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## **WORKING PAPER**

### **Is the mission statement dead or alive? The level and determinants of mission statement use amongst the nurses of three Flemish hospitals: a questionnaire survey**

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## **Abstract**

*Background:* Although mission statements are one of the most popular management instruments, little is known about the nature and direction of the presumed relationship between mission statements and organizational performance. In particular, empirical insights into the degree of mission statement use by individual organizational members are insufficient.

*Objectives:* We address the observed knowledge gap by (1) measuring the level of mission statement use (e.g., explaining the mission statement, making linkages to extant programs or practices, communicating enthusiasm, and adapting the mission statement to the personal work situation) by individual organizational members, and (2) identifying the antecedents that influence mission statement use.

*Design:* Questionnaires were used to collect data from a sample of 510 nurses from three Flemish hospitals. Mission statement use was measured by means of Fairhurst's Management of Meaning Scale. Antecedents of mission statement use were derived from the Theory of Planned Behavior and the mission statement literature.

*Results:* The findings indicate that mission statement use is low on average. Attitude, subjective norm, perceived behavioral control, and formal involvement in mission statement communication proved to be significant determinants of mission statement use and accounted for 43% of the variance. The results of the conducted regression analyses indicate that nurses (1) who have a positive attitude towards the mission statement, (2) who perceive pressure from superiors and colleagues to use the mission statement, (3) who feel they are in control of performing such behavior, and (4) who are formally involved in the mission statement communication processes are more likely to use the mission statement. Furthermore, the results indicated that demographic characteristics are not associated with mission statement use.

*Conclusions:* To effectively increase mission statement use, investments should focus on redesigning a work environment that stresses the importance of the organizational mission statement and provides detailed information on the ways that individual organizational members can contribute in realizing the mission statement.

## **Keywords:**

Hospital nurses, mission statement use, Theory of Planned Behavior, questionnaire survey

**What is already known about the topic?**

- Mission statements are positioned as an important management instrument for health care organizations.
- Prior research focused primarily on the content and the development process of health care mission statements, while the organizational impact of the mission statement at an individual level received scant attention.

**What this paper adds.**

- Empirical evidence suggests that mission statement use among the survey sample group of Flemish hospital nurses is low.
- Empirical evidence suggests that subjective norm, perceived behavioral control, attitude and formal involvement in mission statement communication significantly influence the level of individual mission statement use.
- Empirical evidence suggests that activities aimed at increasing the level of mission statement use should focus on the cited determinants.

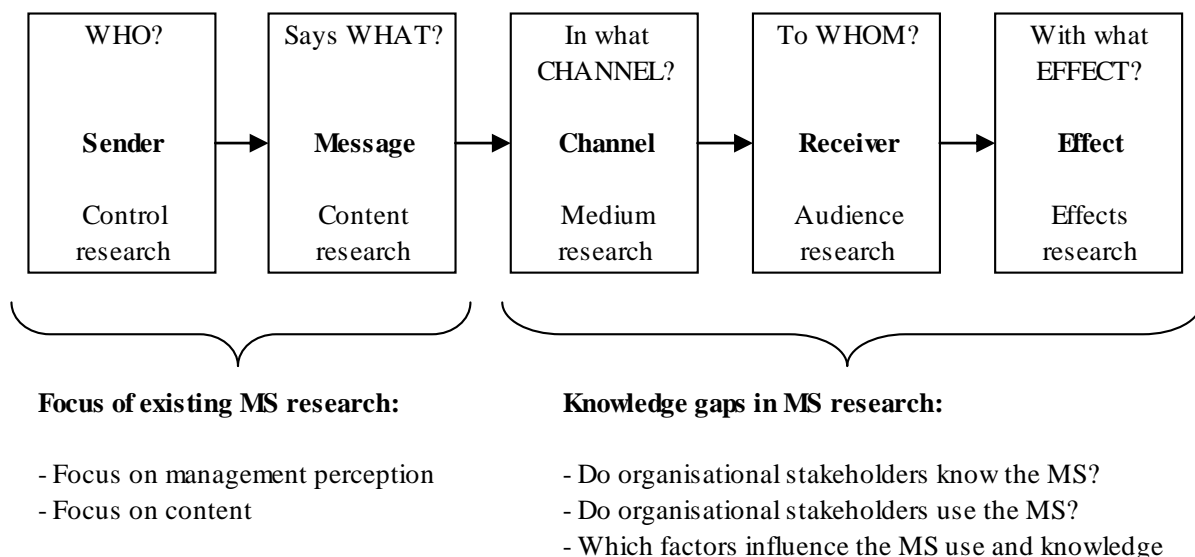
## 1. Introduction

Mission statements have begun to play an increasingly important role in modern health care organizations (Butcher, 1994). One major reason for this evolution is the ever more complex and dynamic health care environments in which hospitals find themselves (Bart and Tabone, 2000). Shifts in funding sources and allocations, tightened budgets, new mandates, increasingly diverse arrays of services, and new/increased demands for accountability (Bart and Tabone, 1998, Williams et al., 2005) compel health care organizations to search for strategic tools that enable them to not only address these changes but also 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 communicate the organization's direction and purpose, (b) to serve as a control mechanism, (c) to guide and focus decision making, (d) to create a balance between the competing interests of various stakeholders, and (e) to motivate and inspire organizational members (Bart and Tabone, 2000, Bartkus et al., 2000). However, in reality, mission statements do not often appear to deliver the promised benefits (Piercy and Morgan, 1994). In fact, few managers believe that (a) their organization is making real progress in terms of achieving the goals embedded in the mission statement, (b) the mission statement is fully clear or self-evident to the rest of the organization, and (c) the organizational understanding, commitment, and support necessary for mission acceptance is available (Bart, 1997). Moreover, the wide spread failure in implementing mission statements is a consistent theme that runs through the mission statement literature (Fairhurst and Jordan, 1997). For the most 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 organizations should deploy and implement their mission statement (Bart and Tabone, 1999). In fact, prior mission statement research focused primarily on the content of mission statements and its development process, while the effective organizational implementation and communication of the instrument received scant attention (see Fig. 1) (Desmidt and Heene, 2007). An observation which leads to the remarkable contradiction that experts widely recognize 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) but that we know relatively little about organizational members' perception of the mission statement and the mission statement's impact on them (Brown and Yoshioka, 2003). Such a preoccupation with the managers' point of view (i.e., the sender of the message) and the mission statement itself (i.e., the communicated message) to the detriment of any attention for the receiver of the message (i.e., the different organizational members) is viewed as a "conduit" or "transmissive" view on communication (Beck, 1999). Conduit models, such as the Shannon and Weaver communication model (Shannon, 1948), classify the message sender as the active decision-maker who determines the meaning of the message, while the receiver is considered to be a passive target. In reality, human communication is much more complex. Message receivers are rarely mere passive consumers of the communication message. Individual message receivers will attribute a specific meaning and value to the received message and will act accordingly to it (Nicoll, 1993). 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 (Desmidt and Heene, 2007). Thus, meaning is not in the message but in the message-user (Bowman and Targowski, 1987). Applied to the concept of mission statements, this viewpoint implies that mission statement research should not only focus on the message sender and the message itself but also on the message receiver (Desmidt and Heene, 2007).

The paper at hand addresses these shortcomings by focusing on the mission statement perception of individual organizational members in a health care setting. More specifically, we use the “Theory of Planned Behavior” (TPB) to analyze the self-reported mission statement use (i.e., defined as the degree to which organizational members manipulate the information provided by the mission statement, e.g., explanation of the mission statement, making linkages to extant programs or practices, agenda setting, communicating enthusiasm, and adapting the mission statement to the personal work situation) of Flemish hospital nurses and to determine its antecedents in order to provide insights in possible pathways to increase mission statement use and awareness in health care organizations.



**Fig. 1** Lasswell's Formula for persuasive communication applied to mission statement research

## 2. Theoretical basis for the study and research aims

The Theory of Planned Behavior (TPB) is a popular model for predicting and explaining human intentions and behavior (Ajzen, 2001, 2002). This theory has been used extensively as a basis for a wide range of social psychological investigations (Kent, 2002). According to the TPB, an individual's decision to engage in a behavior (e.g., adherence to a firm policy, participation in an activity.) will depend on the following three general factors (Stevens et al., 2005): behavioral attitude, subjective norm, and perceived behavioral control. As a general rule, as the attitude increases in favorability, the subjective norm increases, and the perceived behavioral control increases, the individual's intention to show the concerned behavior strengthens. The first factor, behavioral attitude, refers to an individual's favorable or unfavorable opinion about a target behavior and its related outcomes. The second factor is the

subjective norm or the pressure felt by the individual from salient social influential people to pursue the course of action in question. It reflects how other people who are important to the individual would feel if he/she engaged in the target behavior coupled with the individual's motivation to act in accordance with others' beliefs. The third factor is the perceived behavioral control or confidence that one can successfully carry out the action. That is, the more that individuals believe that they have the requisite skills and resources needed to perform the behavior of interest, the likelihood that they will perform this behavior increases (Ajzen, 1991).

In the study at hand, the behavior of interest is the use of the organizational mission statement by individual organizational members. To what extent do individual organizational members use the mission statement? What determines whether or not individual organizational members use the mission statement? Consistent with the TPB, we believe that this will depend, in part, on the extent to which individual organizational members (a) evaluate the mission statement positively, (b) feel pressure from others to use the mission statement, and (c) feel confident that they understand and know how to use the mission statement (Stevens et al., 2005). Consequently, the aim of this study is to apply the TPB framework (a) to measure the degree to which individual organizational members use the mission statement and (b) to determine what factors help to explain mission statement use.

### **3. Method**

#### *3.1 Sample and data collection*

Subjects in this cross-sectional study included the registered nurses that were employed by three Flemish hospitals. Research was conducted in more than one organization to increase the between-groups variance and to provide an indication of the sensitivity of results to organization specificity (Smidts et al., 2001). The three organizations were selected from a random sample of twenty Flemish hospitals based on the quality of their mission statement development and communication process. More specifically, each of the twenty hospitals was contacted and permission was requested for an on site interview session with a member of the top management team (designated by the organization's CEO). The interviewer followed a structured process and asked the respondents to indicate (a) the degree of stakeholder involvement in and influence on the mission statement development process, (b) the style of the development process, (c) the used mission statement communication media, and (d) the degree to which the mission statement is used as a guide to hire and evaluate organizational members (Bart and Tabone, 2000). The information collected in the structured interviews allowed us to assess (a) if the top management team had made efforts to bring the formal mission statement under the attention of the organizational members and (b) the extent to which the mission statement could be considered an integrated organizational tool. The three organizations with the highest overall score were included in the research design. The first two organizations are nonprofit regional hospitals, whereas the third one is a nonprofit psychiatric hospital. Table 1 provides more detailed information about the selected organizations.

**Table 1** *Organizational characteristics of the selected organizations*

	Organization 1	Organization 2	Organization 3
Number of beds	479	892	380
Number of employees	1002	2200	490
Number of employed nurses	609	1085	220
Response nurses	199 / 33%	532 / 49%	132 / 60%

Data were collected using a self-administered questionnaire. In each of the participating hospitals, a management member of the administrative services, respectively the director of nursing, the general manager of Human Resources Management, and the communications manager, explained (with the help of the research team) the purpose of the study to the heads of the various nursing departments and encouraged them to motivate their staff to complete the survey (Willem et al., 2006). Additionally, the nurses were informed about the upcoming survey and its objectives through the hospital newsletter and posters. All the registered nurses of the selected hospitals were handed an envelope containing an 8-page questionnaire, in which the subject's confidentiality was assured by the attached cover letter, and a return envelope. Subjects had two weeks time to return the completed questionnaires to a closed, on-campus, drop box. To ensure anonymity, questionnaires were distributed, retrieved, opened, and processed by non-hospital members.

In total, 1,914 registered nurses were invited to participate in the study. 863 nurses completed the questionnaire, which resulted in an average response rate of 45%, with a 33%, 49%, and 60% response rate, respectively, for the three hospitals<sup>1</sup>. However, in light of the research objectives (i.e., to measure and explain the use of the formal mission statement), we decided to omit all subjects who indicated at the beginning of the questionnaire that they were not aware of the fact that their organization had a mission statement. Consequently, the number of suitable responses was reduced to 510, producing an overall usable response rate of 27%.

### *3.2 Measurements*

Subjects' attributes were directly measured following the methodology suggested by Ajzen (Ajzen, 2006) and Francis et al. (Francis et al., 2004). Fig. 2 depicts the variables included in the research design.

*Mission statement use* (MS-use) was measured with a modified version of Fairhurst's (Fairhurst and Jordan, 1997) Management of Meaning Scale (MMS). The MMS measures the degree to which organizational members manipulate the information provided by the mission statement. These behaviors include explanation of the mission statement, making linkages to extant programs or practices, agenda setting, communicating enthusiasm, and adapting the mission statement to the personal work situation. The original MMS consists of seven items measured on a 5-point Likert scale. The modified MMS consists of twelve items measured on a 7-point Likert scale ranging from never (1) to very often (7) and offers a more balanced measurement scale. Examples of items include the following: "How often do you explain

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<sup>1</sup> The high response rate of organization 3 can probably be attributed to the small size of the organization and the high level of senior management commitment in promoting and stressing the importance of the research project. Given the differences in response rate, organisational membership was included as a control measure in Section 4.3.

some aspects of the mission statement to a coworker?” and “How often do you try to identify parts of the mission that are not being accomplished in your department?”.

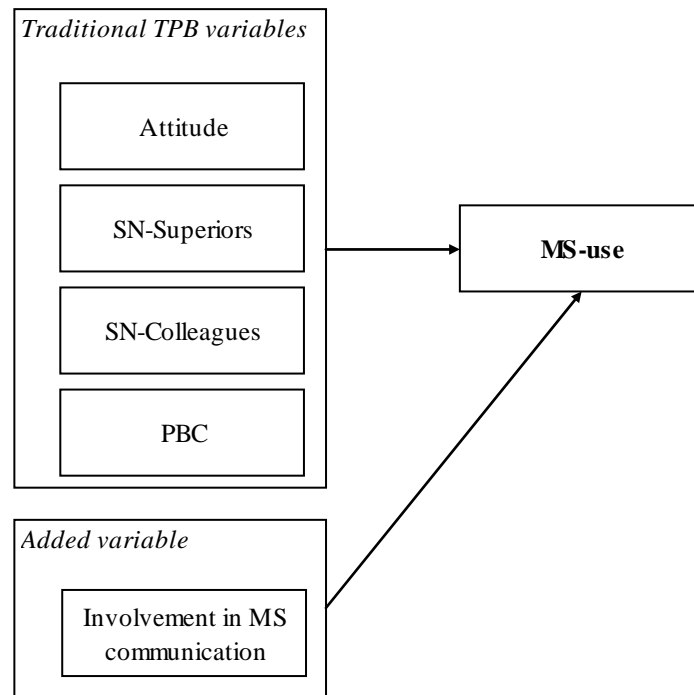
A measure of *attitude* towards the mission statement was obtained using ratings on a semantic differential format that ranged from 1 to 7 across five items (e.g., “credible-incredible” and “convincing-not convincing”). Items were derived from the Theory of Planned Behavior literature (Ajzen, 1991; Ajzen and Driver, 1992; Ajzen, 2006).

*Subjective norms* represent the subject’s perception that important others expect the respondent to use the mission statement. We distinguished two referent groups: colleagues (i.e., SN-colleagues) and superiors (i.e., SN-superiors). Subjects were asked to indicate on a 7-point Likert scale that ranged from totally disagree (1) to totally agree (7) for six items the degree to which the mission statement was important to the two referent groups and the degree to which the referent groups expected the subject to use the mission statement (e.g., “My direct superior finds the mission statement important” and “My colleagues find it important that I use the mission statement”).

Furthermore, five items, which were measured on a 7-point Likert scale, supplied a measure of *perceived behavioral control (PBC)*, which measures the perceived facilitation or constraint with respect to the performance of the behavior (Ajzen and Driver, 1992). Subjects were asked to rate the items ranging from totally disagree (1) to totally agree (7). Examples of items are: “I have sufficient information about the mission statement.” and “I find it difficult to explain how my job fits in with the mission statement.”

Additionally, we extended the traditional Theory of Planned Behavior model with the variable, “*formal involvement in mission statement communication*,” because the literature depicts the cited variable as a predictor of mission statement awareness and use (Bart and Tabone, 2000). The variable “formal involvement in mission statement communication” was measured as a dichotomous, dummy-coded variable.





**Fig. 2** Applied research design

### 3.3 Data analysis

Data were processed by means of the SPSS English version 12 for Windows. The actual analysis process consisted of four stages. First, we tested the measurement instrument for a) unidimensionality of the constructs, b) construct validity, c) convergent validity, d) discriminant validity, and e) nomological validity. Second, we calculated the descriptive statistics and the Pearson correlation coefficients among the included constructs. Third, regression analyses were used to test the direct linkages in the conceptual model. We tested for multicollinearity by requesting the condition index with each regression analysis. Fourth, demographic and organizational characteristics sometimes account for significant variance. These characteristics were consequently treated as control variables and entered into the regression model in the final analysis.

## 4. Results

### 4.1 Sample characteristics

In total, 863 nurses completed the questionnaire. Only the nurses (i.e., 510) who indicated at the beginning of the questionnaire that they were aware of the fact that their organization had a formal mission statement were selected for further analysis. The majority of the respondents in the “aware-sample” were female (74.9%). The average age was 38.37 years (SD = 10.57), ranging from 21 to 60 years. The majority of the sample was employed on a full-time basis (64.9%) and had an average tenure of 14.24 years (SD = 11.02). These sample characteristics reflect the characteristics of the nurse population in Belgium (Willem et al., 2006). Furthermore, a series of independent T-tests (organizational tenure and age) and chi-square tests (gender and mode of employment) indicated that the aware and the non-aware group did

not score significantly different on the selected characteristics. Further research should address this issue and try to detect the determinants of mission statement awareness.

#### *4.2 Testing the measurement instrument*

The measurement instrument presented in Section 3.2 was tested for a) unidimensionality of the constructs, b) construct validity, c) convergent validity, d) discriminant validity, and e) nomological validity.

The degree of unidimensionality of the constructs was measured using an exploratory factor analysis (see Appendix 1 for details). The conducted exploratory factor analysis confirmed the proposed factor structure and indicates that five factors (i.e., mission statement-use, attitude, perceived behavioral control, subjective norm-superiors and subjective norm-colleagues) exist with an eigenvalue of at least one, extracting 65.70% of the variance. The exploratory factor analysis also provided evidence for the unidimensionality of the measures as all indicators loaded high on their respective factor (except for one item of subjective norm-colleagues, which loaded quite high on the mission statement use construct, i.e. 0.44). Consequently, the proposed constructs are unidimensional, and no need exists to redefine them.

Evidence of construct validity was derived from the fact that all with the exception of three items had a loading of 0.60. Furthermore, all of the Cronbach's alpha coefficients of the proposed constructs fall in the interval [0.70, 0.95]. Only the constructs "SN-Colleagues" and "PBC" flirt with the 0.70 threshold, indicating good reliability, but they do satisfy the criterion. Additional tests indicated that the Cronbach's alpha coefficient of "SN-Colleagues" falls in the 95% confidence interval of [0.64, 0.74], while the Cronbach's alpha coefficient of "PBC" falls in the 95% confidence interval of [0.68, 0.76]. Note that these lower bounds largely meet the 0.60 threshold, which is referred to in literature as the absolute minimum level for reliable constructs. Thus, all constructs are reliable.

Convergent validity was determined by the significant size of the factor loadings, which ranged from 0.57 to 0.86 with a median of 0.76.

All constructs demonstrate discriminant validity as all items load high on their respective factor. Only one item of subjective norm-colleagues has a relatively high loading on another factor, which is mission statement-use (0.44). Additionally, discriminant validity was assessed by means of the confidence interval test (Anderson and Gerbing, 1988). For each pair of constructs, a confidence interval of plus or minus two standard errors around the correlation between the constructs was calculated. None of these confidence intervals, computed using Fisher's  $z$ , included  $|1.0|$ , thereby giving further evidence of discriminant validity.

Nomological validity was obtained because the correlations among the constructs are all positive as expected by theory.

#### *4.3 Descriptive results of the study variables*

In Table 2 the means, standard deviations, Cronbach's alpha coefficients, and intercorrelations of the variables in this study are presented, i.e., mission statement use (MS-use), attitude, subjective norm-superiors (SN-Superiors), subjective norm-colleagues (SN-Colleagues) and perceived behavioral control (PBC). All variables were analyzed for outliers. The mean scores in Table 2 indicate that, in general, nurses seldom use the mission statement (2.62) but that their appreciation for the instrument is slightly positive (4.56). Furthermore,

nurses do not particularly feel confident that they are in control of demonstrating the desired mission statement behavior (4.30). However, nurses do perceive strong pressure from their superiors (5.14), but not from their colleagues (3.49), to use the mission statement. All Pearson correlations between the entered variables are statistically significant at the 0.01 level with correlation scores ranging from 0.313 to 0.586. The strongest correlation was found between mission statement use and subjective norm-colleagues. Given the discriminant validity of all constructs, the significant correlation between the constructs does not constitute a problem.

**Table 2** Means, standard deviations, intercorrelations and Cronbach's alpha coefficients (in italic)

	Mean	St. Dev.	(1)	(2)	(3)	(4)	(5)
MS-use	2.62	1.27	<i>0.95</i>				
Attitude	4.56	1.23	0.388**	<i>0.92</i>			
SN-Superiors	5.14	0.95	0.349**	0.313**	<i>0.74</i>		
SN-Colleagues	3.49	1.15	0.586**	0.448**	0.361**	<i>0.70</i>	
PBC	4.30	1.02	0.383**	0.481**	0.392**	0.357**	<i>0.72</i>

n = 510

\*\* Correlation is significant at the 0.01 level (2-tailed)

#### 4.4 Regression analysis

A multiple regression analysis was executed to examine the extent to which the standard TPB variables and the added component of mission statement involvement explain the use of the organizational mission statement. In Step 1, the standard TPB variables were regressed. The additional component was entered into the regression analysis in Step 2. To ensure that the results of the previous regression analyses were not due to the confounding effects of any demographic or organizational variables, additional analyses were carried out in Step 3.

As shown in Table 3, the entry of the standard TPB variables into Step 1 accounts for a significant amount of variance in mission statement use as demonstrated by  $\text{adj. } R^2 = 0.38$ . No multicollinearity problem is observed as the condition index is below 20, i.e., 17.459. The  $\beta$  weights of SN-Superiors, SN-Colleagues, and PBC are statistically significant as demonstrated by  $\beta = 0.114, p < 0.01$ ,  $\beta = 0.459, p < 0.001$  and  $\beta = 0.13, p < 0.01$ , respectively. Additionally, the  $\beta$  weight of the variable "attitude" proved to be statistically significant as demonstrated by  $\beta = 0.084, p < 0.05$ .

Inclusion of the mission statement involvement component in Step 2 increased the amount of variance explained with five percentage points,  $\text{adj. } R^2 = 43\%$ . Again, multicollinearity proved to be not an issue (condition index = 19.409)<sup>2</sup>. All variables entered in Step 2 are significant which indicates that nurses (1) who have a positive attitude towards the mission statement,  $\beta = 0.090, p < 0.05$ ; (2) who perceive pressure from superiors,  $\beta = 0.102, p < 0.05$ , and colleagues,  $\beta = 0.441, p < 0.001$ , to use the mission statement; (3) who feel they are in control of performing such behavior,  $\beta = 0.092, p < 0.05$ ; and (4) who are formally involved in the mission statement communication processes,  $\beta = 0.224, p < 0.001$ , are more likely to use the mission statement.

<sup>2</sup> Detailed statistics are available from the authors upon request.

In order to ensure that the results of the previous regression analyses were not due to the confounding effects of demographic (i.e., gender, age, organizational tenure, functional tenure and mode of employment) or organizational (i.e., membership in a specific organization) background variables, a series of additional analyses was executed. The statistical results pointed out that demographic and organizational variables did not account for an increment of explained variance in mission statement use,  $\text{adj. } R^2 = 0.33$ , and the  $\beta$  weights of the entered control variables were not significant.

**Table 3** Results of the conducted regression analyses

	R	R <sup>2</sup>	Adj. R <sup>2</sup>	B	SE B	$\beta$	t	Sig.
Step 1	0.62	0.39	0.38					
Attitude				0.88	0.046	0.084	1.93	0.054
SN-Superiors				0.154	0.056	0.114**	2.751	0.006
SN-Colleagues				0.505	0.046	0.459***	10.91	0.000
PBC				0.163	0.055	0.13**	2.98	0.003
Step 2	0.66	0.44	0.43					
Attitude				0.095	0.045	0.090*	2.112	0.037
SN-Superiors				0.136	0.056	0.102*	2.439	0.014
SN-Colleagues				0.48	0.046	0.441***	10.501	0.000
PBC				0.114	0.054	0.092*	2.102	0.033
Involvement in MS communication				0.902	0.168	0.224***	5.380	0.000

n = 510

\* Estimate is significant at the 0.05 level (2-tailed)

\*\* Estimate is significant at the 0.01 level (2-tailed)

\*\*\*Estimate is significant at the 0.001 level (2-tailed)

## 5. Discussion

The main goal of this study is (a) to measure the degree to which hospital nurses use the mission statement, which is defined as the degree to which organizational members manipulate the information provided by the mission statement, and (b) to determine which factors help to explain mission statement use.

With regard to the first research objective, the results indicate that the organizational pervasiveness of mission statements is low. First of all, slightly more than 40% of the responding nurses were ignorant of the fact that their organization even has a mission statement. Second, the nurses who are aware of the fact that their organization has a mission statement only seldom use it. An average score of 2.62 (scale ranging from (1) never to (7) very often) shows that the participating hospital nurses only seldom reflect on the information provided by the mission statement and consequently rarely explain the mission statement to other organizational members, make linkages to extant programs or practices, communicate about the mission statement with any enthusiasm, or adapt the mission statement to their personal work situation. These results undermine the success of the organizational mission statement as the literature clearly states that “in order for a mission statement to be useful operationally, all employees should understand clearly how their jobs relate to the mission and to the organizations’ purpose” (Butcher, 1994), and that “the effectiveness of mission statements is contingent upon the extent to which they are relevant to the daily practice of all staff members” (Williams et al., 2005). The study results indicate that, in reality, the message

of the mission statement is often not “received” by the individual organizational members. Most nurses do not use the mission statement nor internalize its message.

As the degree of mission statement use is low on average, the second research question becomes even more important. What factors determine whether or not individual organizational members use the mission statement? Based on insights from the TPB literature, we hypothesized that mission statement use will depend, in part, on the extent to which individual organizational members (a) evaluate the mission statement positively, (b) feel pressure from others to use the mission statement, and (c) feel confident that they understand and know how to use the mission statement. The outcomes of our regression analyses demonstrate general support for the formulated hypothesis, confirming the proposition that the TPB has utility to partly explain variances in mission statement use. Subjective norm-superiors, subjective norm-colleagues and perceived behavioral control are significant determinants of mission statement use while attitude is marginally significant. Together, the traditional TPB variables account for 38% of the variance. However, further variance in mission statement use is accounted for by the additional variable that is included in the modified TPB-model (i.e., formal involvement in mission statement communication). The expanded TPB-model accounts for 43% of the variance. The statistical results demonstrate that peer pressure from colleagues and formal involvement in the communication of the mission statement are the dominant determinants of mission statement use, while the variables attitude, subjective norm-superiors and perceived behavioral control are significant but have a smaller impact.

These results provide useful information for strategies designed to encourage mission statement use within hospitals. First of all, the study results indicate that mission statements do not magically flow through the organization. In order to be effective, mission statements must be supported by a carefully crafted implementation and communication plan. The results of the analyses demonstrate that such an implementation and communication plan should consist of a balanced combination of formal and informal measures (Murphy, 1988). Formal methods include courses, training, information brochures, formal involvement in mission statement communication, etc. These formal methods should clarify how the jobs of individual organizational members relate to the mission statement and how they contribute to its realization. Strengthening the accessibility and the relevance of the mission statement to the daily practice of organizational members will have a positive impact on the general level of perceived behavioral control and the attitude towards the mission statement. The informal methods, on the other hand, should try to strengthen and steer the social norms of the organization. Since the study results indicate that mission statement use is dominated by normative control and not attitudinal control, as most behaviors are (Ajzen, 1991), organizations should try to impact the social dimension of the work environment. An example of such an informal method is management by example. Since the manager’s behavior or lack thereof influences the behavior of other organizational members, managers should act as role models and abide by the mission statement. Second, managers should weave the mission statement into the hour-by-hour activities of the organization by implementing performance appraisals, routine question and answer sessions and problem-solving discussions. These activities will stress the importance of the mission statement and stimulate discussion by organizational members of the mission statement and its impact in non-formal settings (e.g., coffee breaks, lunches).

## **6. Key contributions and limitations**

The key contribution of this paper lies in its specific focus. In contrast to most mission statement research, this paper focuses on mission statement use and not the mission statement message or the perceptions of senior managers. Furthermore, the study design was unique in that it analyzed mission statement use and its determinants from an individual perspective. Although many previous studies have addressed the topic of mission statements, most previous research analyzed mission statements from an organizational perspective and rarely from an individual point of view.

Despite the significance of this study, we recognize a number of limitations. First, the cross-sectional design only provides a static picture of the measured variables and their interrelationships. Other types of studies such as those with longitudinal designs are necessary to gain more insight into the described relations (Verplanken, 2004). Second, the sample consisted of nurses employed by three Flemish hospitals. The limited geographical scope and number of hospitals impedes wide generalization (Willem et al., 2006). A third limitation was the reliance of the results on self-reported measures of behavior because the accuracy of self-reported measures of behavior is often considered questionable. However, in order to reduce response bias, multiple items were used to measure the same construct. Both positively and negatively worded items were included, and the items assessing a particular construct were separated in the questionnaire (Warburton and Terry, 2000).

## **7. Conclusion**

This paper is intended to assess the level and determinants of mission statement use for nurses working in three Flemish hospitals. The study results indicate that the level of mission statement awareness and use among the participating nurses is low. These findings indicate a weakening of the potential benefits of the mission statements in hospitals since the literature indicates that the effectiveness of mission statements is contingent upon the extent to which they are communicated to the organization's members and their relevance to the daily practice of all staff members (Williams et al., 2005). Hence, hospitals should develop a carefully crafted implementation and communication plan in order to promote the organizational mission statement. An analysis of the determinants of mission statement use indicated that such an implementation and communication plan should consist of a balanced combination of formal and informal measures. Furthermore, managers should increase the accessibility and relevance of the formal mission statement by weaving use of the mission statement into the hour-by-hour activities of the organization. Aligning organizational procedures, such as performance appraisals and assessments, with the values expressed in the mission statement and clarifying their mutual connection to the organization's members will increase the visibility and practical relevance of the mission statement.

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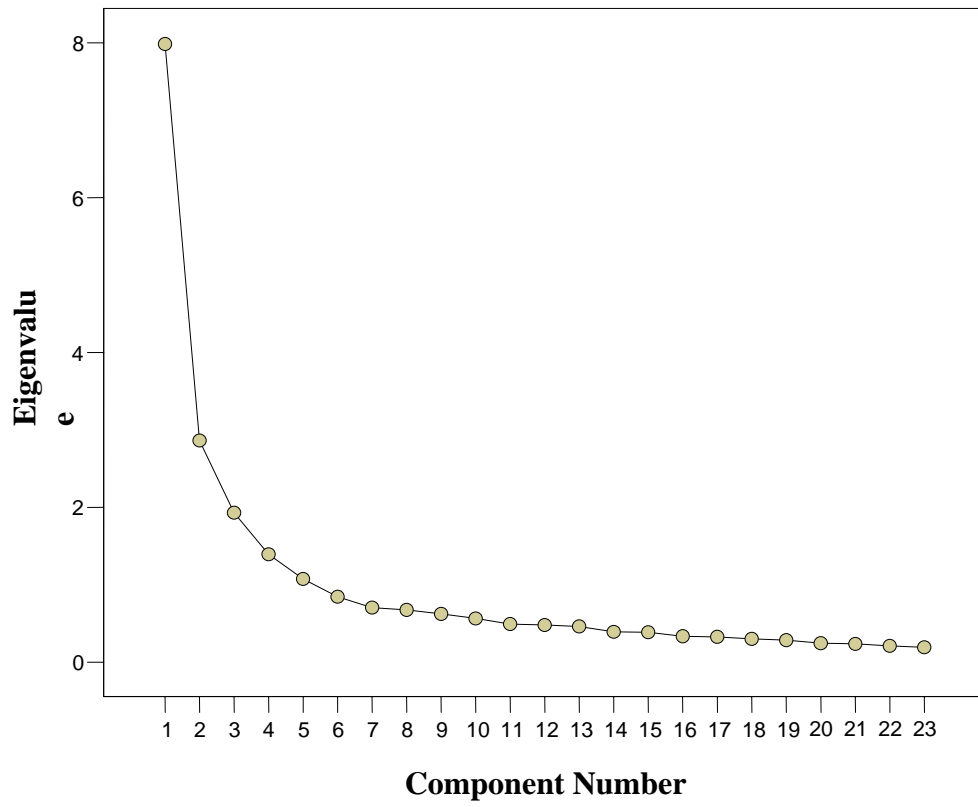


## Appendix 1: Details of the conducted exploratory factor analysis

*Exploratory factor analysis: total variance extracted*

Component	Initial Eigenvalues		
	Total	% of Variance	Cumulative %
1	<b>7.985</b>	34.717	34.717
2	<b>2.863</b>	12.447	47.164
3	<b>1.930</b>	8.393	55.556
4	<b>1.393</b>	6.058	61.614
5	<b>1.075</b>	4.672	66.286
6	.845	3.674	69.961
7	.704	3.062	73.023
8	.676	2.939	75.961
9	.624	2.713	78.675
10	.564	2.454	81.129
11	.491	2.136	83.265
12	.480	2.085	85.350
13	.461	2.005	87.355
14	.392	1.704	89.058
15	.386	1.680	90.738
16	.335	1.456	92.195
17	.327	1.422	93.616
18	.300	1.306	94.922
19	.285	1.237	96.160
20	.245	1.065	97.225
21	.236	1.028	98.253
22	.210	.915	99.168
23	.191	.832	100.000

Scree plot



*Exploratory factor analysis: rotated factor pattern*

	Component				
	1	2	3	4	5
MS-use 5	<b>.814</b>	.191	.090	.121	.112
MS-use 1	<b>.812</b>	.124	.124	.052	.046
MS-use 4	<b>.808</b>	.174	.033	.144	.192
MS-use 6	<b>.802</b>	.136	.106	.053	.046
MS-use 7	<b>.793</b>	.147	.218	.119	.067
MS-use 3	<b>.749</b>	.160	.256	.064	.038
MS-use 2	<b>.744</b>	.010	-.095	.088	.172
Attitude 5	.196	<b>.863</b>	.143	.047	.140
Attitude 4	.199	<b>.839</b>	.112	.011	.148
Attitude 2	.177	<b>.830</b>	.155	.063	.041
Attitude 1	.114	<b>.814</b>	.256	.131	.057
Attitude 3	.118	<b>.752</b>	.223	.252	-.042
PBC 4	.301	.120	<b>.683</b>	.110	.201
PBC 2	-.058	.202	<b>.675</b>	.236	-.294
PBC 3	.089	.226	<b>.624</b>	-.090	.224
PBC 1	.191	.088	<b>.616</b>	.311	.137
PBC 5	.070	.191	<b>.603</b>	.083	-.068
SN-Superiors 2	.100	.106	.108	<b>.797</b>	.110
SN-Superiors 3	.113	.053	.167	<b>.747</b>	.052
SN-Superiors 4	.218	.087	.136	<b>.686</b>	.442
SN-Superiors 1	.095	.242	.059	<b>.573</b>	-.425
SN-Colleagues 1	.326	.280	.064	.216	<b>.640</b>
SN-Colleagues 2	.423	.206	.156	.162	.602