UNIVERSITEIT GENT

FACULTEIT ECONOMIE
EN BEDRIJFSKUNDE

TWEEKERKENSTRAAT 2
B-9000 GENT
Tel. : 32 - (0)9 – 264.34.61
Fax. : 32 - (0)9 – 264.35.92

WORKING PAPER

Mission Statement Perception: Are We All on the Same Wavelength? A Case Study in a Flemish Hospital.

Sebastian Desmidt and Aimé Heene[1]

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[1] Correspondence concerning this article should be addressed to Sebastian Desmidt or Aimé Heene, Department of Management and Entrepreneurship, Faculty of Economics and Business Administration, Ghent University, Belgium. E-mail: Sebastian.Desmidt@Ugent.be or Aime.Heene@Ugent.be
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Abstract

Background

Although it is widely recognized that the effectiveness of mission statements is contingent upon the extent to which they are communicated to the organization's members, there is virtually no literature about how individual organizational members perceive the mission statement. Previous empirical mission statement research has tended to focus primarily on (a) analyzing mission statement content and (b) the CEO's perception of the mission statement.

Purposes

In order to address these shortcomings and to help health care managers to better understand and manage their mission statement, a research project was set up that sought (a) to assess how managers and non-managers perceive the mission statement, and (b) to determine if there is a perception gap between both groups.

Methodology/Approach

In total 102 nurses, nurse managers and senior managers of a 217-bed Belgian regional general hospital filled in a questionnaire, based on the Competing Values Framework for Managerial Communication, in order to assess their perception of the organizational mission statement.

Findings

There is a mission statement perception gap between managers and non-managers. The scores of the management group are in almost all cases significantly higher. These findings suggests that managers have a more outspoken and positive attitude towards the mission statement than non-management members.

Practice Implications

In order to optimize the impact of the mission statement, managers should measure the perception of the mission statement and try to remediate possible mission statement

perception gaps. The Competing Values Framework for Managerial Communication is offered as a tool to assess (a) the presence, (b) the direction, and (c) the intensity of possible mission statement perception gaps.

Keywords

Mission statement, Perception, Competing Values Framework for Managerial Communication, Hospital, Nurses

Introduction

Successful health care managers are constantly searching for strategic tools that will improve organizational performance and motivate organizational members to perform at the highest possible level (Forehand, 2000). One strategic tool that both academics and practitioners have deemed critical to the success of any health care organization is the development of a meaningful mission statement (Bart and Tabone, 2000). As a formal written document intended to capture an organization's unique and enduring purpose, practices, and core values, the mission statement is considered to be the cornerstone of every organization and the starting point of every strategic management initiative (Bart and Hupfer, 2004). A well crafted mission statement has been attributed the power (a) to guide and focus decision making, (b) to create a balance between the competing interest of various stakeholders, and (c) to motivate and inspire organizational members (Bart and Tabone, 2000). However, mission statements do not often appear to deliver the promised benefits (Piercy and Morgan, 1994). In reality, mission statements are often unreadable and uninspiring (Cochran and David, 1986), and articulate high sounding values that are unrealistic or are not aligned with day-to-day organizational behavior (Bart and Hupfer, 2004). In fact, a consistent theme running through the mission statement literature is an acknowledged wide spread failure in their implementation (Fairhurst and Gordon, 1986). For the greater part this inability to create an effective mission statement stems from the fact that the previous literature has provided little practical guidance on how health care administrators should formulate and deploy mission statements (Bart and Tabone, 1999). Previous mission statement research focused primarily on the content of mission statements and/or on the managers perception of the mission statement. Meanwhile the mission statement perception of individual organizational members received little attention. The article at hand addresses these shortcomings by introducing concepts and models rooted in communication theory into the mission statement

literature. More specificly, the Competing Values Framework for Managerial Communication is used to measure and assess the mission statement perception of managers and non-management staff in a Flemish general hospital.

Theoretical Background

Literature Review

Although mission statements are one of the most popular management tools (Bart and Tabone, 1999), a great deal of disagreement remains regarding the actual benefits of the concept. Notwithstanding the abundance of articles praising the benefits of mission statements, creating an effective mission statement seems to be extremely difficult, if not even downright frustrating (Bart and Tabone, 1998). For the greater part this frustration stems from the fact that the previous literature has provided little guidance on how health care managers should manage their mission statement (Bart and Tabone, 1999). Previous mission statement research within the health care sector has tended to focus primarily on (a) analyzing mission statement content and (b) the CEO's perception of the organizational mission statement.

Studies fitting in the first stream of research focus on the content of mission statements. Forehand (2000) assessed the degree to which health care mission statements included specific rationales and outcome measures. Bhat-Schelbert (2004) examined the mission statements of family medicine residency programs to gain insight into the current definition of the discipline. Kalis, van Delden and Schermer (2004) qualitatively analyzed the content of the mission statements of 216 nursing homes in order to identify the underlying patterns and to establish whether different types of nursing homes differed in the content of their mission statement. O'Conner (2005) analyzed the mission statements of 40 Australian palliative care services in order to examine the values expounded. Bolon (2005) analyzed 52

mission statements in order to determine if there are significant differences in the content of for-profit and not-for-profit U.S hospital mission statements. Recently Williams, Smythe, Hadjistavropoulos, Malloy and Martin (2005) examined the content of 25 Canadian hospital mission statements. Smythe**,** Malloy, Hadjistavropoulos and Bardutz (2006) extended the research of Williams et al. (2005) and focused on the ethical and linguistic content of hospital mission statements.

The second stream of research focuses predominantly on the mission statement perception of senior managers. In most cases senior managers are invited to rate a number of features of their hospital's mission statement (Smythe et al., 2006). In an extensive research project Bart and Tabone (1998, 1999, 2000), for example, asked 103 senior managers of Canadian hospitals (a) to assess the degree to which certain content components are present in their organizations mission statement, (b) to indicate the characteristics of their mission statement development process in terms of stakeholder involvement, process style and dissemination process and (c) to point out the initial drivers that lead to the creation of their mission statement. Furthermore Bart and Hupfer (2004) identified, based on the ratings of 130 senior hospital managers, seven key constructs underlying the content of mission statements while Gibson, Newton and Cochran (1990) asked 176 members of the Society for Hospital Planning and Marketing of the American Hospital Association to evaluate which mission statement components should be included in a hospital's mission statement. Finally, Vandijck, Desmidt and Buelens (in press) questioned 90 health care managers in order to determine how satisfied they are with the formulation of their organization's mission statement.

Introducing Communication Theory in the Field of Mission Statement Research

The review above illustrates that the extant body of literature has focused primarily on mission statement content and the "manager's eye view" on mission statements (Smythe et al., 2006). Meanwhile research focusing on the organizational dissemination of mission statements remained scarce. Although it is widely recognized that "the effectiveness of mission statements is contingent upon the extent to which they are communicated to the organization's members" (Williams et al., 2005), there seems to be virtually no literature about how individual organizational members perceive the mission statement (Brown and Yoshioka, 2003; Vardi, Weiner and Popper, 1989; Brightman and Sayeed, 1994). This lack of literature is especially troublesome in light of the frequent "perceptual gaps" between managers and non-managers. Managers and non-managers often perceive various aspects of the work environment significantly different. Compared to non-managers, managers often overestimate various job and organizational characteristics (Evans and Schlacter, 2002). Examples are: the level of psychological contract fulfillment (Lester, Turnly and Bloodgood, 2000), the level of required competence (Meretoja and Leino-Kilpi, 2003), the level of job enrichment (Marchese and Delprino, 1998), the level of communication openness (Kwasniewska and Necka, 2004), the level of organizational citizenship behavior (Turnipseed and Rassuli, 2005), the level of goal awareness (Leiter and Harvie, 1997), the quality of organizational communication (Schnake et al., 1990) and the level of advancement opportunities (Lester et al. 2000).

From the perspective of communication theory this preoccupation with the managers' point of view (the sender of the message) and the mission statement itself (the communicated message) in detriment of any attention for the receiver of the message (the different organizational members) is viewed as a conduit or transmissive view on communication (Beck, 1999). The prototypical example of a transmission model is the communication model

by Shannon and Weaver (1948). The Shannon and Weaver model interprets communication as a series of linear steps "in which the message is conveyed from a source or sender to a destination or receiver, and communication is defined as the replication of the original message at the receiver's end of the transmission" (Shannon, 1948, p. 379). In transmission models the sender is seen as the active decision-maker who determines the meaning of the message while the receiver is considered to be a passive target. However, in reality human communication is much more complex. Applied to human communication Shannon and Weaver's assumption that mere transmission equates to communication does not hold water. The model fails to recognize communication as the message perceived rather than the message sent (Beck, 1999). A message is only a package of data or words sent to a receiver and it is the receiver who attributes a certain meaning to the received message. The attributed meaning is influenced by factors such as the context in which the message occurs, the personal frames of reference of the receiver and the credibility of the sender. Meaning is thus not in the message, but in the message-user (Bowman and Targowski, 1987).

Applied to the concept of organizational mission statements this line of thought implies that the focus of mission statement research should encompass not only the message sender and the message itself but also the message receiver. Seeing that the message received (versus the one sent or intended) is what a receiver will act upon (Jablin and Putnam, 2001), mission statement research should also concentrate on (a) how organizational members perceive the mission and (b) how these perceptions relate to other organizational attitudes (such as job satisfaction and/or commitment) and behaviors (such as turnover and/or organizational citizenship behavior) (Brown and Yoshioka, 2003).

Research Questions and Method

The management problem and research questions

One of the shortcomings of the extant mission statement literature is the limited attention for the position of the message receiver. Notwithstanding the fact that the mission statement is often attributed the power to excite, inspire, and motivate those who are expected to participate in the pursuit of the organizational goals (Campbell and Young, 1991), we know relatively little about (a) how organizational members perceive the mission statement (Brown and Yoshioka, 2003) and (b) to what degree their perception of the mission statement is congruent with the perceptions of the management. In order to address these shortcomings and to help health care managers to better understand and manage their mission statement, a research project was set up that sought to assess the individual perception of the mission statement. More specifically, the questions addressed are:

- How do managers (the message senders) perceive the mission statement?
- How do non-management members (the message receivers) perceive the mission statement?
- What is the level of congruence between the mission statement perceptions of the message senders and the message receivers?

Setting

The exploratory study at hand was conducted in a 217-bed Belgian regional general hospital. The hospital was selected after a series of explorative interviews with various hospital CEO's about the function and position of their organization's mission statement. In the selected hospital the mission statement (Appendix A) is the result of a conscientious formulation and implementation process. Furthermore the senior management team holds strong beliefs that the organizational mission statement is (a) well formulated, (b) well

communicated to all organizational members, and (c) a valuable and effective management instrument.

The mission statement development process was initiated in 1997 by the CEO of the organization. In the first phase of the process all middle managers and nurse managers were instructed about the role and function of the mission statement. In the second phase all middle managers and nurse managers were asked to motivate each of their staff members to write down seven key words that characterized the organization. By using a bottom up approach the management team and the CEO intended to generate a feeling of involvement among all staff members and to raise the organization's awareness about the forthcoming mission statement. In the third phase a mission statement task force (4 members of the senior management), chaired by the CEO, analyzed the collected key words and grouped them into focal points. In the fourth and final phase the mission statement task force used the identified focal points as the foundation to construct the actual mission statement. In 1999 the CEO used the festivities in honor of the 75th anniversary of the hospital as a platform to officially introduce the mission statement to all internal and external stakeholders. In 2005 the management team decided to revitalize the mission statement and to underline its importance. All nurse managers were invited to attain a training and discussion session about the role and essence of the mission statement. Based on the outcome of these discussion sessions, a brochure was created to introduce the mission statement to all new organizational members.

Sample and data collection

The target population of the research included all full- and part-time registered staff nurses, nurse managers and senior managers of the selected hospital. In total 253 questionnaires were distributed to 234 nurses, 13 nurse managers and the 6 members of the senior management team. Each respondent received an envelope containing a 5-page questionnaire and a return envelope. Respondents had two weeks time to return the

completed questionnaires to an on-campus post office box. Questionnaires were retrieved, opened and processed by non-hospital members to assure anonymity. In total 102 questionnaires were returned producing an overall usable response rate of 40 per cent. More specifically, 85 questionnaires were filled in by staff nurses (response rate of 36 per cent), 12 questionnaires by nurse managers (response rate of 92 per cent) and 5 questionnaires by senior managers (response rate of 83 per cent).

Research Instrument

Mission statement perception was measured using the Competing Values Framework for Managerial Communication. The Competing Values Framework for Managerial Communication was developed to assess the perception of oral and written presentations in managerial contexts (Rogers and Hildebrandt, 1993). Previous research indicated that the Competing Values Framework for Managerial Communication enables to examine managerial communication from a unique perspective and contributes to a greater understanding of latent messages (Stevens, 1996).

The Competing Values Framework for Managerial Communication consists of two axes which define four quadrants (cf. Figure 1). Each quadrant has two complementary quadrants (= the adjoining quadrants) and one quadrant that is highly contrasting (= the facing quadrant). Each quadrant represents a different message orientation: Relational, Informational, Promotional and Transformational (Campbell and Yeung, 1991; Rogers and Hildebrandt, 1993; Stevens, 1996; Quinn, Hildebrandt, Rogers and Thompson, 1991). Messages in the relational quadrant focus on generating trust, establishing credibility and building rapport between people. The sender wants “to touch” the receivers. The organization is portrayed as a cohesive clan of cooperating members with a common stake. Campbell and Yeung (1991) refer to this sense of affiliation as a “sense of mission”. Messages in the informational quadrant focus on getting the correct message through. The message is neutral,

precise, controlled and characterized by factual accuracy. An informational mission statement often conveys well-defined organizational roles and outlines rules of behavior. In contrast, promotional messages want to capture the attention of the message receivers and to persuade them in some way. The promotional message is argument-centered and sometimes even uses creative emotional appeals. A mission statement can, for example, clarify the goals of the organization in order to motivate the organizational members to accept responsibility for the stated goals. Messages in the transformational quadrant focus on change. Transformational messages are often considered unusual and abstract, tending towards the "I have a dream" sort. The message sender often uses transformational messages to present the message receiver with an image of an unexpected or tantalizing future. The message sender actually challenges the message receiver to accept the presented mind-stretching ideas. The aim is to inspire organizational members.

Method

Figure 1 illustrates that the Competing Values Framework for Managerial Communication actually consists of 12 rays or descriptor sets characterizing the four quadrants (O'Neill and Quinn, 1993). The twelve descriptor sets consist of 35 different descriptors. Each of the respondents was provided with a copy of the mission statement and was asked to indicate for all of the 35 descriptors on a Stapel Scale, ranging from 1 (not at all describes) to 7 (very much describes), the extent to which the descriptor is applicable to the mission statement. Consequently the individual ratings were recalculated to 12 descriptor set-scores and analyzed using the statistical program SPSS 12.0. First of all, we compared the management and non-management group on demographical and work-related characteristic by means of independent samples T-tests or Chi-Square tests (Table 1). Second, we determined the degree to which the mission statement perceptions of both groups are congruent (Figure 1). We used independent samples T-tests to evaluate if there are significant

perception gaps between the management and the non-management group (Table 2). Additionally, we used one-way Anova's to examine whether differences in demographical and work-related characteristics between both groups have a significant influence on the perception of the mission statement.

Research Findings

Sample characteristics

The majority of the sample is female (86.4 per cent) with a mean age of 37.6 years (range 21-62). Slightly more than half of the respondents (55.3 per cent) reported working full-time. The mean years of tenure at the hospital is 15.35 (range 1 to 37) years. The average length of time spent working in the respondent's current organizational position is 13.29 years with a range of 1 year to 36 years. Furthermore we assessed the non-response bias by comparing the sample characteristics of each subgroup (senior managers, nurse managers and staff nurse) with the characteristics of their subgroup population. The comparison revealed no discrepancies between the three sub samples and their respective populations.

Data analysis

We regrouped the three subgroups into two new groups based on their organizational position and function. Group A holds all respondents with a position on management level (nurse manager or senior manager) and is labeled "message sender". Group B holds all respondents with a non management position (registered nurses) and is labeled "message receiver". The demographical and work-related characteristics of both groups are summarized in Table 1.

INSERT TABLE 1

Independent samples T-tests indicate that the message senders are on average older and have more seniority in the organization. A Chi-Square test indicates that message senders have predominantly a fulltime appointment as opposed to the message receivers. In addition, men are relatively overrepresented in the group of message senders.[*] Furthermore, the analysis revealed that 30 per cent of the message receivers are not aware of the fact that the organization had a mission statement.

Results

Figure 1 illustrates that the perception of the mission statement by both groups displays similar tendencies. Both the message senders and receivers tend to rate the rays of the informational and the relational quadrants slightly higher than the rays of the promotional and transformational quadrants. Furthermore Factor 11 (Credible, Believable, Plausible) is the highest scoring factor in both groups while Factor 4 (Innovative, Creative, Original) is attributed the lowest score by both groups.

INSERT FIGURE 1

Although both groups display a large similarity with regard to the orientation of their individual mission statement perception, the intensity of the attributed characteristics differs. As Table 2 illustrates, the message senders have an average score in the interval [4.41; 5.35] on all rays while the average ratings of the message receivers are situated in the interval [3.90; 4.83]. Independent samples T-test analyses revealed that the message senders rated 9 out of 12 rays (Factors 1,2,3,6,7,9,10,11 and 12) significantly ($\alpha \leq 0.05$) higher than the message receivers.

INSERT TABLE 2

[*] Due to the class imbalance (e.g. only 9 females in management versus 79 in non-management group) we were not able to assess reliably whether this male overrepresentation in the management group is significant.

Additionally, we examined whether other characteristics (namely age, hospital tenure and employment) than the management – non management dichotomy have a significant ($\alpha \leq 0.05$) influence on the perception of the mission statement. Do personnel varying in age, hospital tenure and employment perceive the mission statement significantly different? Answering this question requires defining personnel groups of different age, hospital tenure and employment. By means of a quartile-split we discretionized the original continuous variables "age" and "hospital tenure" which resulted into four groups of varying age and hospital tenure. Similarly, we made a distinction between personnel working half-time and full-time (two groups for employment). A one-way Anova reveales that the variable "age_q" has a positive significant impact on the perception of Factor 1 (F= 2.673 , sig.= 0.051). The Tuckey's post-hoc test (cf. equal variances Levene statistic 1.724, sig.= 0.167) furthermore points out that the significant difference in average score on Factor 1 mainly exists between age_q quartile 1 and 4 (mean difference -0.685, sig.= 0.044). Respondents situated in the fourth quartile have thus on average a higher score on Factor 1 than respondents in the first age quartile. The variable "tenure_q" proved of no significant influence. Finally, respondents who are full-time employed score significantly higher on factor 11; credible, believable, plausible, than those who are part-time employed (independent samples T-test, sig. = 0.048). These results indicate that variables other than the management - non management dichotomy have only a minor and partial influence on the perception of the mission statement. The management – non management dichotomy proves to be the dominant variable.

Discussion

The study at hand has three major purposes: (1) to assess how management members (the message senders) perceive the mission statement, (2) to assess how non-management members (the message receivers) perceive the mission statement, and (3) to determine what

the level of congruence is between the mission statement perceptions of both groups. The analyses reveal that in this specific case the mission statement perception by both groups displays a lot of similarities. The message senders as well as the message receivers tended to position the organizational mission statement more in the relational and informational quadrant than in the promotional and transformational quadrant. The mission statement is thus primarily assessed as credible and factual. Furthermore attributed both groups Factor 11 the highest score and Factor 4 the lowest score. These scores indicate that both the message senders as well as the message receivers perceive the mission statement as credible, believable and plausible but not as innovative, creative or original. Although these results seem to suggest that there is a high degree of congruence between the mission statement perceptions of both groups, this conclusion is only partially correct. Message senders and message receivers display the same tendencies in their mission statement perception but the intensity of the attributed characteristics differs. The scores assigned by the message senders are in almost all cases significantly higher. This suggests that the message senders have a more outspoken and positive attitude towards the mission statement. This assumption is strengthened by the conclusion that almost all scores attributed by the message receivers are grouped just above the midpoint of the scale. These rather "neutral"-scores indicate that the mission statement does not particularly rouse the emotions of non-management members nor forms a subject of discussion. Moreover, despite the communication efforts of the management team almost 30 per cent of the surveyed nurses were not aware that the organization had a mission statement.

Managerial implications

Although a well crafted mission statement has been attributed the power to motivate and inspire organizational members (Bart and Tabone, 2000), the Competing Values

Framework for Managerial Communication indicates that it is very difficult to (a) communicate the mission statement effectively and (b) to generate a satisfying level of "mission statement buy-in" among non-management staff members. An explanation probably lies in the concept of mission statements itself. First of all, the low level of mission statement awareness among non-management staff members. Most managers do not communicate the mission statement sufficiently. Blinded by their own positive perception and understanding of the mission statement, many executives believe that the "salute and execute" mode still operates. Confident that everyone will march to the new orders, they don't think additional communication is necessary (Lippitt, 1997). Second, the low level of mission statement buy-in among non-management staff members. To be relevant to the diverse components of a large organization, mission statements are necessarily abstract and free of references to a specific work context (Leiter and Harvie, 1997). This level of abstractness makes it very difficult for non-management staff members to recognize the link between the mission statement and their day-to-day activities. Most non-management staff members do not see how his or her objectives are driven by the mission statement and how they contribute to the overall goals of the organization. According to Leiter and Harvie (1997) these shortcomings can be addressed with the help of first-line supervisors. By virtue of their organizational position, first-line supervisors, such as nurse managers, can provide an interface between executives and front-line staff which makes them an essential partner in (a) communicating the mission statement, and (b) integrating the broad mission statement values into day-to-day work activities.

In the case at hand, the communication potential of the nurse managers was not exploited. Resources were primarily focused at developing the mission statement and communicating the mission statement to management members while the information flow from management level to non-management level was barely managed. Consequently, the

nurse managers were not adequately prepared to fulfill their role in cascading the mission statement. The analyzed organization lost sight of the fact that every manager has to serve as a communication manager and not only the senior management team. The responsibility for effective mission statement communication has to be shared rather than centralized. It is the senior management team's responsibility to initialize the mission statement, live the mission statement and integrate the mission statement in the organizational culture and structure of the organization by wrapping the day-to-day goals of every staff level around the mission statement. However, the senior management team will need the help of all middle and lower managers to communicate the mission statement effectively. The senior management team should consequently develop and manage a communication plan that helps lower and middle managers to fulfill their role as mission statement communicators. Lower and middle managers should be trained to not only provide information about the mission statement but to identify and address all barriers that may impede effective mission statement communication (Longest and Rohrer, 2005). The resulting face-to-face communication will stimulate interaction and feedback about the mission statement, and help to transform the mission statement from a mere piece of paper to an effective management instrument.

Conclusion

When it comes to mission statements a lot of managers hold the false assumption that mere transmission equates to communication. Managers often invest a considerable amount of time and resources in formulating the mission statement but neglect the fact that a mission statement needs to be communicated and clarified in order to become effective. The mere presence of a mission statement does not imply that all organizational members are aware of it, let alone motivated by it. Seeing that messages become changed, misinterpreted, or lost entirely as they travel to layers of supervisors and employees, managers should use every

opportunity to communicate, confirm and clarify the organizational mission statement. The most critical part of the mission statement process is not its formulation but the management of its meaning.

The first step in managing the meaning of the mission statement is assessing where possible bottlenecks are situated. The paper at hand presents the Competing Values Framework for Managerial Communication as an instrument which can help managers to assess the organizational perceptions of the mission statement. The Competing Values Framework for Managerial Communication enables managers to assess (a) if there are mission statement perception gaps, (b) on which dimensions the perception gaps occur, and (c) what their size is.

Limitations

Although the study at hand provides a perspective which is missing from previous research and literature, caution must be recommended in interpreting the study findings. Since the study comprises only one organization, the generalizability of the reported results beyond specific cultural and organizational settings could be questionable.

We have reasons to believe that cultural differences, for example between Europe and the USA, will have only a minor influence on the perception of hospital mission statements. First of all, previous research indicated that the stakeholder orientation, communication and quality of the mission statements of American and European organizations do not differ significantly (Bartkus, Glassman and McAffee, 2002, 2004). Second, findings indicate that health care staff members from different cultural backgrounds and countries have a similar view of the organizational attributes that are essential to provide high quality patient care (Flynn, Carryer and Budge, 2005; Flynn and Aiken, 2002). The perception of a "good mission statement" will thus probably not vary significantly between European and American

health care staff members. However, replication of the applied research design across different cultural settings is necessary to assess the validity of our argumentation. Furthermore we have to acknowledge that our research is conducted in a small and flat organization where the interaction between the nurse managers and the senior management staff is rather informal. One could hypothesize that in larger and/or more hierarchical organizations (a) nurse managers are often less empowered and engaged in management activities, and (b) the communication gap between nurse managers and the senior management team is bigger (Connel, 2001; McConnel, 2005). In large and/or more hierarchical organizations it would thus be advisable to assess the mission statement perception of nurse managers, middle managers and senior managers separately. Replication of the applied research design is thus favorable to test the level of external validity of the study at hand. Future research should consequently assess the degree to which national, cultural and organizational factors, such as size and level of hierarchy, influence (a) the mission statement perception of individual organizational members and (b) the size of the mission statement perception gap between different organizational levels.

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Appendix A: The Mission Statement of the Analyzed Organization (translation from the original Dutch version)

As a non profit general hospital, X commits itself to:

TO PROVIDE EXEMPLARY HEALTH CARE

- The hospital will provide exemplary health care from a multidisciplinary perspective.
- The hospital will anticipate the health care needs of the broader community and offer highly specialized care services.

TO MAKE OUR HOSPITAL AS ACCESSIBLE AS POSSIBLE

- The accessibility of our hospital, organizational as well as architectural, will be attuned as best as possible with the present and future needs of our community.
- We will offer personal care to all patients seeking our assistance regardless of:
    - the moment of their call for assistance
    - their creed
    - their culture
    - their financial position

TO PROVIDE HEALTH CARE IN A HUMANE MANNER

- The care is provided in a small and warm organization.
- We consider the dignity, the well-being, the autonomy, the personal conviction and privacy of every patient of paramount importance.
- We strive to provide every patient and his family with ample and tailored information before, during and after his admission in our hospital.

TO ATTUNE PERSONEL AND RESOURCES TO THE AFOREMENTIONED RESPONSIBILITIES

- We strive to build a work environment where each person is valued, respected and has an opportunity for personal and professional growth.
- All our staff members are experts dedicated to provide the highest level of care with a smile.
- We are committed to acquire the necessary high-quality medical equipment, information technology and infrastructure.

TO FOSTER OUR RELATIONSHIPS WITH THE COMMUNITY

- Strengthening our relationships with universities, colleges, other hospitals, agencies and our community in general in order to provide our patients with the quality of health care they deserve.

Table 1

Demographical and Work-Related Characteristics

	Message senders (N = 17)	Message receivers (N = 85)			
Independent samples T-test	*Mean (std)*	*Mean (std)*	*Levene's test Sig. (Equal variances)*	*T-test Sig.*	*Mean Difference*
Age	45.47 (10.06)	35.91 (9.90)	0.92	0.00**	-9.56
Hospital tenure	21.76 (10.00)	13.98 (10.03)	0.94	0.00**	-7.78
Position tenure	14.76 (13.00)	13.00 (9.43)	0.07	0.47	-1.76
	Message senders (N =17)	Message receivers (N = 85)			
Chi-Square test	*Frequency*	*Frequency*	*Pearson Chi-Square Sig.*		
Employed: full time	16 (94.12 %)	41 (48.24 %)	0.001***		
Mission awareness	15 (88.24 %)	60 (70.59 %)	0.132		
Gender: Female	9 (52.95 %)	79 (92.94 %)			

* Significant at alpha 0.10
** Significant at alpha 0.05
*** Significant at alpha 0.01

Table 2

The mission statement perception of message senders and message receivers

	Message senders (N =17)	Message receivers (N = 85)					
Independent samples T-test	Mean (std)	Mean (std)	F	Levene's test Sig. (Eq. var.)	T	T-test Sig.	Mean Difference
Factor 1: Aware, Discerning, Perceptive	5.04 (0.80)	4.29 (0.93)	1.276	0.26	-3.075	0.003***	-0.745
Factor 2: Empathic, Forceful, Powerful	5.08 (0.82)	4.56 (0.92)	0.104	0.75	-2.169	0.032**	-0.524
Factor 3: Insightful, Mind Stretching, Visionary	4.90 (0.83)	4.35 (0.91)	0.014	0.91	-2.323	0.022**	-0.557
Factor 4: Innovative, Creative, Original	4.41 (0.10)	3.90 (1.18)	0.656	0.42	-1.693	0.094*	-0.517
Factor 5: Interesting, Stimulating, Engaging	5.10 (0.96)	4.59 (1.06)	0.244	0.62	-1.828	0.071*	-0.506
Factor 6: Conclusive, Decisive, Action oriented	5.18 (0.84)	4.50 (0.95)	0.625	0.43	-2.735	0.007***	-0.676
Factor 7: Practical, Realistic, Informative	5.23 (0.77)	4.70 (0.92)	0.106	0.75	-2.196	0.030**	-0.525
Factor 8: Focused, Logical, Organized	5.15 (0.72)	4.71 (0.85)	0.581	0.45	-1.945	0.055*	-0.431
Factor 9: Rigorous, Precise, Controlled	5.11 (0.74)	4.52 (0.98)	1.981	0.16	-2.376	0.019**	-0.596
Factor 10: Technically Correct, Accurate	5.18 (0.81)	4.50 (0.89)	0.199	0.66	-2.902	0.005***	-0.676
Factor 11: Credible, Believable, Plausible	5.35 (0,89)	4.83 (0.93)	0.087	0.77	-2.130	0.036**	-0.522
Factor 12: Open, Candid, Honest	5.26 (0,93)	4.74 (0.88)	1.117	0.29	-2.166	0.033**	-0.512

* Significant at alpha 0.10
** Significant at alpha 0.05
*** Significant at alpha 0.01
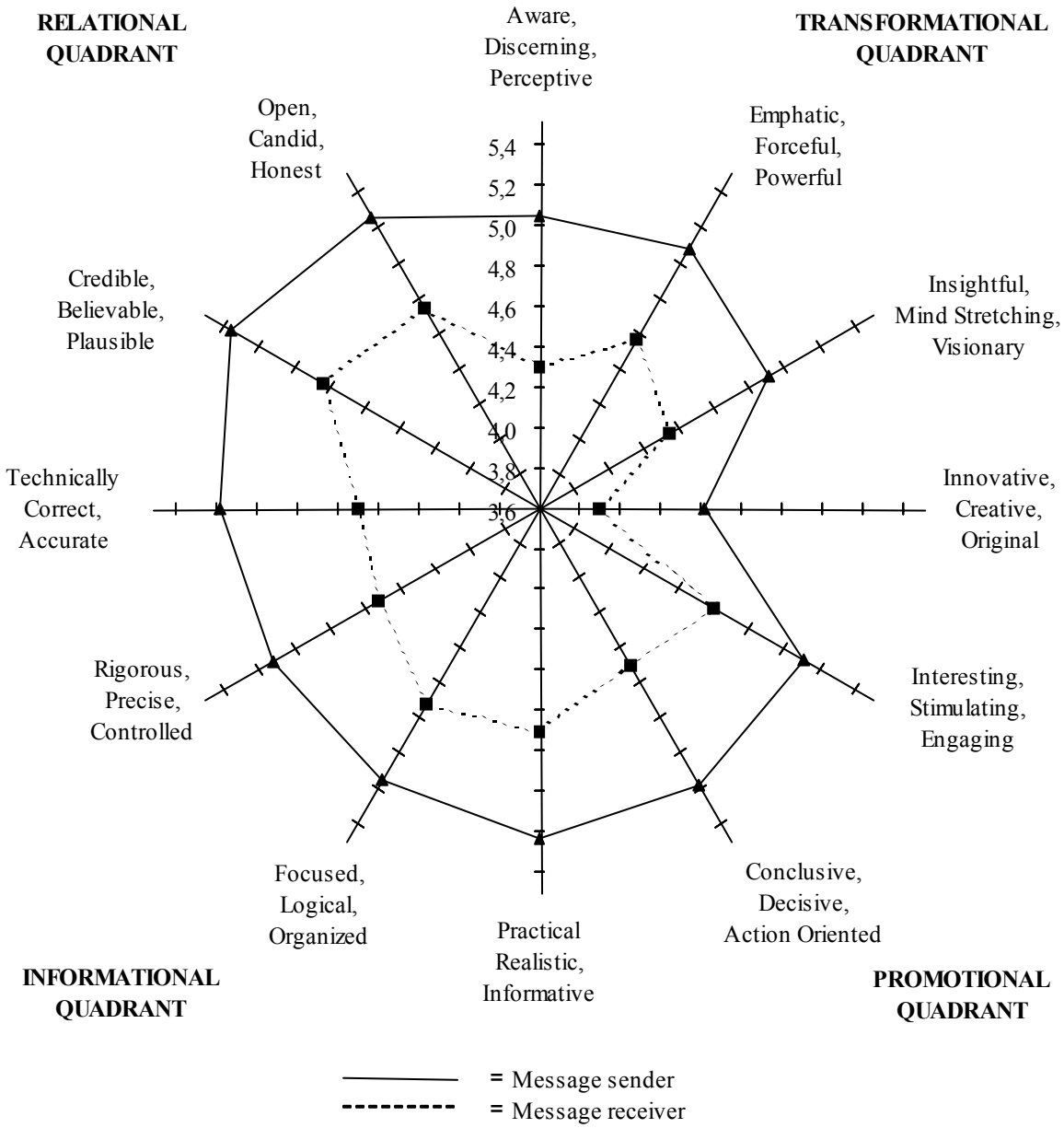
Figure 1. The Competing Values Framework applied to mission statement perception.