcomes of the answers could be biased by the fact that the respondents know the person that recruited them (Parker et al., 2019). Furthermore, this sampling method can result in a homogenous sample since respondents are likely to identify similar respondents (Symon & Cassell, 2012).

Third, the Dutch interviews resulted in citation problems, because some citations are expressed in a Dutch context. The translation process of the citations resulted in several methodological challenges (Lambert, 1997). For example, there are some Dutch words with no equivalent English words available that capture the subtle nuances in the meaning of the original language (Corbin & Strauss, 2014). This lack of interpretation includes knowledge of subject-specific terminology, awareness of style and grammar, nuances, and idiomatic expressions (Halai, 2007). Thus, translation between Dutch and English was a boundary, because a loss of meaning and understanding due to translation needed to be considered when analyzing data from the interviews.

Fourth, a potential limitation was based on the interpretation of semi-structured interviews via telephone calls and online audio-visual platforms. Due to this sort of communication, the researcher could have missed some non-verbal communication.

Fifth, the researcher has a biased view of the Dutch health insurance market. To prevent this bias, several interviews were conducted with employees from various health insurers.

The ethical guidelines for this research outlined four fields, namely (1) informed consent, (2) confidentiality, (3) consequences, and (4) the researcher's role (Brinkmann & Kvale, 2017). To ensure the ethical field, necessary steps were taken. To ensure ethical research, the researcher followed the ethical guidelines of the Radboud University throughout the entire process.

First, to ensure that the respondents obtained a full understanding of the procedure, the purpose of the research was explained to the respondents before the interview. These respondents voluntarily agreed to participate. During the semi-structured interviews, it was possible for the respondents to withdraw at any point and permission to record the semi-structured interview was obtained beforehand. After the interview, the respondents were asked

if they would like to receive the results of the research. The respondents that agreed and wish to receive them, will receive the results of the research.

Second, the information is confidential and the respondents will remain anonymous. Respondents are named as respondent 1, respondent 2, etc. This is done to protect the privacy and safety of the respondents, because the topics in this research must be dealt with very delicately. After transcribing and coding the interview, the recordings were deleted.

Thirdly, this research can have consequences for the respondents and the larger group that they represent, because it is not fully possible to explain beforehand what the respondents experience in the interview. The possible consequence is that respondents will damage the image of the larger group they represent.

Finally, the quality of the results and the integrity of ethical judgments are dependent on the researcher as a person (Brinkmann & Kvale, 2017). As the researcher is the primary object in acquiring knowledge, the importance of the researcher as a person is emphasized when it comes to interviewing. Brinkmann and Kvale (2017) argue that a consequence is that the researcher may fail to maintain a professional distance, and instead interpret from their respondents' perspectives. Overall, a considerable amount of reliance is based on the researcher's ethical judgments (Shaw, 2008). The researcher tried to ensure that the aim provided original information and truth and avoid misleading results.

Chapter 4 | Results

Chapter 4 shows the results on three points: how the identity domains are examined, how the identity domains are connected to competitive interaction, and how these link in a conceptual model. First, paragraph 4.1 examines the three identity domains separately; including the identity claims for each health insurer (see Appendix 6). These findings provide an answer to the sub-question: *“How can the identity domains of the health insurers be examined?”*. Second, paragraph 4.2 presents how the identity domains are connected to competitive interaction. These findings provide an answer to the sub-question: *“How do identity domains of organizational identity and competitive interaction interrelate?”*. Third, the findings will result in a conceptual model that presents the links between organizational identity and competitive interaction. The conceptual model provides direction to answer the research question.

4.1 Examining the identity domains of Dutch health insurers

The results of this paragraph arise from the analysis of the secondary data and semi-structured interviews. The chapter explains how the identity domains at organizational, industry, and strategic group level are examined for the health insurers. The last part of this paragraph describes how the identity domains interrelate.

4.1.1 Organizational identities

The health insurers in this research developed a unique and enduring set of identity claims (Albert & Whetten, 1985). Each health insurer made identity claims unique to their organization in an attempt to differentiate themselves from other health insurers. Based on the secondary data and semi-structured interviews, it can be stated that the health insurers are divided into several organizational identity claims (see Appendix 5, Figure 1), which are summarized in Table 3. A full description of the health insurer and their organizational identity claims can be found in Appendix 9.

Table 3: Associated themes and identity claims of organizational identity

| Organization | Associated themes | | Associated themes | | Identity claims |
|-------------------|---------------------------|----------------------|--------------------------|-------------------|--------------------|
| | Semi-structured interview | | About us & Annual report | | |
| Achmea | Innovative | Sustainable | Environment-oriented | Sustainable | Inventive |
| | Efficient | Aggressive | Brand-oriented | Synergy-oriented | Brand-focused |
| | Brand-oriented | Environment-oriented | Innovative | Aggressive | Synergy-focused |
| | Synergy-oriented | Talented | Caring | | Society-focused |
| | Employee-oriented | | | | |
| Eno | Caring | Brand oriented | Caring | | Regional-focused |
| | Regional-oriented | Reliable | Environment-oriented | | Family-focused |
| | Innovative | Sales-oriented | Family-oriented | | Employee-focused |
| | Employee-oriented | Market-oriented | Value-oriented | | Society-focused |
| | Family-oriented | | | | |
| | Environment-oriented | | | | |
| CZ | Reliable | Efficient | Environment-oriented | Talented | Service-focused |
| | Innovative | Design-oriented | Caring | Reliable | Society-focused |
| | Sustainable | Value oriented | Sustainable | Synergy-oriented | Continuity-focused |
| | Environment-oriented | Employee oriented | Innovative | Brand-oriented | Experimental |
| | Aggressive | Caring | Value-oriented | | |
| Menzis | Aggressive | Innovative | Environment-oriented | Efficient | Rivalrous |
| | Brand-oriented | Unique | Innovative | | Brand-focused |
| | Sales-oriented | Talented | Caring | | Sales-focused |
| | Caring | Efficient | Sales-oriented | | Society-focused |
| | Employee-oriented | Design-oriented | Value-oriented | | |
| ONVZ | Caring | Reliable | Environment-oriented | Caring | Premium |
| | Luxurious | Design-oriented | Luxurious | | Iconic |
| | Unique | Synergy-oriented | Design-oriented | | Position-focused |
| | Market-oriented | Innovative | Family-oriented | | |
| | Employee-oriented | | Employee-oriented | | |
| Zorg en Zekerheid | Regional-oriented | Innovative | Environment-oriented | Regional-oriented | Regional-focused |
| | Environment-oriented | Value-oriented | Regional-oriented | | Society-focused |
| | Reliable | Unique | Sustainable | | |
| | Caring | Family-oriented | Value-oriented | | |
| | Brand-oriented | | Environment-oriented | | |

First, Achmea's identity claims center on being inventive, brand-focused, synergy-focused, and society-focused (see Table 3). The health insurers' innovative and branding approach is exemplified by the following statement from respondent 4: "Achmea invests in the growth of old-age facilities and international organizations". In addition, the *Annual report Achmea* (2021) confirmed this statement: "we constantly try to focus on improvement, development, and innovation to remain the best". The synergy character is expressed by respondent 4 as the "group-wide initiatives", which provide the possibility to execute operational activities

smarter, faster, and more efficiently. In addition, the society focus emphasize that Achmea works together with other parties on solutions that benefit everyone. These solutions resulted in sustainable value for their customers, employees, society, and the organization Achmea. As mentioned in the *Annual report Achmea* (2021), Achmea helps society in the following way: “as a financial service provider, we use our knowledge and expertise to help people with debts”.

In contrast, Eno defines itself as regional-focused, family-focused, employee-focused, and society-focused (see Table 3). They emphasized their regional focus, as respondent 3 stated: “*Eno is a regional, small-scale and down-to-earth health insurer*”. Likewise, respondent 1 confirmed this citation and noted: “*we try to promote regional events*”. Eno’s family-focused view is expressed as respondent 1 noted their informal culture, by stating that “*Eno is a regional health insurer for people who take care of each other*”. In addition, respondent 1 noted: “*we know our mentality with that real village feeling*”. Furthermore, Eno has a family-feel culture that is expressed by respondent 3, who stated: “*that the Board of Directors just walk in and they do not bother about that at all*”. Next to that, Eno defines itself as employee-focused by expressing the care they take for its employees. Respondent 3 noted this statement, by saying: “*we explain how we work together within Eno*”. The society focus of Eno becomes apparent in the *Annual report Eno* (2021), which stated: “*Eno prefers to focus on health to encourage and inspire our policyholders to work on their health*”. Eno is determined to improve the society in the region, so that its policyholders can benefit from these improvements.

Health insurer CZ is emphasized as service-focused, society-focused, continuity-focused, and inventive (see Table 3). CZ expressed the service focus, as they use a virtual assistant to offer policyholders the most advantageous combinations of health insurance options and to distribute their product in the market, as indicated by respondent 9. CZ’s society identity claims cover the main task and major social task; which states that caring for people and society is part of their daily work and they achieve this through sustainable coalitions. Respondent 9 is straightforward about this: “*we have started sustainable coalitions with hospitals and other institutions for 10 years*”. Likewise, CZ invests in social care initiatives that offer a valuable addition to regular health care (*Over CZ Zorgverzekeraar*, n.d.). CZ’s continuity identity claim is reflected by respondent 8, who noted: “*CZ is a socially committed organization, which is committed to making the healthcare sector and the world a bit more future-proof*”. CZ highlights its efficient solutions as the key to being a future-proof

health insurer. In addition, the inventive character is expressed through continuous improvements by setting up care networks with healthcare providers. A fine example of this statement came from *Over CZ Zorgverzekeraar n.d.*), who stated: *“together with healthcare providers, we investigate which innovations contribute to digitalization”*. Respondent 8 mentioned *“rehabilitation with an app and a wristband to an anxiety treatment with VR glasses”* as an example of their innovative character.

The organization Menzis focuses on being rivalrous, brand-focused, sales-focused, and society-focused (see Table 3). Their rivalrous identity claim is exemplified by the fact that they are competitive within various markets. Respondent 2 gave an example of one of their competitive markets: *“AnderZorg, for example, looks at the lowest premium for maximum voluntary deductible”*. Next to that, Menzis’ focus on being brand-focused is expressed by respondent 2: *“I think that we at Menzis are most emphatically concerned with promoting our social position in society”*. A fine example of this brand focus comes from respondent 5, who stated *“me and my colleagues are mainly thinking about how we can translate ‘Leefkracht’ claim into the brand”*. Menzis’ identity claim ‘sales-focused’ was highlighted by respondent 2, who indicated that it is necessary to offer products below cost price to maintain their competitive position. In addition, as stated in the *About us Menzis* (2022), the health of society is a central motive for Menzis and they encourage a healthy lifestyle and healthy behavior to prevent illness within society.

ONVZ’s identity claims focused on being premium, iconic, and position-focused (see Table 3). The identity claim ‘premium’ is based on the preferences of ONVZ policyholders. Respondent 5 said: *“ONVZ focuses on the affluent target group, who is willing to pay more for our products”*. Their products are more expensive than the products of the competitors. Respondent 8 exemplified their iconic identity claim and uniqueness by stating: *“we still want to radiate to customers that they get a little more for a few euros more per month”*. ONVZ offers unique products, because they make other purchasing agreements with healthcare providers than other health insurers, for example, ‘fast health’. Fast health ensures that the policyholder receives faster help from the care provider for a higher premium. In addition, ONVZ’s iconic character is expressed by its unique founding history as a private health insurer. Their position-focused identity claim is based on their interests in a strong market position and their relative market position, as indicated by respondent 5. *“ONVZ is oriented at the relative increase in the health insurance premium, because unexpected price increase will not be beneficial”*.

Zorg en Zekerheid's identity centers on regional-focused and society-focused (see Table 3). Respondent 6 expressed their regional character, and stated that: *"besides our main activities, we do a lot of things to make the region healthier"*. In addition, Zorg en Zekerheid's regional character can be seen in its collaboration with the Institute for Positive Health. They want to bring health benefits to the region through improving physical health, mental health, and, social and financial participation. In addition, their society's focus corresponds with the purpose to make their region the healthiest region. The foundation of Zorg en Zekerheid expressed initiatives that contribute to a healthy society focus. Respondent 6 confirmed this statement by saying: *"we have many healthy initiatives for young people in the region and we also contribute to a healthy society"*.

In sum, although the six health insurers offer similar products, it is clear that they have distinct organizational identities, not only in the way they talk about themselves, but also in the image they create in their 'about us' pages and annual reports. Thus, the organizational identities differentiate the health insurers and divide them into specific identity claims.

4.1.2 Industry identities

The analyses of the secondary data and semi-structured interviews revealed that the industry identity centers around society (see Table 4). Underlying this overarching industry identity claim are the associated themes: regulations, innovation, environment-oriented, and caring (see Table 4). As mentioned in the *Annual report CZ* (2021):

"Dutch health insurers do not have a for-profit motive but have a social role for society. They have a social responsibility to contribute to good, affordable, and accessible healthcare. Not only now but also in the future"

Furthermore, industry members expected health insurers to follow the laws and regulations. As mentioned by respondent 5: *"health insurers have to deal with regulations that have been written in advance"*. This is further elaborated by respondent 6, who commented: *"the government determines the content of the basic insurance"*. Respondent 6 also confirmed the regulated orientation by saying: *"the government-administered an equalization system that has the purpose to make no differences between healthy and unhealthy persons"*.

Next to sustainability and regulations, the industry is also characterized by continuous innovation. This continuity becomes more difficult in the future, because of developments in

the labor market, the aging population, the commercial pharmacy market, and price increases for healthcare providers (Calfee, 2000; Gaynor & Town, 2011; Yeganeh, 2019). These developments required higher healthcare costs, which resulted in an increased premium for the products that health insurers offer. Industry members needed to innovate to achieve continuity and provide high-quality, affordable, and accessible healthcare. This is verified by respondent 4, who stated: *"Achmea invests a lot in the area of innovation, technology, and data to serve the environment of Achmea"*. Respondent 2 confirmed this character, and stated: *"we see our customers' wishes changing, which requires us to become viable and to continue to innovate our products and services"*. Likewise, respondent 6 noted: *"the idea is that the industry encourages each other to innovate"*. In addition to the statement of respondent 6, respondent 9 stated: *"with digitalization, we try to ensure that care can take place at home as much as possible"*.

Respondent 7 indicated that the environment and caring character are strongly identified as the foundation of the industry. The industry identity is supported by respondent 5, who commented: *"not every health insurer has a high priority to compete and all health insurers generally have a shared mission of how we see healthcare in the future"*. Likewise, as mentioned in the *Annual report ONVZ (2021)*: *"we first look at sounds and signals from the environment and then at the organization and policy"*.

Table 4: Themes and identity claims associated with industry identity

| | <u>Associated themes</u> | <u>Identity claim</u> |
|-----------------|--------------------------|-----------------------|
| Industry | Regulation-oriented | Society-focused |
| | Innovative | |
| | Environment-oriented | |
| | Caring | |

Although health insurers have distinct identities, they share common industry identities, with appropriate strategies accepted as norms. The society-focused industry identity claim is created by the way health insurers talk about their own identity and the image they create on their web pages and annual reports. Thus, industry identity creates strongly shared views of the industry, and health insurers enact strategies to fit these views and to be legitimated.

4.1.3 Strategic group identities

The Dutch health insurance market has two strategic groups that emerged from the analysis of health insurers' identities, which are labeled as "Rivals" and "Devotees" (see Table 5). Health

insurers in the Rivals group include Achmea and Menzis, because their associated themes fit with the strategic group identity claims (see Appendix 5, Figure 1). Figure 1 (see Appendix 10) reveals the characteristics of the industry identity claims of Rivals, by linking the associated themes and identity claims with the industry identity claims of Rivals. Rivals have the identity that they are competitive, cost-focused, and market-focused (see Appendix 5, Figure 1). Their competitive character in their environment is exemplified by respondent 4, who noted: *“competition within the health insurance market is increasing and that is why we constantly try to focus on improvement, development, and innovation to remain the best for our policyholders”*.

Health insurers often offer several types of products to bind new policyholders, such as an in-kind policy and a refund policy. In addition, Achmea and Menzis offer so-called ‘budget policies’ to reach specific target groups. The competitive nature of Rivals is also evident in the health insurers’ approaches to binding new policyholders during the period that policyholders can switch from health insurer, by offering budget policies. Achmea and Menzis encourage lower-priced policies to compete with competitors. Menzis operates with the budget label ‘AnderZorg’ to be competitive within the switching market.

The Devotees group includes Eno, CZ, ONVZ and Zorg en Zekerheid (see Table 5). Devotees group organizations emphasize identity claims centered on collaboration, quality-focused, and environment-focused (see Appendix 5, Figure 1). Figure 2 (see Appendix 10) reveals the characteristics of the identity claims of Devotees, by linking the associated themes and identity claims with the industry identity claims of Devotees. They prefer to identify themselves as synergy-focused, premium, iconic, service-focused, environmentally-focused, regional-focused, and continuity-focused. They promote their health insurance as high-quality and customized, while also emphasizing a warm, familial atmosphere. For instance, Eno emphasizes their caring and family-feel culture:

“Eno is a health insurer with regional roots. We have been working for our policyholders for over 160 years, based in Deventer. We know the Salland healthcare landscape. That is a good basis for working optimally on the health of the region together with our partners”

The Devotees that are interviewed are aware of their social and societal function. They radiate this image by entering into partnerships with external organizations to respond to themes,

such as high-quality, affordable, and accessible healthcare. Respondent 2 emphasized: “*collaboration with partners is the motto*”. Devotees provide high-quality healthcare by making optimal purchasing agreements with healthcare providers, specialized for several target groups. The affordability of healthcare is warranted by Devotees by contributing to sustainable healthcare in various ways, for example innovating on digitalization. Respondent 3 stated, “*we have to digitize to organize care differently*”. In addition, the accessibility of the Devotees is radiated by promoting inclusivity, where people are not excluded from high-quality healthcare. A fine example of this statement comes from the *Annual report Eno* (2021), who stated “*Eno wants to be seen as an example of the future-proof organization of the region*”

Table 5: Themes and identity claims associated with strategic group identities

| <u>Strategic groups</u> | <u>Associated themes</u> | <u>Strategic group identity claims</u> |
|--------------------------|--------------------------|--|
| Rivals | | |
| Achmea | Aggressive | Competitive |
| Menzis | Efficient | Cost-focused |
| | Innovative | Market-focused |
| | Brand-oriented | |
| | Sales-oriented | |
| | Value-oriented | |
| | Market-oriented | |
| Devotees | | |
| Eno | Caring | Collaborative |
| CZ | Employee-oriented | Quality-focused |
| ONVZ | Family-oriented | People-focused |
| Zorg en Zekerheid | Environment-oriented | |
| | Regional-oriented | |
| | Synergy-oriented | |
| | Design-oriented | |
| | Reliable | |
| | Sustainable | |
| | Luxurious | |
| | Talented | |
| | Unique | |

4.1.4 Overview examination of the identity domains

Health insurers draw on three domains of identity – organization, industry, and strategic group- in an interrelated way to form complex identities. Health insurers draw on industry and strategic group identities to shape their own identity, this means that some identity claims are shared while some are unique. These unique identity claims are nested in a health insurer's affiliation with overarching strategic group identities. The results of this research show the importance of strategic group identity, as it serves to filter both organizational and industry identity, forming the basis of how health insurers interpret their industry and organizational identity claims. Health insurers emphasize particular industry identity claims or interpret them differently, with the strategic group identity guiding these interpretations. Thus, Table 6 shows how the health insurers differentiate their identities relative to other health insurers and how they fit within the industry identity and strategic group.

Table 6: Nested organizational identities related to competitive interaction

| <u>Organization</u> | <u>Organizational identities</u> | <u>Industry identities</u> | <u>Strategic group</u> |
|--------------------------|----------------------------------|----------------------------|------------------------|
| Achmea | Inventive | Society | Rivals |
| | Brand-focused | | |
| | Synergy-focused | | Competitive |
| | Society-focused | | Cost-focused |
| Menzis | Rivalrous | | Market-focused |
| | Brand-focused | | |
| | Sales-focused | | |
| | Society-focused | | |
| <u>Organization</u> | <u>Organizational identities</u> | <u>Industry identity</u> | <u>Strategic group</u> |
| Eno | Regional-focused | Society | Devotees |
| | Family-focused | | |
| | Service-focused | | |
| CZ | Service-focused | | Collaborative |
| | Society-focused | | Quality-focused |
| | Continuity-focused | | People-focused |
| | Inventive | | |
| ONVZ | Premium | | |
| | Iconic | | |
| | Position-focused | | |
| Zorg en Zekerheid | Regional-focused | | |
| | Society-focused | | |

4.2 Connecting identity domains with competitive interaction

Paralleling the data on identities in connection with competitive moves, observed through qualitative data on organizational identity. The identity claims found in each domain relate to specific competitive moves in patterned ways: organizational identity relates to competitive moves on product offerings, industry identity relates to downstream strategies, and strategic group identity relates to expansion modes (see Table 6). In addition, strategic group identity serves as a reference point as it filters health insurers' choices in enacting industry identity and bound choices in enacting organizational identity (Reger & Huff, 1993). Strategic group identity is seen as a reference point, because the identity domain tends to compete more closely against a subset of health insurers.

4.2.1. Organizational identity and competitive interaction

Health insurers differentiate from other strategic groups in product offerings on a business-level. The product offerings are determined based on product characteristics that differentiate health insurers' products from competitors (Jones & Butler, 1988). These product offerings include the number of brands and labels, breadth of products, and the price range of their products; and find product decisions that align with each health insurers' unique identity claims. This section expresses the basic and supplementary health insurance as 'products', but subsequently the price range of the product offerings only looks at the price of the basic health insurance. Table 5 reveals that strategic group identity filters the enactment of identity claims. Table 6 shows that Rivals differentiate from one another more than from Devotees, and vice versa, both in competitive actions and identity claims.

The strategic group 'Rivals', Menzis and Achmea, differ in product breadth, although their strategic group identity claims draw on competition and efficiency in their operational activities (see Appendix 7, Figure 2). Menzis offers nine products (see Table 7). This moderate breadth aligns with their identity focus on brand recognition and sales orientation, allowing them to focus on several target groups. With the label 'AnderZorg', they want to appeal to policyholders who are interested in the lowest premium policies, as indicated by respondent 2. Their label 'Menzis' has more room to make a distinction based on health claims and to tailor agreements with employers and municipalities. Furthermore, the label 'Hema' targets families.

The other Rival, Achmea has a very broad product breadth (see Appendix 7, Figure 2), with 29 products (see Table 7). They offer the widest choice of products. This corresponds

with the identity claims of Achmea to ensure they differentiate from Menzis in their intense emphasis on inventiveness and brand character, quickly introducing new products and dropping others.

Like Rivals, Devotees differ in the product breadth and variety of products. However, Devotees health insurers have the group identity claim of being quality and people-focused in their product offerings. Devotees are expected to offer just a single label, to provide quality in their products. Eno and Zorg en Zekerheid both align with the strategic group identity ‘Devotees’, because they both operate in the market as one label. Respondent 6 noted: *“we do not have enough resources to keep another brand alive”*. Eno and Zorg en Zekerheid differentiated from other Devotees in their intense emphasis on its identity as a regional-oriented health insurer.

In addition, Eno is characterized as a family-oriented health insurer. Eno has a very narrow product breadth, containing five products (see Table 7). As respondent 1 noted: *“our label ‘Salland’ is a regional health insurer and we only offer our policies in the region of Overijssel and Gelderland”*. Eno has a very narrow breadth of products, because its identity claim is based on a regional character with a specific service focus for a small region and international workers.

Zorg en Zekerheid offers, instead of Eno, a moderately broad product breadth (see Appendix 7, Figure 2). With one label it is expected that Zorg en Zekerheid has a very narrow breadth of products, which focuses on the quality of the product. Contrary to expectations, the organization has quite a broad range of 10 products. On the other hand, Zorg en Zekerheid’s identity focuses on regional and societal orientation. As respondent 6 notes, *“our mission is to move towards the healthiest region, together with the municipalities in the region and other cooperation partners”*. This statement corresponds with the moderately broad product breadth, because they need to offer enough products to provide good quality health insurance for their region.

The other Devotee, ONVZ, has approximately the same number of products as Eno, which means that they have a very narrow product breadth of five products (see Table 7). In alignment with their premium and iconic identity claims, ONVZ specializes in products with high-end quality developed through close agreements with healthcare providers. This focus aligns well with their identity of being premium – they just offer a few, high-quality health insurances. Furthermore, CZ has a moderately broad product breadth with 10 products (see Table 7). This product breadth aligns well with their identity focus on service and society,

allowing them to opt for enough products for society by using a virtual assistant which provides the policyholders' with ease in the service process.

Furthermore, the influence of organizational identity also relates to the price range of basic health insurance. Achmea has the most extensive price range ranging from € 110,95 - € 143,95, enabling it to span the entire health insurance market. The extensive price range corresponds with the brand-focused identity claim of Achmea, because they want to promote their brand to several groups within the society. Menzis' prices range from € 119,00 - € 143,75 (see Table 7). This moderately broad price range aligns with Menzis' identity claim as being rivalrous, having "something for everyone", and being focused on sales. Eno offers a price of € 120,90, because they only offer one basic health insurance (see Table 7). Rather than experimenting, Eno focuses on their family-focus identity and provides one price until they have something truly new to offer; corresponding with their regional and family identity claim. CZ offers products with a price range between € 126,75 - € 145,25 (see Table 7). Corresponding with the identity claim 'service-focused', CZ emphasizes its moderately broad price range, offering products for every policyholder. ONVZ offers one basic health insurance for a price of € 134,50. They offer high-end luxury basic health insurance to policyholders with a high social-economic status. The price range ties directly to ONVZ's identity claim as being premium and position-focused. Zorg en Zekerheid emphasizes their moderately broad price range of € 116,85 - € 137,35 (see Table 7). Their range is aligned with their identity claims of being of regional character and having a societal orientation.

The overview of the products illustrates how health insurers offer products that align with their organizational identities, which allows them to differentiate from other health insurers. The findings also show that within their strategic group, health insurers still compete with health insurers from the other strategic group. Rivals and Devotees are active in the market of budget policy, in-kind policy, and reimbursement policy, where they compete with the other strategic group on product breadth and price range. For example, Menzis competes with CZ and Zorg en Zekerheid in their moderately broad product breadth.

The organizational identity domain examines the driver of product offerings as part of competitive interaction. This driver explains how health insurers carry out competitive moves based on balancing conformity with group-level identity claims, while also differentiating within the group using organizational identity claims. The results in 4.1.1 show that the identity domain 'organizational identity' is closely related to organizations' product offerings and ties into its product breadth and price range.

Table 7: Data on business-level competitive moves: Product offerings of health insurers

| Company | # | Brands and labels | # Products | ^a Price range of products |
|--------------------------|-------|--|------------|--------------------------------------|
| Achmea | (4/2) | De Friesland, FBTO, Interpolis and Zilverenkruis | (14/15) | € 110,95 - € 143,95 |
| | 6 | Zilverenkruis Ziezo and Prolife | 29 | |
| Eno | (1/2) | Salland Zorgverzekeringen | (1/4) | € 120,90 |
| | 3 | ZorgDirect and HollandZorg | 5 | |
| CZ | (3/2) | CZ, Nationale nederlanden and OHRA | (3/7) | € 126,75 - 145,25 |
| | 5 | Just and CZ Direct | 10 | |
| Menzis | (2/2) | Anderzorg and Menzis | (3/6) | € 119,00 - € 143,75 |
| | 4 | VinkVink and HEMA | 9 | |
| ONVZ | (1/3) | ONVZ, | (1/4) | € 134,50 |
| | 4 | PNOzorg, De VvAA Zorgverzekering, Jaaah | 5 | |
| Zorg en Zekerheid | (1/1) | Zorg en zekerheid | (3/7) | € 116,85 - € 137,35 |
| | 2 | AZVZ | 10 | |

A full description of the price ranges can be found in Appendix 13

4.2.2. Industry identity and competitive interaction

The health insurers' industry identity relates to the downstream strategies on corporate-level. These strategies are determined based on the number of policyholders and the customer rating, which aligns with health insurers' indexes at corporate-level (Beard & Dess, 1981).

The health insurers conform to the industry identity claim of being society focused as they emphasize the importance of society, which translated into regulation-oriented, innovative, environment-oriented, and caring (see Table 4). However, the way health insurers manage their society differs in patterned ways; this is filtered by their strategic group identity. Rivals, while stating that society is important, are brand oriented and competitive in the way they approach their society. As stated on the *About us Menzis* (2022): “at Menzis we are committed to keeping good care affordable and close, together with our environment”. Rivals expressed the importance of the society revealing their brand orientation and encouraging the policyholders to switch based on price competition. This approach is consistent with the industry identity, which emphasizes a regulative environment that provides high-quality, affordable, and accessible healthcare. Competing based on the premium of the products provides stimulation of high-quality healthcare and affordability. The Rivals approach is consistent with the industry identity, which emphasizes society, and is manifested through the Rivals' strategic group identity lens of competitiveness and cost-focused.

On the other hand, through the collaborative view and quality focus, Devotees interpret the industry identity as a mandate to emphasize the continuity of good health. Devotees are socially concerned, committed to society, customer-oriented, and collaborative. They promote their products as high-quality and customized, for example to regional policyholders and policyholders with a high social-economic status. Typifying a Devotees approach, respondent 6 said: “*we do a lot of things to make the region healthier*” and respondent 5 noted: “*we have a fairly specific portfolio of people with a slightly higher social-economic status*”. These statements confirm the high quality and accessibility of healthcare. Thus, their approach is consistent with the industry identity, which emphasized the society, and manifested through the Devotees’ strategic group identity lens of collaborative and quality-focused.

The difference between Rivals and Devotees is further evidenced by the number of policyholders and the customer rating. Table 8 shows that Rivals have the most policyholders, which corresponds with their brand focus, rivalrous and sales-driven character. The Devotees have an opposite character and focus on the people and the quality of the environment. Furthermore, the Rivals and Devotees do not differ in their customer rating: the Devotee ‘Zorg en Zekerheid’ receives the best customer rating, and the Devotee, ‘ONVZ’ received the lowest customer rating.

Thus, industry identity is filtered through the strategic group identities ‘Rivals’ and ‘Devotees’. These strategic group identities allow health insurers to maintain a position that is both legitimate from the downstream strategies, where the society is important, and fits the identity of the strategic group, which allows conformity and differentiation in the identity domains.

Table 8: Data on corporate-level competitive interaction: Downstream strategies and expansion modes

| Downstream strategies | | | Expansion modes |
|-----------------------|-------------------------|---|--|
| Company | Number of policyholders | Customer rating | Mergers & acquisitions |
| Achmea | 5.100.000 | De Friesland: 8,3 FBTO: 8,1 ZieZo van Zilveren Kruis: 8,1 Zilveren Kruis: 7,8 Average rating: 8,1 | Merger with FBTO, Centraal Beheer, Zilverenkruis and PVF Nederland Acquisition by Eureko BV and the cooperation has been converted into an association with Interpolis, Agis, De Friesland ~ 2011 Acquisition of Eureko BV Alliance with Independer |
| Eno | 200.000 | 8,0 | |
| CZ | 3.600.000 | 8,0 | Acquisition Delta Lloyd Group |
| Menzis | 2.000.000 | 7,8 | Merger with Amicon, Azivo and VinkVink |
| ONVZ | 400.000 | 7,4 | Acquisition of Allianz Nederland, Nationale-Nederlanden, Aegon, PNOzorg and VvAA zorgverzekering |
| Zorg en zekerheid | 500.000 | 8,3 | |

4.2.3. Strategic group identity and competitive interaction

Health insurers differentiate in terms of competitive moves between strategic groups in managing expansion modes on corporate-level, because evidence is found that organizations draw on the identity claims of their strategic group to execute expansions (Beard & Dess, 1981). Rivals focus on low-premium products through their activities in the low-budget product market, continuous improvement, and innovative character. Rivals rely on the environment for innovation while also pressing their competitors for lower premium product prices. Respondent 2 confirmed this statement and commented: *“it is necessary to offer your products below cost price, otherwise you will not maintain a competitive position”*.

Respondent 6 added to this statement that: *“the health insurance market is very price sensitive”*, following a low-cost product and a strong market position in the switching market. Rivals tend to have several labels in the same product category, the basic health insurance and openly pit them against each other, with a decentralized character. As respondent 2 noted:

“Identifying our labels in the market is done separately for each label, but it is also checked whether we are not competing in a certain way with ourself; but around that, we make sure that it stays together and considers mutual coherence”

Rivals expand through acquisition, grafting their current structure and labels, with Achmea and Menzis as the most active in expansions. The brand-oriented identity claim of Achmea explains why they have the most mergers and acquisitions, because they want to expand their portfolio by reaching policyholders through multiple brands. This is exemplified by respondent 4: *“each label has its website with its marketing campaign”*.

Thus, Achmea and Menzis draw on the strategic group identity ‘Rivals’ to inform their decisions on how and why they approach expansion modes. Through examining strategic group identity claims, a deeper understanding exists of why Rivals are competitive, cost-focused, and market-focused, and expand to align with these identity claims.

Unlike Rivals, Devotees are health insurers that expand organically. They rather collaborate and develop proper products, such as ONVZ’ specialized purchasing agreements with healthcare providers. In terms of competitive moves, Devotees’ expansion by acquisition strategies runs parallel with their identity claims of being collaborative, quality-focused, and environment-focused. A low number of acquisitions and mergers customize their products,

often with a focus on premium features, as well as improvements in campaigns and developments in customer service.

Overall, Eno, CZ, ONVZ, and Zorg en Zekerheid draw on the Devotees identity claims to inform their approaches for implementing strategies on expansion modes. Likewise, by examining the strategic group identity claims, One can obtain a deeper understanding of why Devotees claim to be quality-focused and collaborative, and do not prefer to ‘differentiate’ from other health insurers. They are rather driven by providing products with quality to collaborate with healthcare providers and satisfy their loyal policyholders.

Overall, strategic group identity aligns with health insurers’ expansion modes, while also acting as a filter for their industry identity, keeping alignment with others but also creating boundaries for the enactment of their organizational identity.

4.2.4 Overview: identity domains and competitive interaction

The findings demonstrated how health insurers draw on identity domains to inform competitive interaction. Table 1 (see Appendix 11) showed connections between organizational identity and product offerings, industry identity and downstream strategies, and strategic group identity and expansion modes. Furthermore, strategic group identity influences how health insurers interpret the identity claims on industry and organizational level

4.3 Conceptual model: linking identity domains and competitive interaction

Iterative moving between content analysis, secondary data, and semi-structured interviews as abductive qualitative analysis provide insight into the identities at various identity domains to competitive interaction. Rather, each domain of organizational identity – organization, industry, and strategic group – guides health insurers to align competitive interactions with organizational identity, by conforming health insurers to specific strategic groups (see Appendix 12, Figure 1).

Hunt (1972) noted that grouping organizations clarified understanding of the viable competitive interactions in the industry. Grouping health insurers in strategic group identities act not as a connector of the industry and organizational identity domains (Huff, 1982), but rather as a mediator, translating between the industry and organization domains. Strategic group identity formed the basis for the organizational identity domain to differentiate itself from other health insurers. Furthermore, strategic group identity filtered the industry identity by focusing on society and conforming with other health insurers. While all Dutch health

insurers undermine the relevance of the society focus of the industry identity, they carry out their competitive moves in alignment with their strategic group identity claims.

The conceptual model contains the identity domains: organizational identity, industry identity, and strategic group identity. Furthermore, the model divides the competitive interaction into business-level and corporate-level competitive moves (see Appendix 12, Figure 1). The business-level relates to the product offerings, and corporate-level relates to the expansion modes and downstream strategies.

The conceptual model starts with the industry identity. Health insurers' industry identity must conform to maintain legitimacy (Deephouse, 1999). However, conformity is realized through the filter of strategic group identity, conforming industry identity claims to strategic group-level (see Appendix 12, Figure 1). To conclude, the industry identity norms align with the strategic group identity. This alignment suggests that similarities at industry-level, when examined at strategic group level, may be less conform than often assumed. Moving on to organizational identity, claims in this domain do not act as a filter for conforming identities, but rather as differentiation between the identity claims within the boundaries of strategic group identity.

Looking at how identity domains and competitive moves interrelate, the organizational-level both elaborates on strategic group-level identity claims and provides differentiation through product offerings (see Appendix 12, Figure 1). The differentiation in product offerings appears to be tied to health insurers' identity claims, allowing differentiation without challenging strategic groups or industry identities. Rivals are efficient and offer products in several markets: Achmea focuses on segments with well-priced brands and many models, while they are sales focused and have a moderately broad product breadth. Likewise, Devotees often have a very narrow product breadth and emphasize the high-quality focus and what is unique for the health insurer. This corresponds with the very narrow product breadth of Eno and ONVZ, who focus on a certain region and product group.

The industry identity relates to downstream strategies, as policyholders are deeply involved in the industry and influence the way health insurers, within the industry, are valued (see Appendix 12, Figure 1). Since the policyholders primarily interact with the industry through switching from health insurer, it makes sense that a key part of industry identity would be society-focused.

Furthermore, strategic group identity claims do not interpret the industry identity claims and prefer to make identity claims of their own. Members of both identity domains

conform somewhat to the industry identity claims and the broad strategies of the strategic group (Navis & Glynn, 2010). Strategic group identity is related to health insurers expansion modes, which tend to differ between both strategic groups. For example, Rivals commonly expand their organization through acquisitions and mergers. Likewise, for Devotees, it is difficult to acquire new organizations, brands, and labels. Thus, the strategic group identity claims are consistent and align with the expansion modes.

In sum, the conceptual model suggests that health insurers draw on identities in combination and there is no dominant identity domain, although strategic group identity has the broadest influence on the competitive interaction. To conclude, health insurers can share identity claims across the identity domains 'strategic group' and 'industry', but differentiate by engaging in competitive moves rooted in the identity domain 'organizational identity' (see Appendix 12, Figure 1).

Chapter 5 | Discussion & Conclusion

This research explored the influence of the identity domains on competitive interaction of Dutch health insurers. Chapter two perceived insight into the connection between the three identity domains and the competitive interaction at business-level and corporate-level. Chapter three contained the methodology that gained insight into how this influence can be analyzed. Chapter four provided results that examined how the identity domains are interrelated and how they are connected to competitive interaction. Chapter five starts with a discussion of the findings. The following section explains the theoretical and managerial implications followed by the limitations and future research. The last section provides the conclusion of this research.

5.1 Discussion

The aim of the research is achieved, because it explored how identity interacts at various identity domains and influences competitive interaction, developing a conceptual model of how the identity domains interact and connect with competitive interaction.

Furthermore, the Dutch health insurance market is somewhat unique, so it should be questioned if this industry is generalizable. As mentioned before, the market is strictly regulated, largely geographically concentrated, non-profit, and has a small number of health insurers. These characteristics provide stability in the identities of all domains. The mapping between organizational identity and product offerings at business-level could be part of a consumer-goods sector. The connection between industry identity and downstream strategies can be driven by regulators, government, and controlling authorities. Thus, the results in this research are generalizable, as other industries share some or all of the characteristics of the industry.

Webpages of Dutch health insurers, secondary data from ‘about us’ pages, annual reports, and nine interviews were conducted to investigate how the identity domains interact and influence competitive interaction. This research is conducted in an industry that is strongly regulated and stable, with limited variance in the attributes of the health insurers, to control for economic drivers to better isolate the cognitive influences of identity domains on competitive interaction. However, this research illustrates that the cognitive drivers of competitive interaction became evident and influenced both the conformity and differentiation of the identity domains. The results in 4.2 demonstrates how organizational identity relates to product-level-actions, how industry identity outlines the identity claims of health insurers and

norms of the industry, and how strategic group identity approaches competition. Thus, this research revealed that there is a connection between the identity domains and competitive interaction.

5.2 Practical and theoretical implications

The research implications revealed how the results impact the theory, and subsequent research, supported by evidence (Isen, 2001). The research implications contain practical and theoretical implications. Practical implications have a direct impact on the results of related practices or relevant parties, such as top management team (TMT) members (Isen, 2001). By understanding how various identity domains inform several competitive moves, TMT members can set more cohesive competitive strategies, drawing on the identity claims of each domain: organizational identity for product offerings, industry identity for downstream strategies, and strategic group identity for expansion modes. An implication is that paragraph 4.3 highlights how strategic group identity is used as a filter for enacting industry identity and interpreting organizational identity. Strategic groups contribute to the knowledge of how health insurers position themselves within the Dutch health insurance market (Reger & Huff, 1993; Short et al., 2007). The implication does not suggest that there is a causal relationship between the identity domains and the competitive interaction, and that TMT members cannot control the identity domains. Overall, the practical implication expressed the importance for TMT members to understand the cognitive lenses that influence competitive interaction at business-level and corporate-level.

The theoretical implication provides an impact on the theories that are used in this research. It builds on an extended work in cognitive drivers of competitive moves, suggesting that health insurers leverage different identity domains to interpret and react to competitor moves. This research sheds light on this topic, since no extensive research on this topic was concentrated only on economic drivers for competitive interaction, and provides new insights and an option for more in-depth research in the future. This research suggests that the strategic group identity domain serves as a mediator between the other identity domains and the competitive interaction at business-level and corporate-level. This expresses the identity domains in the process of strategies, where health insurers subjectively interpret and react to the competitive environment and understand *why* health insurers in the same industry operate with heterogeneous and patterned competitive moves (Chen & Miller, 2015).

5.3 Limitations

The limitations, in this section, follow the sequence generalizability, validity, and time element. The first generalizability limitation is that not all health insurers are included in this research; some were unwilling to participate or did not respond. Therefore, the findings are not generalizable to the entire Dutch health insurance industry.

Second, this research took place in a relatively short period, namely five months. A longer research period would have allowed for more data gathering. Due to accessibility and time constraints, it was not possible to map the entire health insurance market and provide full insight into the influence of identity domains. Therefore, it is difficult to generalize the answers.

Third, as a single case study, the findings in chapter four are rooted in the context of – a single industry – and thus the specific competitive moves that are studied in this research represent relevant actions in that setting. In general, case studies are limited for having no grounds for generalization (Yin, 2014). A criticism of the generalization is that the conclusion of single case studies is generally undermined (Tellis, 1997). In other industries, different competitive interactions might be more relevant and the associated themes with the identity domains may be different, because of the differentiation in characteristics, such as cultures, employees, regulations, and market forces. The identity in this industry is treated as a set of characteristics, which means that the data cannot address iterative relationships between identity and competitive interaction. However, a single case study can be sufficient to sustain the conclusions, but generalizations must be made cautiously.

Besides the generalization, validity is also a limitation of a qualitative case study (Tellis, 1997). The obtained results from secondary data and semi-structured interviews are influenced by the underlying subjectivity of the respondents and the researcher. The problem occurs in the coding process of the data. The researcher tried to be as objective and open-minded as possible. However, the researcher still has several biases in the process of coding. These biases can be based on the researcher's appearance and disposition. Research bias, therefore, affected the validity of research outcomes.

Although the relationships are mapped between identity domains, it was not possible to investigate the time element of the identity domains and competitive interactions. Future research is necessary to uncover these mechanisms to understand how health insurers develop and manage their identities.

5.4 Future research

Although this research represents a start for developing an understanding of the influence of the identity domains on competitive interaction, future research is necessary. Future research could be built on existing research about defining multiple identity domains within organizations (Moss et al., 2011), to research how organizations manage various identity domains and how this influences competitive interaction, without conflicts between conformity and differentiation in the identity domains. The conflicts between conformity and differentiation can be categorized as identity based-conflicts. Thus, future research could explore how organizations can manage different identity domains to avoid and resolve identity based-conflicts within multiple industries.

In addition, future research should be conducted in a context where the limitation of a single qualitative case study could be explored further by interviewing a larger sample of respondents within more industries to gain useful insights. In addition, multiple case studies could be beneficial to interpret the options of the identity domains within various industries (Yin, 2014). Overall, multiple case studies improve the reliability of the results.

Moreover, this research contributes to the literature by connecting organizational identity at organization, industry, and strategic group level, deepening the understanding of how identity relates to competitive interaction. Future research could explore how organizations within multiple industries can manage several identity domains to avoid and resolve identity-based conflicts. This research should be conducted with multiple case studies.

5.5 Conclusion

In this section, based on the conceptual framework and the results obtained in chapter four, an answer is given to the research question: *“How do organizational identity influence the competitive interaction of Dutch health insurers?”*. Before an answer is given to the research question, the two sub-questions are elaborated upon.

5.5.1. Examining the identity domains

The first sub-question states: *“How can the identity domains of the health insurers be examined?”*. The results in paragraph 4.1 show that the identity domains of organizational identity draw on three identity domains: organization, industry, and strategic group.

Ashforth et al. (2011) examine the relationships of the various identity domains and suggest that strategic group identities conform to their own identity at group level, which allows shared industry identities and differentiation on an organizational level. The results of the Dutch health insurance market examine the importance of strategic group identity, as a mediator, as it serves to filter both organizational and industry identities, forming the point of view on how health insurers interpret their organizational and industry identity claims. Health insurers used the industry identity as a foundation against which health insurers pursue uniqueness.

Although the health insurers have different identity claims, the results show that they share a common industry identity, with society's focus accepted as the norm. The Dutch health insurance market is strictly regulated, innovative, environmental-oriented, and caring, with strongly shared views on the industry and organizations enacting strategies to fit these views and be legitimated (Porac et al., 1989). However, this research considers two strategic groups and thus how strategic group identity influences the interpretation and enactment of industry identity and organizational identity. This alignment provides health insurers with a balance between conforming and differentiation (Deephouse, 1999).

Thus, the results of this research confirmed that strategic group identity is meaningful in how health insurers position themselves (Reger et al., 1994). Strategic group identities are used as filters to allow conformity and differentiation within the industry. This result shows that multiple strategies can occur within an industry, such as cost-focused (*cost leadership*) and quality-focused (*differentiation*) (Porter, 1980). This example occurs rather on a group-level than on an organizational-level. Based on the results, the following proposition is formulated to answer the first sub-question.

Proposition 1: *The identity domain ‘Strategic group identity’ filters how health insurers interpret and conform to the industry identity and at the same time guide how health insurers differentiate their own organizational identity from the industry and strategic groups.*

5.5.2. Exploring the relationships between identity domains and competitive interaction

The second sub-question states: “How do identity domains of organizational identity and competitive interaction interrelate?”. Paragraph 4.2 showed interesting findings that suggest that identity domains integrate and stimulate certain competitive moves, such as product breadth and price range, number of policyholders, customer rating, and acquisitions and mergers. Paragraph 4.2 illustrated that the identity domain ‘organizational identity’ is related to the competitive interaction at business-level, specifically on product offerings. Fiol (2001) proposed that organizational identity can provide a competitive advantage for health insurers. More generally, this means that organizational identity is a cognitive driver to differentiate in competitive interaction at product-level. Thus, the following proposition is suggested:

Proposition 2: *The identity domain ‘organizational identity’ is related to competitive interaction at business-level as it uses identity to interpret how to differentiate from other health insurers and execute competitive moves to gain an advantage over other health insurers*

The industry identity involves how the industry presents the health insurance market, and manages the image of the industry. Paragraph 4.1 illustrates that the health insurance market is focused on society, including policyholders. The industry identity is connected to the competitive interaction on corporate-level, and specifically downstream strategies. The purpose of the industry identity is to reinforce its position and image of reputation among policyholders to ensure its survival and growth (Dhalla & Oliver, 2013). The results showed that the industry is society-focused. However, industry identity is filtered through the strategic group identity and influences the downstream strategies relating to conformity to legitimate health insurers in the industry. From the standpoint of the health insurers, this means managing the downstream strategies in a manner consistent with others in the industry to indicate society and legitimacy. The strategic group ‘Rivals’ are more transactional and

competitive focused in their relationship with society and the strategic group ‘Devotees’ emphasize a caring, collaborative and continuous relationship with their society. To conclude, industry identity is enacted through the filter of strategic group identity, allowing health insurers to maintain a position that is legitimate from the industry point of view, but also fits with the identity of the strategic group, allowing them to conform in terms of competitive moves that are associated with the industry level identity claims. Thus, the proposition posits:

Proposition 3: *Health insurers draw on industry identity to influence downstream strategies at corporate-level relating to conformity to legitimate to other health insurers in the industry*

The strategic group identity domain aligns with the corporate-level decisions of health insurers, specifically the acquisitions and mergers. Paragraph 4.2 posits that expansion modes are driven by strategic group identity. The strategic group strategies ‘cost leadership’ and ‘differentiation’ are matched with outsourcing (Fisher, 1997). Cost leadership involves efficiency, consistent with outsourcing and partnerships, whereas differentiation involves custom-made products, consistent with high-end internal production. However, strategic group identities also emphasize their market and people focus, as Rivals focus on expanding by acquiring market share and Devotees who focus on satisfying policyholders with their quality products, grow organically. Overall, strategic group identity aligns with health insurers’ expansion modes approaches, while also acting as a filter for their industry identity, keeping conformity with other health insurers. Thus, the following proposition is noted:

Proposition 4: *The identity domain ‘strategic group identity’ draws on corporate-level decisions related to expansion modes to conform with other health insurers and act as a mediator between organizational and industry identity*

5.4.3. Connecting identity domains to competitive interaction

Finally, an answer is provided to the research question: “*How do organizational identity influence the competitive interaction of Dutch health insurers?*”. This research studied and extends work in cognitive drivers of competitive interaction, suggesting that identity domains of organizations within the Dutch health insurance market help to interpret and react to competitive interaction at a business- and corporate-level. This statement is based on Figure 1

(see Appendix 12), which indicates the understanding and importance of various identity domains in competitive interaction. Health insurers can set their competitive strategy for competitive moves, drawing on the identity claims on organizational identity for product offerings, industry identity for downstream strategies, and strategic group identity for expansion modes. Furthermore, this research illustrated that strategic group identity acts as a mediator or moderator that filters both industry and organizational identity. This relation expressed the importance of health insurers' understanding of the identity domains to subjectively interpret and react to the competitive environment. Furthermore, the understanding of the identity domains deepens the understanding of why health insurers operating within the same industry enact heterogeneous but patterned competitive moves at business-level and corporate-level. Thus, the identity domains, with strategic group identity as mediator, influence the competitive interaction at business-level and corporate-level.

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Appendices

Appendix 1: Planning

Table 9: Planning Master Thesis

| Activity | Description | Date |
|---|---|------------------|
| Final version research proposal | The Introduction, Theoretical Background and Methodology | 25 March 2022 |
| | | 1 April |
| Deskresearch | Find relevant articles via deskresearch | 18 April 2022 |
| Fieldresearch | Collect relevant data via semi-structured interviews with Dutch insurance organizations | 16 May 2022 |
| Processing interviews | Transcript all interviews | 15 June 2022 |
| Elaborate findings/results | Working on the results based on the interviews | 27 June 2022 |
| Elaborate discussion | Working on the discussion | 4 July 2022 |
| Elaborate conclusion & recommendations | Working on the conclusion & recommendations based on the results | 11 July 2022 |
| Combine all chapters & optimize thesis | Optimize the concept thesis to get everything in line and consistent | 25 July 2022 |
| Submit full concept thesis | - | 4 August 2022 |
| Work on comments thesis | Process the comments based on the concept version | 7-15 August 2022 |
| Deliver final thesis | | 15 August 2022 |

Appendix 2: Summary of the six Dutch health insurers

Table 1: General information health insurers

| Health insurer | Location | ^a # Employees 2021 | ^b Estimated Gross written premium 2021 | ^c Market share 2022 |
|----------------------|----------|-------------------------------------|--|--------------------------------|
| Achmea | Zeist | 14.800 | € 20.026.000.000,- | 29,3% |
| Eno | Deventer | 213 | € 257.076.000,- | 1,0% |
| CZ | Tilburg | 2.187 | € 10.923.606.000,- | 23,6% |
| Menzis | Enschede | 1.382 | € 6.340.900.000,- | 11,6% |
| ONVZ | Houten | 356 | € 1.185.939.000,- | 2,4% |
| Zorg en Zekerheid | Leiden | 483 | € 709.239.734,- | 3,1% |

^{abc}(Annual report Achmea, (2021; Annual report CZ (2021; Annual report Eno, (2021; Annual report Menzis 2021; Annual report ONVZ, (2021; Annual report Zorg en Zekerheid 2021)

Appendix 3: Summary of data sources

Table 1: Data sources

| Source type | Source name | Count | Total length (in hours) | How used in data analysis |
|----------------------------|---|-------|--------------------------|---|
| Content analysis | <ul style="list-style-type: none"> Websites health insurers | 29 | 4 hours | <u>Competitive actions</u> : data on actions of organizations, including acquisitions, product offerings, organization boundaries and expansion modes |
| Observation | <ul style="list-style-type: none"> ‘About us’ pages health insurers Annual reports (2021) | -- | 3 hours | <u>Identity</u> : Emergent coding for organizational identity using ‘About us’ pages and Annual reports made by health insurers. |
| Semi-structured interviews | <ul style="list-style-type: none"> Semi-structured interviews | 9 | 356 minutes (~ 6 hours) | <u>Identity</u> : Conducted interviews to understand the identity of the organization |

Appendix 4: Interview guide

Table 1: Interviewguide semi-structured interviews

| | |
|-------------------------------|--|
| Introductie | Goedemiddag, ik ben Interviewer Groeneveld. Allereerst wil ik u bedanken dat u heeft ingestemd met dit interview. Het interview zal ongeveer 30 minuten in beslag nemen. Voordat ik start wil ik nog vragen of u van te voren nog vragen hebt. |
| Doel van het onderzoek | <p>Met dit interview neemt u deel aan een onderzoek naar de invloed van organisatie identiteit op competitieve interactie binnen de Nederlandse zorgverzekeringsmarkt. In het kort gaat organisatie identiteit over hoe managers opvattingen delen over vragen als: ‘wie zijn we als organisatie’ en ‘wat willen we in de toekomst zijn’. Daarnaast gaat competitieve interactie in op alle concurrerende acties en reacties binnen de zorgverzekeringsmarkt.</p> <p>Met dit onderzoek ga ik kijken naar de organisatie identiteit van diverse zorgverzekeraars. Hierbij ben ik benieuwd naar uw blik op beide concepten en de samenhang tussen de concepten. Het onderzoek voer ik uit voor mijn thesis voor de master Strategic Management.</p> |
| Onderwerpen | <p>De onderwerpen die tijdens het interview aan bod gaan komen bestaan uit:</p> <p>Eerst leg ik kort uit wat onder organisatie identiteit wordt verstaan</p> <p>Daarna stel ik wat algemene vragen</p> <p>Vervolgens stel ik een aantal vragen die ingaan op de drie levels van identiteit</p> <p>Vanuit de literatuur wordt naar de volgende drie domains van identiteit gekeken:</p> <ul style="list-style-type: none"> • <u>Organizational identity</u> gaat over hoe managers acteren en reageren op competitieve acties van concurrenten gebaseerd op hoe zij hun organisatie identiteit zien. Organisatie identiteit kan organisaties motiveren om hevig te concurreren in bepaalde markten dan in andere markten, zelfs als het minder winstgevend is. Hierbij |

| | |
|---|--|
| | <p>wordt gekeken naar de product offerings, dit gaat over het aantal merken de zorgverzekeraar heeft en hoeveel basis en aanvullende verzekeringen het aanbiedt en voor welke prijs. Dit wordt vergeleken of een organisatie georiënteerd is op waarde, verkopen, merk, klant en medewerkers. En daarnaast of de organisatie agressief of zorgzaam concurreert en zich richt op innovatie en duurzaamheid.</p> <ul style="list-style-type: none"> • <u>Industry identity</u> bestaat uit een collectieve overtuiging over de central, enduring, en distinctive van de industrie als een geheel. Dit zegt iets over de identiteit van de gehele industrie. Het kan zijn dan de industrie gefocust is op gezonde organisaties, traditionele organisaties, service georiënteerd en dealer georiënteerd. In dit geval is de organisatie relationship-focused. • <u>Strategic group identity</u> zijn een verzameling aan organisaties die een soortgelijke strategie hebben en sommige andere binnen de industrie meer als concurrent zien. Deze verzameling aan organisaties kan worden gesplitst in Assemblers en Crafters. Assemblers zijn meer gericht op competitie, kosten en markt georiënteerd. Crafters zijn meer georiënteerd op samenwerkend, kwaliteit en medewerkers. |
| Anonimiteit en vertrouwelijkheid | Dit interview is anoniem, dat wil zeggen dat uw persoonlijke gegevens niet gebruikt of genoemd zullen worden. Daarnaast zullen de dingen die u ons vertelt en de informatie die u ons geeft alleen voor dit onderzoek gebruikt worden. |
| Opname | Ik wil u op de hoogte brengen dat het interview wordt opgenomen. Ik wil u daarom vragen of u hiermee instemt? |
| Algemeen | <p>Kunt u iets over u zelf vertellen?</p> <ul style="list-style-type: none"> • Hoe lang werkt u al bij zorgverzekering X? • Ik zie dat u werkzaam bent als Y binnen X. Hebt u hiernaast nog een andere functie binnen X bekleed? • Wat houdt uw functie precies in en welke verantwoordelijkheden komen daarbij kijken? |

| | |
|--|---|
| <p>Organisatie identiteit</p> <p>Topics:</p> <p>Identiteit algemeen</p> | <p>Wat ziet u als de organisatie identiteit?</p> <p>Subvragen:</p> <ul style="list-style-type: none"> • Is er volgens u een bepaald imago dat X uitstraalt richting de zorgverzekeringsmarkt? <ul style="list-style-type: none"> ○ Zo ja, wat probeert X uit te stralen? • Zijn er vanuit de organisatie speerpunten opgesteld die intern wordt gedragen en naar buiten toe zichtbaar is? <ul style="list-style-type: none"> ○ Zo ja, wat zijn volgens u de speerpunten van de organisatie? • Hoe vergelijkt u dit met de speerpunten van andere zorgverzekeraars? • Welke afdelingen zijn betrokken bij het uitstralen van de speerpunten van X? • Op welke wijze worden deze speerpunten/waardes opgenomen in de strategie van X? <ul style="list-style-type: none"> ○ En hoe vertaalt dit zich in de bedrijfsvoering van X? |
| <p>Industry identity</p> <p>Topics:</p> <p>Industry identity</p> <p>Normen en waarden industrie</p> <p>Branche regels</p> | <p>Hoe omschrijft u de zorgverzekeringsmarkt?</p> <p>Subvragen:</p> <ul style="list-style-type: none"> • Hoe omschrijft u de relatie tussen zorgverzekeraars en zorgvragers? • Hoe omschrijft u de relatie tussen zorgverzekeraars en zorgaanbieders? • Hoe omschrijft u de algemene normen en waarden binnen de zorgverzekeringsmarkt? • In hoeverre dienen zorgverzekeraars zich aan bepaalde regels te houden? <ul style="list-style-type: none"> ○ Aan welke regels dienen ze zich te houden? • Hoe omschrijft u de algemene uitstraling van de Nederlandse zorgverzekeringsmarkt? (Hierbij kan worden gedacht aan het imago, de identiteit; zoals bijvoorbeeld gezonde organisaties, traditionele organisaties, service georiënteerd en zorgvragers georiënteerd. <ul style="list-style-type: none"> ○ Kunt u in het kort een aantal kernbegrippen omschrijven? |

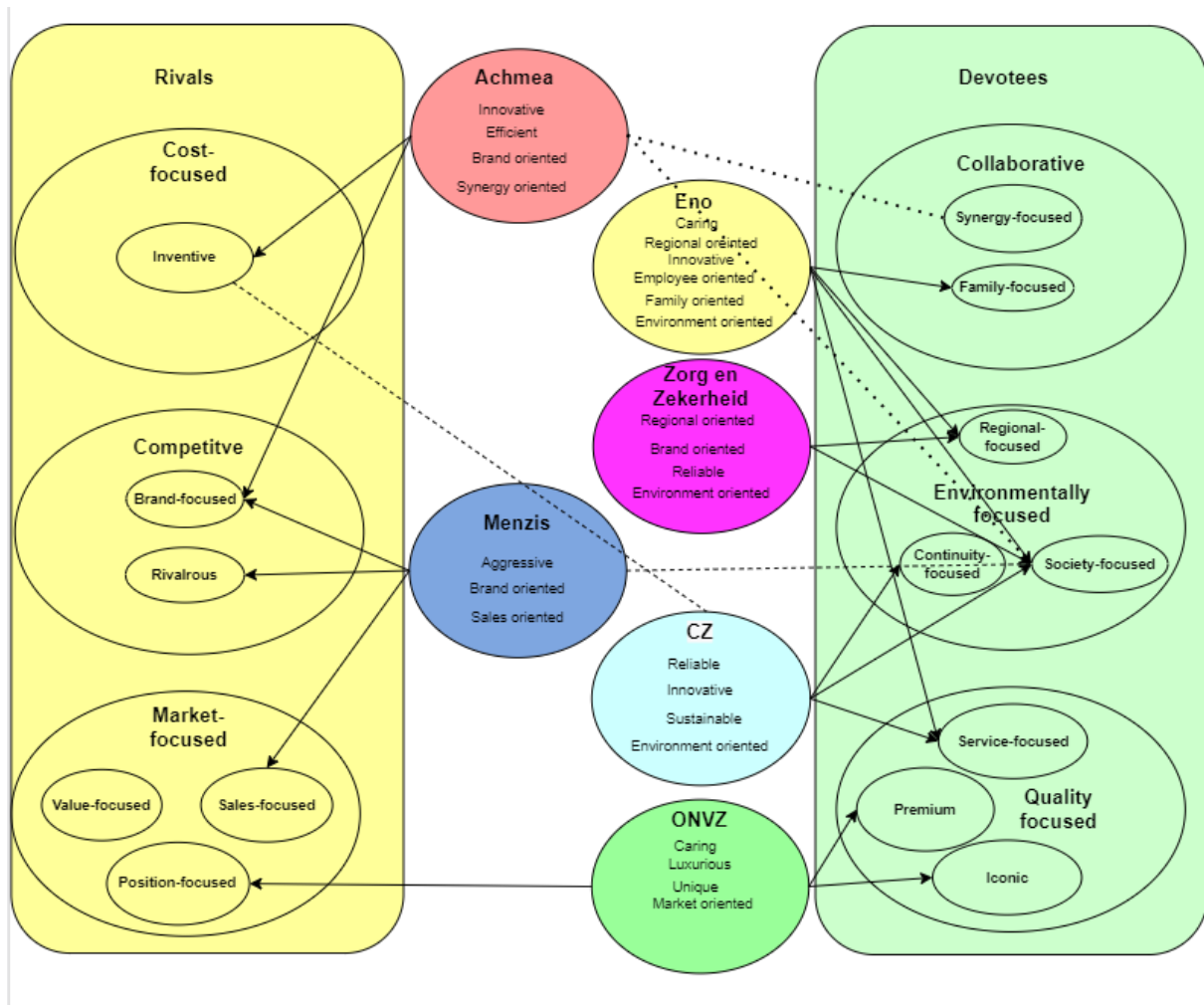
| | |
|---|--|
| | <ul style="list-style-type: none"> • Probeert X zich van deze algemene uitstraling te onderscheiden? <ul style="list-style-type: none"> ○ Zo ja, op welke wijze proberen ze dat? • En waarom dragen jullie en andere uitstraling uit? |
| Strategic group identity Topics: Concurrentiestrijd Kosten/kwaliteit georiënteerd Markt/medewerkers georiënteerd | <p>Welke factoren worden meegenomen tot het nemen van competitieve acties (Concurrentiestrijd; agressief/collaboratief)</p> <ul style="list-style-type: none"> • Wat is uw mening over de concurrentie binnen de zorgverzekeringsmarkt? • Op welke wijze ziet u de concurrentie binnen de markt terug? • Wie zijn jullie voornaamste concurrenten binnen de Nederlandse zorgverzekeringsmarkt? • Zien jullie sommige zorgverzekeraars als grotere concurrent dan anderen? <ul style="list-style-type: none"> ○ Zo ja, hoe komt dat? • Op welke wijze speelt X in op deze concurrentiestrijd? • Hoe proberen jullie te onderscheiden van deze concurrenten? • Hoe verloopt het besluitvormingsproces hoe jullie concurreren? • Hoe komen jullie uiteindelijk tot een competitieve actie? • Wat beïnvloed hoeveel acties je onderneemt? • In hoeverre nemen jullie de identiteit van het bedrijf in overweging bij het nemen van competitieve acties? • Waar houden jullie rekeningen mee bij het nemen van beslissingen op het gebied van concurreren? (strategieën, communicatie, richtlijnen zorgverzekeraar, gedrag en identiteit andere zorgverzekeraars) • Welke criteria bepalen volgens u dat de zorgverzekeraar succesvol concurreert? <p>Kosten/kwaliteit georiënteerd (richt de organisatie zich vooral op kwantiteit of kwaliteit)</p> <ul style="list-style-type: none"> • Hoe zijn de basis en aanvullende zorgverzekeringen tot stand gekomen? • Welke gedachte zit er achter het aanbieden van basis en aanvullende zorgverzekeringen? |

| | |
|--|--|
| | <ul style="list-style-type: none">• Naar welke aspecten van de zorgverzekeringen kijken jullie? (kosten/kwaliteit)<ul style="list-style-type: none">○ Hoe is dit terug te zien?• In hoeverre zijn jullie zorgverzekeringen klant specifiek? <p>Focus op zorgvragers (hoe gaan ze om met klanten?)</p> <ul style="list-style-type: none">• Wie zijn de voornaamste zorgvragers die jullie bedienen?• Wat zijn de eigenschappen van deze zorgvragers?• In hoeverre maken jullie hierbij onderscheid in specifieke zorgvragers?• Op welke wijze proberen jullie je te onderscheiden bij het aanbieden van zorgverzekeringen ten opzichten van de concurrenten?• Hoe kan de zorgvrager jullie bereiken?• Hoe bereiken jullie de zorgvrager? <p>Focus op zorgaanbieders (hoe gaan ze om met leveranciers?)</p> <ul style="list-style-type: none">• Als ik het goed begrijp hebben jullie naast zorgvragers ook contact met zorgaanbieders (dat bestaat uit huisartsen, tandartsen, fysio's en ziekenhuizen), waar de zorgverzekering zorg voor de verzekerde inkoopt?• Kunt u misschien in het kort uitleggen hoe het contact met de zorgaanbieders verloopt?<ul style="list-style-type: none">○ Hoe ziet een onderhandeling met een zorgaanbieder eruit?○ Naar welke factoren kijken jullie bij zo'n onderhandeling?○ In hoeverre zijn jullie afhankelijk van de zorgaanbieders?• Dragen jullie een bepaald imago uit richting zorgaanbieders?<ul style="list-style-type: none">○ Zo ja, wat voor een uitstraling?○ Wat doen jullie hiervoor? <p>Medewerkers focus (hoe gaan ze om met hun personeel?)</p> |
|--|--|

| | |
|--|--|
| | <ul style="list-style-type: none"> • In hoeverre ligt jullie focus op de medewerkers binnen de organisatie? <ul style="list-style-type: none"> ○ Waarin is dit terug te zien? • Vindt er samenwerking plaats binnen de marketingafdeling en andere afdelingen? <ul style="list-style-type: none"> ○ Hoe gaat deze samenwerking in zijn werk? ○ Op welke wijze is deze samenwerking terug te zien? • In hoeverre zie je de resultaten van deze samenwerking terug in de bedrijfsvoering? • In hoeverre wordt vanuit de HR-afdeling aandacht besteed aan personeelsactiviteiten? <ul style="list-style-type: none"> ○ Voegt dit volgens jou wat toe? ○ Op welke wijze voegt het wat toe? |
| De afsluiting Afsluiting interview Memberchecking Bedanken voor het interview Een telefoonnummer achterlaten voor als er nog vragen zijn | <p>Afsluiting interview:</p> <p>Wilt u nog iets toevoegen aan dit gesprek? Zijn er nog dingen die niet aan bod zijn gekomen in het gesprek maar die u wel belangrijk vindt om te vertellen? Wat vond u van het interview?</p> <p>Memberchecking</p> <p>Het interview zal worden uitgewerkt. Als u wilt kunt u hier een uitdraai van ontvangen.</p> <p>Bedanken voor het interview</p> <p>wil u graag bedanken voor uw tijd en uw deelname aan het interview. Ik hoop dat u het gevoel hebt dat u uw verhaal hebt kunnen vertellen en dat er naar uw verhaal is geluisterd.</p> <p>Telefoonnummer</p> <p>Als u nog vragen hebt, kunt u terecht bij Interviewer Groeneveld. Telefoonnummer: 06-36299884</p> |

Appendix 5: Connecting associated themes and identity claims

Figure 2: Model connecting associated themes with identity claims



Appendix 6: Connecting associated themes and identity claims

Table 1: Themes and identity claims associated with organization identity Achmea

| <u>Organization</u> | <u>Associated themes</u> | <u>Identity claims</u> |
|-------------------------------------|--------------------------|------------------------|
| Achmea | | |
| Interview | Innovative | Inventive |
| | Efficient | Brand-focused |
| | Brand oriented | Synergy-focused |
| | Synergy oriented | |
| | Employee oriented | |
| | Sustainable | |
| | Aggressive | |
| | Environment oriented | |
| | Talented | |
| | Regulation oriented | |
| About us & Annual report | Environment oriented | Society-focused |
| | Brand oriented | Brand-focused |
| | Innovative | |
| | Caring | |
| | Sustainable | |
| | Synergy oriented | |
| | Aggressive | |

Table 2: Themes and identity claims associated organization identity Eno

| <u>Organization</u> | <u>Associated themes</u> | <u>Identity claims</u> |
|-------------------------------------|--------------------------|------------------------|
| Eno | | |
| Interview | Caring | Regional-focused |
| | Regional oriented | Family-focused |
| | Innovative | Employee-focused |
| | Employee oriented | |
| | Family oriented | |
| | Environment oriented | |
| | Brand oriented | |
| | Reliable | |
| | Sales oriented | |
| | Market oriented | |
| About us & Annual report | Caring | Society-focused |
| | Environment oriented | Family-focused |

Family oriented

Value oriented

| <u>Organization</u> | <u>Associated themes</u> | <u>Identity claims</u> |
|-------------------------------------|--|--|
| CZ | | |
| Interview | Reliable Innovative Sustainable Environment oriented Aggressive Efficient Design oriented Value oriented Employee oriented Caring | Service-focused Society-focused Continuity-focused |
| About us & Annual report | Environment oriented Caring Sustainable Innovative Value oriented Talented Reliable Synergy oriented Brand oriented | Society-focused Continuity-focused Experimental |

Table 3: Themes and identity claims associated with organizational identity CZ

| <u>Organization</u> | <u>Associated themes</u> | <u>Identity claims</u> |
|-------------------------------------|---|---|
| Menzis | | |
| Interview | Aggressive Brand oriented Sales oriented Caring Employee oriented Innovative Unique Talented Efficient Design oriented | Rivalrous Brand-focused Sales-focused |
| About us & Annual report | Environment oriented Innovative Caring Sales oriented Value oriented | Society-oriented Collaborative-focused |

Efficient

Table 4: Themes and identity claims associated with organizational identity Menzis

| <u>Organization</u> | <u>Associated themes</u> | <u>Identity claims</u> |
|-------------------------------------|--|---------------------------------------|
| ONVZ | | |
| Interview | Caring Luxurious Unique Market oriented Employee oriented Reliable Design oriented Synergy oriented Innovative | Premium Iconic Position-focused |
| About us & Annual report | Caring Luxurious Design oriented Family oriented Employee oriented Environment oriented | Premium |

Table 5: Themes and identity claims associated with organizational identity ONVZ

| <u>Organization</u> | <u>Associated themes</u> | <u>Identity claims</u> |
|-------------------------------------|--|-------------------------------------|
| Zorg en Zekerheid | | |
| Interview | Regional oriented Environment oriented Reliable Caring Brand oriented Innovative Value oriented Unique Family oriented | Regional-focused Society-focused |
| About us & Annual report | Environment oriented Regional oriented Sustainable Value oriented | Society-focused |

Table 6: Themes and identity claims associated with organizational identity Zorg en Zekerheid

Appendix 7: Figures and Details of Data Organizational, Industry and Strategic group identity

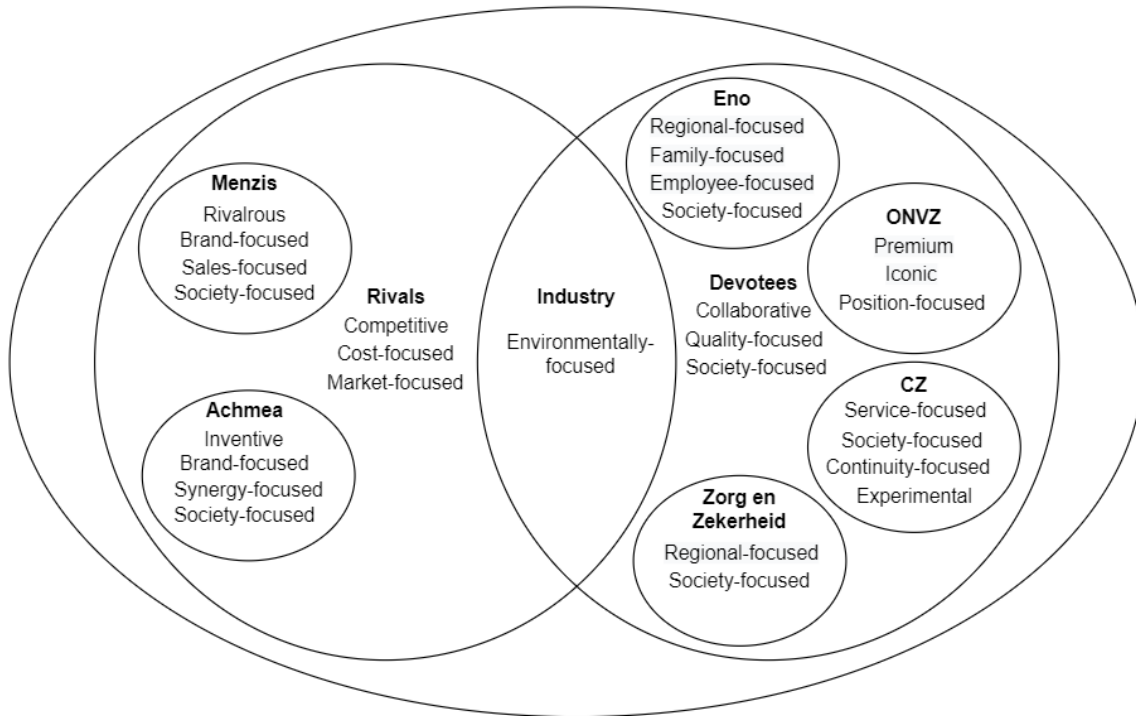


Figure 1: Nested identities Dutch health insurance market

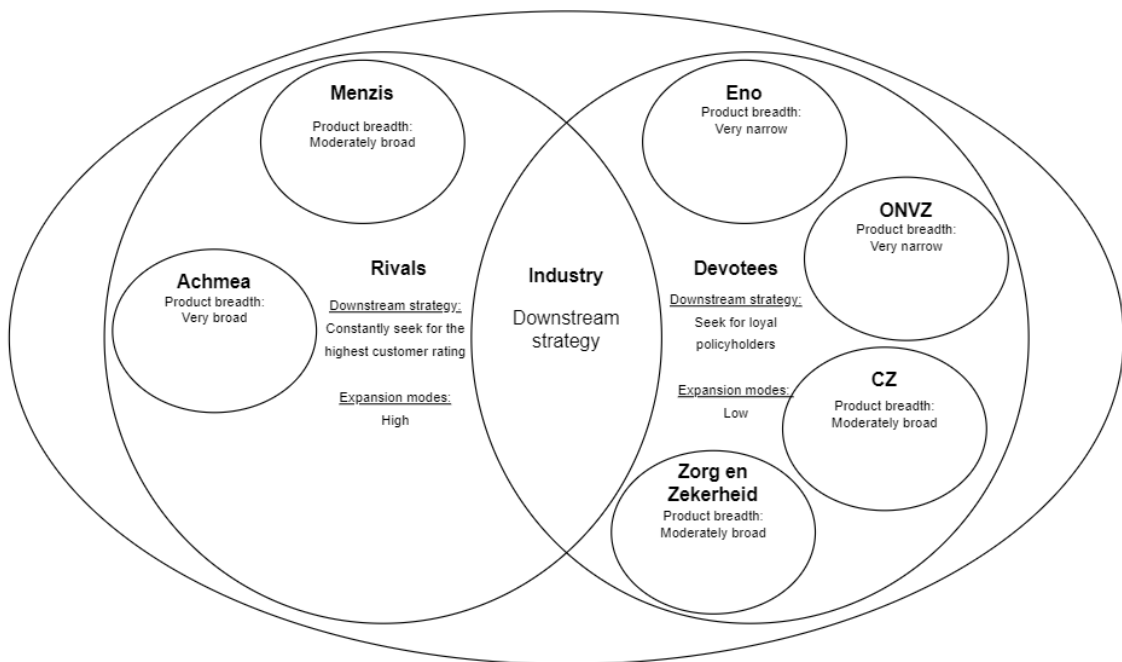


Figure 2: Nested identities and competitive moves across organization, industry and strategic group domain

Appendix 8: General Associated themes

| Emergent codes | Associated themes |
|---|------------------------|
| <ul style="list-style-type: none"> Competitive 4 Market leader 2 Competitive at various markets 2 Mainstream segment 2 Various labels | Aggressive |
| <ul style="list-style-type: none"> Brand equity 7 Iconic brand 2 Product promotion Historic location 2 Core values Specific expertise | Brand oriented |
| <ul style="list-style-type: none"> Cost based Efficiency Partnership collaborations Goal oriented Accessible health | Efficient |
| <ul style="list-style-type: none"> Innovative Continues improvement/Continuous oriented Digitalization Ahead of the health insurance market Entrepreneurial Open to ideas | Innovative |
| <ul style="list-style-type: none"> Sales driven Active on switching market Budget label 2 Growth focus Rising prices/Downsizing prices | Sales oriented |
| <ul style="list-style-type: none"> Strong market position Relative market position Market forces | Market oriented |
| <ul style="list-style-type: none"> Affordable health | Value oriented |

-
- **Price driven**
 - **Differentiation on price**
-
- **Customer oriented** **Caring**
 - **Transparency/Personal freedom of choice**
 - **Healthy lifestyle**
 - **Build strong customer relationships**
 - **Attention to specific needs/customer needs**
 - **Personal touch**
 - **Customer loyalty**
 - **Integrity**
 - **Not for profit**
 - **Less competitive**
-
- **Attention to detail** **Design oriented**
 - **Custom made**
 - **Creative design**
-
- **Informal culture** **Employee oriented**
 - **Employee focus 3**
 - **Hybrid working environment 2**
 - **Employee satisfaction 4**
 - **Loyal employees 2**
 - **Education**
-
- **Family-feel in culture 4** **Family oriented**
 - **Regionally oriented 2**
 - **Family oriented 2**
 - **Customers are part of company “family”**
 - **Not hierarchical**
-
- **Collaborate for sustainability** **Sustainable**
 - **Sustainability 2**
 - **Manageable**
-



-
- **Corporate Social Responsibility**
 - **Balancing industry 3**
 - **Principle of solidarity 2**
 - **Future-proof**

-
- **Affluent target group** **Luxurious**
 - **Based on small segment**
 - **Premium prices**
 - **Luxury products**
 - **Expensive**

-
- **Quality oriented 7** **Reliable**
 - **Dependability**
 - **Focus on product quality 7**
 - **High standards 2**
 - **Durability**
 - **Homogeneous premium prices**

-
- **Experienced employees** **Talented**
 - **Professionals**

-
- **Regionally oriented 6** **Regional oriented**
 - **Focus on region customers**
 - **Loyal to regionally customers**
 - **Small segment oriented**
 - **Regional collaborations**
 - **Regional innovations**

-
- **Unique brand 3** **Unique**
 - **Unique portefeuille /portfolio**
 - **Differentiation in products**
 - **Unique history**
 - **Signature designs 2**
 - **Unique products**

-
- **Collaboration for society** **Environment oriented**
 - **Collaborate for healthy lifestyle**
 - **Relationship environment**
-

| | |
|---|-----------------------------|
| <ul style="list-style-type: none"> • Environment oriented • Public responsibility • Socially concerned • Partnerships • Committing to society | |
| <ul style="list-style-type: none"> • Synergy • Competitive advantage • Expertise • Collaboration • Various identities | Synergy oriented |
| <ul style="list-style-type: none"> • Strict regulations 6 • Laws & Regulations 6 • Market forces • Market control • Industry processes | Regulation oriented |
| <ul style="list-style-type: none"> • In control • Viable • Financially stable | Wholesome |
| <ul style="list-style-type: none"> • Not in control • Not viable • Not financially stable | Unwholesome |
| <ul style="list-style-type: none"> • Homogeneous industry products • Products have same content | Homogeneous products |
| <ul style="list-style-type: none"> • Not for profit • Collaborative industry • Buffer reserves | Non-commercial |
| <ul style="list-style-type: none"> • Not so competitive industry • Periodic competition | Static market |

Table 1: Shared coding scheme

Appendix 9: Organizational identity domains health insurers

Achmea

Achmea's identity claim center on being inventive, brand-focused, synergy-focused and environmentally-focused (see Table 3). Further elaboration on the identity claims of Achmea are stated in Table F1 in Appendix F. The health insurers' innovative and branding approach is exemplified as respondent 4 noted: *"Achmea invests in the growth of old-age facilities and international organizations"*. In addition, *Annual report Achmea (2021)* confirmed this statement and expressed that growth and innovation is important for Achmea, by stating that: *"competition within the health insurance market is increasing and that is why we constantly try to focus on improvement, development and innovation to remain the best"*.

According to respondent 4 the characteristic 'synergy' supports the investments in efficiency by introducing the "group-wide initiatives". The group-wide initiatives provide the possibility to execute operational activities smarter, faster and more efficiently. These initiatives creates more room for Achmea to invest in growth and innovation.

Additionally, the *Annual report Achmea (2021)* and *About us Achmea 2022*) indicated that Achmea's identity is also focused on the environment. The environmentally focus emphasize that Achmea works together with other parties on solutions that benefit everyone. These solutions result in sustainable value for their customers, employees, society and the organization Achmea. The *Annual report Achmea (2021)* stated that Achmea helps the environment in the following way: *"as a financial service provider, we use our knowledge and expertise to help people with debts"*.

Eno

Eno defines itself as regional-focused, family-focused, employee-focused and environmentally-focused (see Table 3). Table F2 in Appendix F elaborates further on the identity claims of Eno. They emphasize their regional focus, as respondent 3 stated: *"Eno is a regional, small-scale and down-to-earth health insurer that has arranged a well purchasing system in the region"*. Likewise, respondent 1 confirmed this and noted: *"we try to promote regional events"*. Thus, their focus on the region, including their support to regional parties, expressed their regional identity claim.

Eno's family-focused view is expressed by their informal culture. Respondent 1 noted that *"Eno is a regional health insurer for people who are there for each other"* In addition, respondent 1 emphasized the first statement by saying: *"we know our mentality with that real"*

village feeling". Respondent 3 expressed the family-feel culture and said: *"I work directly for the Board of Directors and they just walk in, they do not bother about that at all"*. Overall, the way Eno handles their internal and external environment corresponds with their family identity claim.

Furthermore, Eno defines itself as employee-focused by expressing the care they take for their employees and the development of employees. Respondent 3 noted this statement, by saying: *"we explain what we expect from the new employees, how we work together within Eno and how we celebrate each other's successes"*. In addition to the family identity claim, Eno's employees are also important and expressed their employee identity claim.

The environment focus of Eno is appreciated by the *Annual report Eno* (2021), who stated: *"Eno prefers to focus on health and we want to encourage and inspire our policyholders to work on their health"*. Eno is oriented to improve the ecosystem in the region, so that their customers can benefit from these improvements. In brief, Eno wants to encourage and inspire their customers to work on their health.

CZ

CZ's identity claims emphasized as service-focused, environmentally-focused, continuity-focused and inventive (see Table 3). Further elaboration on the identity claims of CZ are stated in Table F3 in Appendix F. CZ expressed the service focus for their policyholders, as they recognize the importance distributing their products in the market. They have daily contact with their policyholders through their virtual assistant and they regularly conduct customer surveys with policyholders in determining the healthcare purchasing strategy. Respondent 9 expressed this characteristic and stated: *"CZ uses virtual assistant, this is actually a kind of personal assistant that will help you offer the most advantageous combination insurance"*.

CZ's environment aims on providing high-quality, affordable and accessible healthcare for everyone, which covers the main task and major social task. Care for people and society is therefore part of their daily work and they achieve this by sustainable coalitions. Respondent 9 is straightforward about this: *"we have started sustainable coalitions with hospitals and other institutions for 10 years long"*. Likewise, the Over CZ Zorgverzekeraar n.d.) said: *"CZ fund invests in social care initiatives that offer a valuable addition to regular health care"*.

CZ's identity is based on the continuity of the healthcare market, which contains a high-quality, affordable and accessible healthcare to provide a future-proof healthcare market. This is reflected by *Over CZ Zorgverzekeraar n.d.*), which noted: *"CZ is a socially committed organization, which is committed to make the healthcare sector and the world a bit more future-proof"*. CZ highlights their artificial intelligence and more efficient solutions to be a future-proof health insurer.

Additionally, the *Annual report CZ (2021)* and *Over CZ Zorgverzekeraar n.d.*) indicated that Achmea's identity is also inventive. The inventive character is expressed with continuous improvements by setting up care networks with healthcare providers. A fine example of this statement comes from *Over CZ Zorgverzekeraar n.d.*): *"together with healthcare providers, we investigate which innovations contribute digitalization"*. Respondent 8 mentioned *"rehabilitation with an app and a wristband to an anxiety treatment with VR glasses"* as an example for their innovative character.

Menzis

Menzis focuses their identity claims on being rivalrous, brand-focused, sales-focused and Environmentally-focused (see Table 3). Table F4 in Appendix F elaborates on the identity claims of Menzis. Their rivalrous identity claim is expressed by the fact that they are competitive within various markets. Respondent 2 emphasized this and noted: *"AnderZorg, for example, looks at the lowest premium for maximum voluntary deductible"*.

Menzis focus on being brand-focused is expressed by respondent 2: *"I think that we at Menzis are most emphatically concerned with promoting our social position in society"*. *About us Menzis (2022)* stated that an example of this is *"SamenGezond, where we want to help people eat healthier"*. In addition, Menzis combines their social position with the products they offer, under the name 'Leefkracht'. A fine example of this brand focus comes from respondent 5, who stated *"me and my colleagues are mainly thinking about how we can translate 'Leefkracht' claim into the brand"*.

Menzis identity claim 'sales-focused' is based on the budget label that they offer. Respondent 2 indicated that it is necessary to offer their products below cost price, otherwise Menzis will not maintain their competitive position. Menzis is active in the budget market and offers the label 'AnderZorg', as respondent 2 stated they are sales driven and focused on *"the lowest premium with a maximum voluntary deductible"*. This has a sales driven character,

because Menzis wants to reduce the cost price to offer a good product portfolio and a competitive premium.

Additionally, Menzis' identity is also environmentally-focused. The *About us Menzis* (2022) stated that the health of the environment is a central motive for Menzis. They encourages healthy conditions and a healthy behavior to prevent illness within society. Menzis disseminates these encouragements through care innovations and digital care.

ONVZ

ONVZ's identity claims focused on being premium, iconic and position-focused (see Table 3). Table F5 in Appendix F elaborates further on the identity claims of ONVZ. The identity claim 'premium' is based on the preferences of ONVZ policyholders. Respondent 5 said: *"ONVZ focuses on the affluent target group, who is willing to pay more for our products"*. ONVZ's products are more expensive than the products that competitors offer. Thus, their premium identity claim emphasized that policyholders pay a higher premium, because the health providers will offer more to the policyholder.

Respondent 8 emphasized their iconic identity claim and uniqueness by stating: *"we still want to radiate to customers that they get a little more for a few euros more per month and do not go to the competitor"*. ONVZ offers products that are unique, because they make other purchasing agreements with healthcare providers than other health insurers. An example of another first-class purchasing agreement is 'fast health', which makes it possible to treat their customers earlier for educational care, indicated by respondent 5. In addition, ONVZ's iconic character is expressed by their unique founding history as private health insurer. Overall, ONVZ have an iconic identity claim, because they offer unique products and they have a unique founding history.

ONVZ position-focused identity claim is based on their interests in the relative market position of their organization and strong market position, indicated by respondent 5. Respondent 5 stated that ONVZ is oriented at the relative increase in the health insurance premium, because unexpectedly price increase will not be beneficial for ONVZ. Therefore, ONVZ the position-focused identity claim is important to express their competitive position.

Zorg en Zekerheid

Zorg en Zekerheid's identity claims focus on being regional-focused and environmentally-focused (see Table 3). Table F6 in Appendix F elaborates further on the identity claims of

Zorg en Zekerheid. Zorg en Zekerheid wants to radiates their regional character in the region of Leiden. Respondent 6 expressed the regional character, and stated that: *“beside our main activities, we do a lot of things to make the region healthier”*. In addition, Zorg en Zekerheid regional character can be seen by their collaboration with the Institute for Positive Health. They want to express the positive health in the region as physical health, mental health and, social and financial participation.

Their environment focus corresponds with the purpose to make their region the healthiest region, together with the municipalities and other external partners. As mentioned in the first paragraph, Zorg en Zekerheid environmental character is focused on ‘Positive health in the region’. The foundation of Zorg en Zekerheid expressed initiatives that contribute to a healthy society and environmental focus. Respondent 6 confirmed this statement by saying: *“we have many healthy initiatives for young people in the region and we also contribute to a healthy society”*. To conclude, Zorg en Zekerheid emphasize their environmental identity claim as being focused on the health of their environment, and specifically the region.

Appendix 10: Strategic group identity Rivals and Devotees

Figure 1: Strategic group identity ‘Rivals’

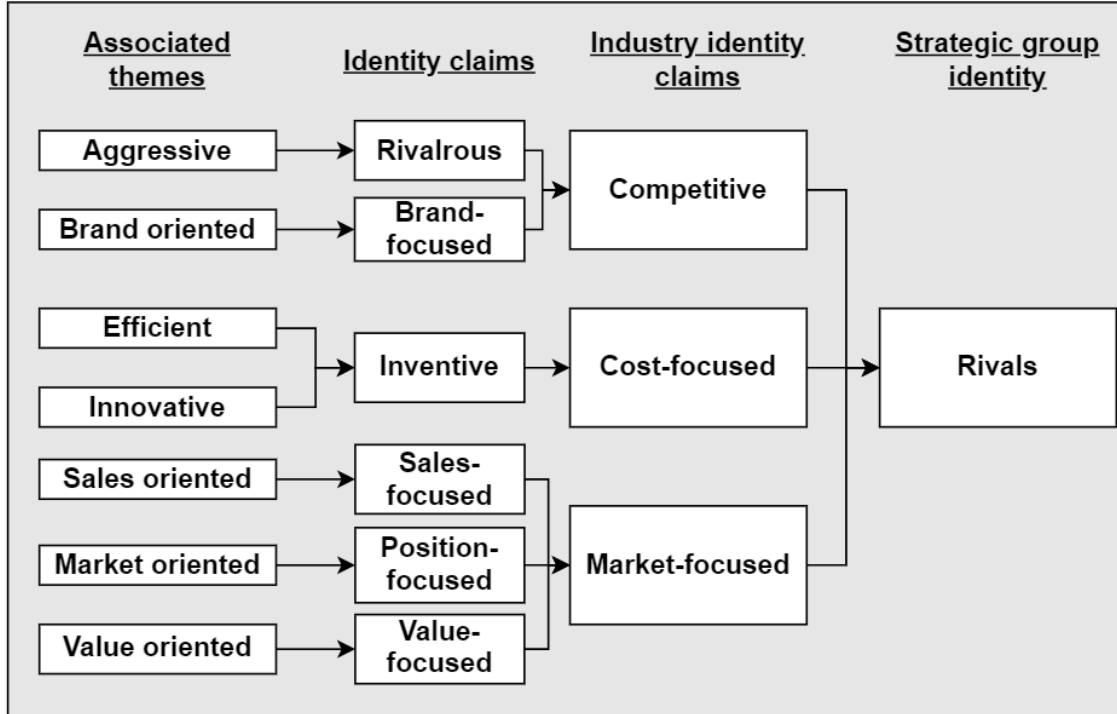
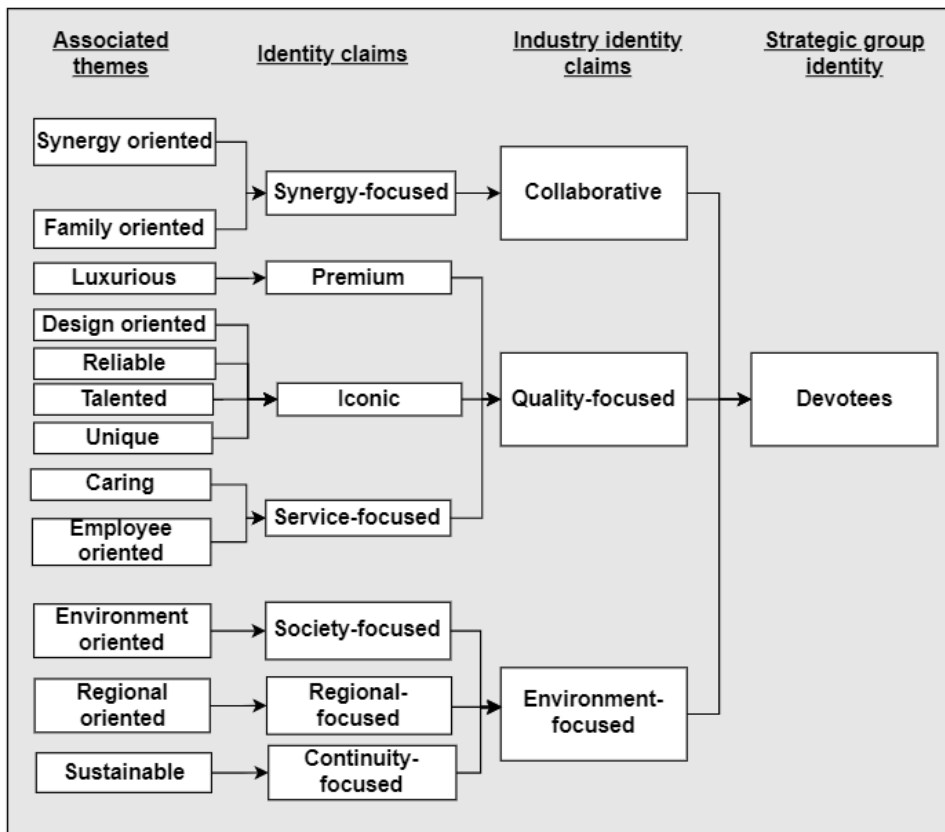


Figure 2: Strategic group identity ‘Devotees’



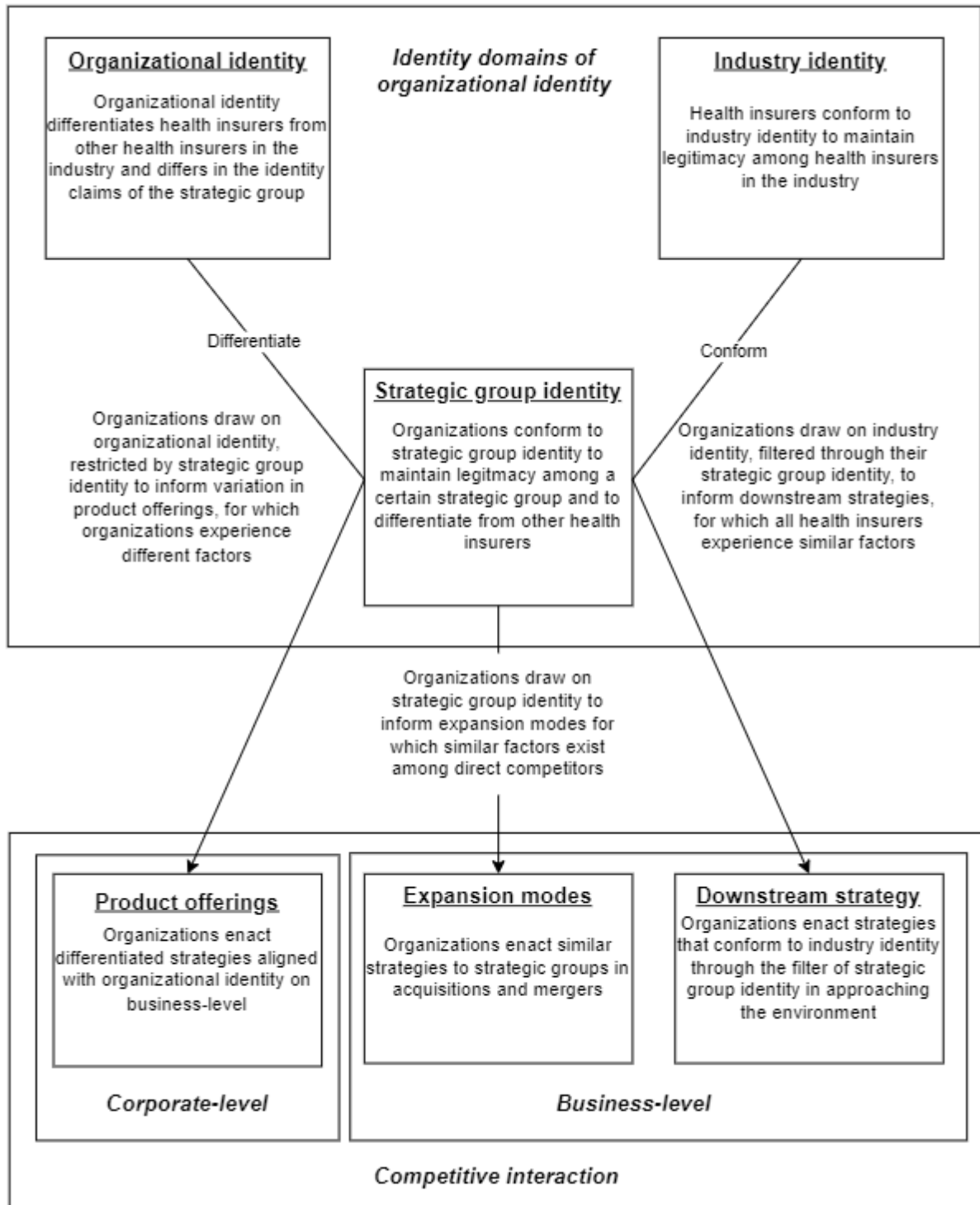
Appendix 11: Relationship between identity domains and competitive interaction

Table 1: Identity domains related to competitive interaction

| <u>Organization</u> | <u>Organizational identities</u> | <u>Strategic group</u> | <u>Breadth of product offerings</u> | <u>Downstream strategies</u> | <u>Expansion modes</u> |
|--------------------------|--|--|-------------------------------------|---|--|
| Achmea | <ul style="list-style-type: none"> Inventive Brand-focused | Rivals | Very broad | Constantly seek for the highest customer rating | High number of acquisitions and mergers to gain market share |
| Menzis | <ul style="list-style-type: none"> Synergy-focused Environmentally-focused Rivalrous Brand-focused Sales-focused Environmentally-focused | Competitive Cost-focused Market-focused | Moderately broad | | |
| <u>Organization</u> | <u>Organizational identity</u> | <u>Strategic group</u> | <u>Breadth of product offerings</u> | <u>Downstream strategies</u> | <u>Expansion modes</u> |
| Eno | <ul style="list-style-type: none"> Regional-focused Family-focused Service-focused | Devotees | Very narrow | Seek for loyal policyholders | Low number of acquisitions and mergers and focus on products and growing organically |
| CZ | <ul style="list-style-type: none"> Service-focused Environmentally-focused Continuity-focused Inventive | Collaborative Quality-focused People-focused | Moderately broad | | |
| ONVZ | <ul style="list-style-type: none"> Premium Iconic Position-focused | | Very narrow | | |
| Zorg en Zekerheid | <ul style="list-style-type: none"> Regional-focused Environment-focused | | Moderately broad | | |

Appendix 12: Conceptual model: connecting nested identity domains and competitive interaction

Table 1: Conceptual model linking identity domains and competitive interaction



Appendix 13: Basic health insurance health insurers

| Organization | Basic health insurance | Price range |
|--------------------------|---|---------------------|
| Achmea | <ul style="list-style-type: none"> Zilverenkruis: (1) Basis budget & (2) Basis zeker & (3) Basis exclusief Interpolis: (1) ZorgCompact & (2) ZorgActief FBTO: (1) Basis & (2) Basis plus & (3) Basis vrij De Friesland: (1) Zelf Bewust Polis & (2) Alles Verzorgd Polis ProLife: (1) Principe Polis Budget & (2) Principe Polis | € 110,95 - € 143,95 |
| Eno | <ul style="list-style-type: none"> Basisverzekering | € 120,90 |
| CZ | <ul style="list-style-type: none"> Zorgbewustpolis Zorg-op-maatpolis Zorgkeuzepolis | € 126,75 - € 145,25 |
| Menzis | <ul style="list-style-type: none"> Menzis Basis Voordelig Menzis Basis Menzis Basis Vrij | € 119 - € 143,75 |
| ONVZ | <ul style="list-style-type: none"> Basisverzekering | € 134,50 |
| Zorg en Zekerheid | <ul style="list-style-type: none"> Zorg Gemak Polis Zorg Zeker Polis Zorg Vrij Polis | € 116,85 – € 137,35 |

Table 1: Information basic health insurance

Basis Budget 1

Zonder collectiviteitskorting

U krijgt 100% vergoed bij beperkt aantal geselecteerde ziekenhuizen en alle zorgverleners met een contract

U krijgt 75% vergoed van het gemiddeld gecontracteerd tarief bij zorgverleners zonder contract

€ 123,45
p/m in 2022

Kies Basis Budget →

[Meer over Basis Budget](#)

Basis Zeker 1

Zonder collectiviteitskorting

U krijgt 100% vergoed bij alle gecontracteerde ziekenhuizen en alle zorgverleners met een contract

U krijgt 75% vergoed van het gemiddeld gecontracteerd tarief bij ziekenhuizen en zorgverleners zonder contract

€ 131,45
p/m in 2022

Kies Basis Zeker →

[Meer over Basis Zeker](#)

Basis Exclusief 1

Zonder collectiviteitskorting

U krijgt 100% vergoed bij alle ziekenhuizen en alle zorgverleners met een contract

U krijgt 100% vergoed van het marktconform of wettelijk tarief bij zorgverleners zonder contract

€ 143,95
p/m in 2022

Kies Basis Exclusief →

[Meer over Basis Exclusief](#)

ZorgCompact

€ 113,50 per maand

Online basisverzekering met scherpe premie

- ✓ € 113,50 per maand bij een verplicht eigen risico van € 385,-
- ✓ keuze voor een vrijwillig eigen risico van € 500,-
- ✓ medicijnen en bepaalde hulpmiddelen online bestellen
- ✓ keuze voor 1 aanvullende verzekering met tanddekking

Aanvullende verzekering

- ✓ 6 behandelingen fysiotherapie per jaar
- ✓ 100% vergoeding voor spoedeisende zorg in het buitenland
- ✗ geen vergoeding voor orthodontie tot 18 jaar

Bekijk ZorgCompact

ZorgActief

€ 125,45 per maand

Basisverzekering met uitgebreide pakketkeuze

- ✓ € 125,45 per maand bij een verplicht eigen risico van € 385,-
- ✓ keuze voor een vrijwillig eigen risico van € 100,-, € 200,-, € 300,- en € 500,-
- ✓ online gemak én persoonlijk contact
- ✓ keuze uit 3 aanvullende verzekeringen en 3 tandverzekeringen

Aanvullende verzekeringen

- ✓ 6, 12 of 20 behandelingen fysiotherapie per jaar of meer met SamenDelen met je partner
- ✓ 100% vergoeding voor spoedeisende zorg in het buitenland
- ✓ vergoeding voor orthodontie tot 18 jaar met een wachttijd van 12 maanden

Bekijk ZorgActief

Figure 1: Basic health insurance Achmea 1

Basis

Naturapolis met selectiviteit op hulpmiddelen

- ✓ Zeer ruime keuze aan gecontracteerde zorgleveranciers
- ✓ 100% vergoeding bij zorgverleners met een contract
- ✓ Maximaal 65%* vergoeding bij zorgverleners zonder contract
- ✓ Keuze uit 4 aanvullende modules
- ✓ Contact via chat of WhatsApp

€ 110,95 →

Basis Plus

Naturapolis met een ruime keuze uit aanvullende zorg

- ✓ Zeer ruime keuze aan gecontracteerde zorgleveranciers
- ✓ 100% vergoeding bij zorgverleners met een contract
- ✓ Maximaal 75%* vergoeding bij zorgverleners zonder contract
- ✓ Keuze uit 6 aanvullende modules
- ✓ Contact via chat, WhatsApp of telefoon

€ 125,95 →

Basis Vrij

Restitutiepolis met altijd vrije keuze van je zorgverlener

- ✓ Kies altijd zelf je zorgverlener
- ✓ 100%** vergoeding bij alle zorgverleners
- ✓ Je krijgt een hoge korting bij een vrijwillig eigen risico
- ✓ Keuze uit 6 aanvullende modules
- ✓ Contact via chat, WhatsApp of telefoon

€ 132,95 →

Principe Polis Budget 1

Naturapolis met selectieve contractering

U krijgt 100% vergoed bij een deel van de ziekenhuizen met contract (geselecteerde ziekenhuizen). En bij alle zorgverleners met contract.

U krijgt 75% vergoed bij niet geselecteerde ziekenhuizen en zorgverleners zonder contract. Dit is 75% van het gemiddeld tarief waarvoor wij de zorg hebben ingekocht bij zorgverleners en ziekenhuizen met contract.

€ 117,30
p/m in 2022

Bekijk Principe Polis Budget >

Meest gekozen

Principe Polis 1

Naturapolis

U krijgt 100% vergoed bij alle ziekenhuizen met contract. En bij alle zorgverleners met contract.

U krijgt 75% vergoed bij ziekenhuizen en zorgverleners zonder contract. Dit is 75% van het gemiddeld tarief waarvoor wij de zorg hebben ingekocht bij zorgverleners en ziekenhuizen met contract.

€ 124,90
p/m in 2022

Bekijk Principe Polis >

Figure 2: Basic health insurance Achmea 2

Zelf Bewust Polis 1

€ 113,25 p/mnd

Bij € 385,- verplicht eigen risico

Bereken uw premie >

→ Meer informatie Zelf Bewust Polis

Beoordeeld door onze klanten met een **7.6**

- ✓ 100% vergoeding bij gecontracteerde zorgverleners en ziekenhuizen
- ✓ Max. 75% vergoeding van het gemiddeld gecontracteerde tarief bij niet-gecontracteerde zorgverleners
- ✓ U betaalt automatisch en bepaalde hulpmiddelen bestelt u verplicht online bij een medische speciaalzaak

Alles Verzorgd Polis 1

€ 131,45 p/mnd

Bij € 385,- verplicht eigen risico

Bereken uw premie >

→ Meer informatie Alles Verzorgd Polis

Beoordeeld door onze klanten met een **7.5**

- ✓ 100% vergoeding bij gecontracteerde zorgverleners en ziekenhuizen
- ✓ Max. 80% vergoeding van het gemiddeld gecontracteerde tarief bij niet-gecontracteerde zorgverleners
- ✓ Regel uw zorgzaken telefonisch, per post of online via Mijn De Friesland

Figure 3: Basic health insurance Achmea 3

Naturapolis €120,90 per maand

Onze basisverzekering

Geen zorgverzekeraar staat zo dicht bij haar verzekerden en zorgverleners als Salland Zorgverzekeringen. Wij zijn actief in de regio Salland, kennen de zorgverleners en maken goede afspraken met elkaar over prijs en kwaliteit. Zo zorgen wij voor de juiste zorg op de juiste plek. U kunt terecht bij bijna alle ziekenhuizen en huisartsen, in heel Nederland.

Figure 4: Basic health insurance Eno

| NATURA SELECT BASISVERZEKERING | NATURA BASISVERZEKERING MEEST GEKOZEN | RESTITUTIE BASISVERZEKERING |
|---|---|---|
| Zorgbewustpolis € 126,75 per maand, bij een eigen risico van € 385 | Zorg-op-maatpolis € 134,50 per maand, bij een eigen risico van € 385 | Zorgkeuzepolis € 145,25 per maand, bij een eigen risico van € 385 |
| <ul style="list-style-type: none"> 100% vergoed bij zorgverleners met contract voor uw zorg 70% van uw rekening vergoed bij zorgverleners zonder contract voor uw zorg. De vergoeding is maximaal 70% van het tarief van zorgverleners met contract. Keuze om eigen risico te verhogen met € 500 | <ul style="list-style-type: none"> 100% vergoed bij zorgverleners met contract voor uw zorg 75% van uw rekening vergoed bij zorgverleners zonder contract voor uw zorg. De vergoeding is maximaal 75% van het tarief van zorgverleners met contract. Keuze uit 5 vrijwillig eigen risico's | <ul style="list-style-type: none"> 100% vergoed bij zorgverleners met contract voor uw zorg 100% vergoed bij zorgverleners zonder contract voor uw zorg. Het tarief van de zorgverlener moet wel redelijk zijn Keuze uit 5 vrijwillig eigen risico's |
| Lees meer over Zorgbewustpolis > Kies Zorgbewustpolis | Lees meer over Zorg-op-maatpolis > Kies Zorg-op-maatpolis | Lees meer over Zorgkeuzepolis > Kies Zorgkeuzepolis |

Figure 5: Basic health insurance CZ

| Naturapolis | Naturapolis | Restitutiepols |
|---|--|---|
| Menzis Basis Voordelig € 119,00 Eigen risico vanaf € 385,00 | Menzis Basis € 133,25 Eigen risico vanaf € 385,00 | Menzis Basis Vrij € 143,75 Eigen risico vanaf € 385,00 |
| Met een collectieve verzekering: € 126,59 | Met een collectieve verzekering: € 126,59 | Met een collectieve verzekering: € 136,56 |
| <ul style="list-style-type: none"> U heeft ruime keuze uit goede zorgaanbieders. Gaat u naar een zorgaanbieder zonder contract? Dan krijgt u tussen de 65 en 100% vergoed. Het percentage verschilt per zorgsoort. U kiest uit 2 aanvullende verzekeringen | <ul style="list-style-type: none"> U heeft ruime keuze uit goede zorgaanbieders Gaat u naar een zorgaanbieder zonder contract? Dan krijgt u tussen de 75% en 100% vergoed. Het percentage verschilt per zorgsoort. U kiest uit 4 aanvullende en 3 tandartsverzekeringen | <ul style="list-style-type: none"> U kiest zelf de zorgaanbieder die het beste bij u past. Gaat u naar een zorgaanbieder die een contract heeft met Menzis? Dan hoeft u niets voor te schieten. Gaat u naar een zorgaanbieder die geen contract heeft met Menzis? Dan krijgt u deze kosten volledig vergoed, zolang de tarieven redelijk zijn. |
| Kies deze verzekering Meer informatie | Kies deze verzekering Meer informatie | Kies deze verzekering Meer informatie |

Figure 6: Basic health insurance Menzis

Wij vergoeden waar u recht op heeft

Bij ons krijgt u altijd de vergoeding waar u recht op heeft, ongeacht naar welke dokter of welk ziekenhuis u gaat. Alleen bij ongecontracteerde zorgverleners in wijkverpleging en ggz hanteert ONVZ sinds 1 januari 2021 maximale vergoedingen (onze basisverzekering heet daarom een combinatieverzekering). Onze ZorgConsulenten helpen u graag om de zorg te vinden die bij u past. Bekijk hieronder het overzicht van alle vergoedingen en voordelen.

Basisverzekering

€ 134,50 p/m

Bereken premie

Figure 7: Basic health insurance ONVZ

| Basisverzekering | Basisverzekering | Basisverzekering |
|--|--|--|
| Zorg Gemak Polis Online naturapolis | Zorg Zeker Polis Naturapolis | Zorg Vrij Polis Combinatiepolis |
| <p>€ 116,85 per maand</p> <p>met € 385,- eigen risico. Vaste lage prijs.</p> <ul style="list-style-type: none"> ✓ Kies voor online gemak ✓ Gecontracteerde zorgverleners 100% vergoed ✓ Niet-gecontracteerde zorgverleners 70% vergoed <p>Meer over Zorg Gemak Polis</p> | <p>€ 129,85 per maand</p> <p>met € 385,- eigen risico. Collectieve korting mogelijk.</p> <ul style="list-style-type: none"> ✓ Kies voor zekerheid ✓ Gecontracteerde zorgverleners 100% vergoed ✓ Niet-gecontracteerde zorgverleners 80% vergoed (wijkverpleging 75%) <p>Meer over Zorg Zeker Polis</p> | <p>€ 137,35 per maand</p> <p>met € 385,- eigen risico. Collectieve korting mogelijk.</p> <ul style="list-style-type: none"> ✓ De meeste keuze vrijheid ✓ Alle zorgverleners 100% vergoed (behalve GGZ en wijkverpleging) <p>Meer over Zorg Vrij Polis</p> |

Figure 8: Basic health insurance Zorg en Zekerheid