UNIVERSITEIT GENT

**FACULTEIT ECONOMIE
EN BEDRIJFSKUNDE**

WORKING PAPER

Developing an effective mission statement for a health care organization: a step towards an evidence-based practice.

Dr. S. Desmidt[1]

Prof. Dr. A. Prinzie[2]

Prof. Dr. A. Heene[3]

March 2009

2009/565

[1] Corresponding author: Desmidt, S. is Assistant Professor at University College Ghent, Department of Applied Business and Public Administration, Belgium and post-doctoral researcher at Ghent University, Faculty of Economics and Business Administration, Department of Management, Innovation and Entrepreneurship, Belgium (e-mail: sebastian.desmidt@hogent.be).
[2] Prinzie, A. A. is Post-doctoral researcher at Manchester Business School, Marketing Group, The University of Manchester, United Kingdom and Visiting Professor at Ghent University, Faculty of Economics and Business Administration, Department of Marketing, Belgium.
[3] Heene, Aimé, Ph.D., Full Professor at Ghent University, Faculty of Economics and Business Administration, Department of Management, Innovation and Entrepreneurship, Belgium.

Background

Despite the omnipresence of mission statements, studies indicate that creating an effective mission statement is extremely difficult.

Purposes

Given the increasing pressure on health care administrators to develop an effective mission statement, this article sought to devise a state of the art of empirical mission statement research in order to develop a set of empirical based recommendations on how to successfully develop a mission statement within a health care organization.

Methodology/Approach

The applied review strategy is based upon the systematic literature review process for management research initialized by Tranfield, Denyer and Smart (2003). In total, 7 electronic databases were systematically scanned in order to identify all empirical articles addressing the concept of mission statements within a health care related setting.

Findings

The systematic literature review identified 21 suitable articles. Descriptive and thematic analysis of the identified articles resulted in a mission statement development template and recommendations for future research.

Practice Implications

The conducted literature analysis allowed us to distill 10 empirically grounded recommendations on how to successfully develop, formulate and implement a mission statement within a health care organization.

Introduction

In the last decennia mission statements have become one of the most popular management tools (Rigby & Barbara, 2007). However, despite the seemingly omnipresence of the concept, studies indicate that mission statements do not often appear to deliver the promised benefits (Piercy & Morgan, 1994). Moreover, in reality, creating an effective mission statement seems to be extremely difficult, if not downright frustrating for a lot managers, including health care managers (Bart & Tabone, 1999; Vandijck, Desmidt, & Buelens, 2007).

Given the increasing pressure on health care organizations to develop an effective mission statement (e.g. Flemish hospitals are since 2003 compelled by law to have a strategic plan containing a mission statement) on the one hand, and the difficulties encountered by health care administrators to do so on the other, this study consequently sought to devise a state of the art of empirical mission statement research in order to develop a set of empirical based recommendations on how to successfully develop a mission statement within a health care organization. More specific, this paper has the following four objectives: (1) to identify all empirical articles addressing the concept of mission statements within a health care related setting, (2) to provide a detailed analysis of the research focus and conclusions of the identified articles, (3) to provide recommendations for future research, and (4) to offer health care administrators evidence-based recommendations on how to formulate and deploy a mission statement.

Background

As a formal document that articulates an organization's distinct and enduring purpose, mission statements have become one of the most popular and widespread management tools (Rigby & Barbara, 2007). Some authors even state that mission statements appear to have evolved into a prerequisite of doing business (Smith, Heady, Carson & Carson, 2001). Others even proclaim

that mission statements are equally important for firms in a variety of strategic contents: large versus small, profit versus non-profit, simple versus complex (Morris, 1996).

The key to the popularity of mission statements most probably lies in a myriad of mutually reinforcing factors. At least three factors have contributed to the popularity of the concept. First, mission statements are a vital building block of numerous management concepts and models such as strategic planning (Larson, 1998), strategic management (Smith et al., 2001) and the Balanced Scorecard (Kaplan & Norton, 1996). Organizations intending to implement these management techniques will first have to tackle the challenge of developing a mission statement. Second, the virtues of having a well-articulated mission statement are extolled in almost every current management textbook thus contributing to the reputation and face credibility of the concept (Bart & Tabone, 1998). Third, there is a profusion of academic literature supporting the claim that mission statements can produce a host of organizational benefits and consequently contribute to the overall performance of an organization (Weiss & Piderit, 1999).

However, despite the profusion of the academic literature contributing to its' fame and popularity (e.g. a search for the keyword "mission statement" in the database Ebsco resulted in no less than 3,588 hits), some studies indicate that mission statements do not often appear to deliver the promised benefits (Piercy & Morgan, 1994). In reality, creating an effective mission statement seems to be extremely difficult, if not downright frustrating (Bart & Tabone, 1999). Bart (1997), for example, enquired the senior managers of 88 leading North American corporations and came to the conclusion that (a) only 8 % of the managers stated that they thought their current mission statement was fully clear or self-evident to the rest of the organization, (b) only 28 % claimed that they were making significant strides toward achieving their mission statement and, (c) most managers reported that the organizational understanding, commitment and support necessary for mission statement acceptance was less than

forthcoming. Furthermore, research by Vandijck et al. (2007) pointed out that Flemish non-profit healthcare managers feel that their mission statement has no significant positive influence on the day-to-day behavior of their organizational members nor that members throughout the organization are committed to the mission statement. These observations lead to the conclusion that despite the general popularity of the concept, a consistent theme running through the literature is an acknowledged wide spread failure in their implementation (Fairhurst & Jordan, 1997).

Problem Statement and Research Goals

According to various authors the inability to create an effective mission statement probably 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 & Tabone, 1999). Gibson, Newton and Cochran (1990), for example, argued in 1990 that the literature concerning hospital mission statement components was found to offer little empirical evidence for health care managers on how mission statements are best developed and which components are important. Unfortunately, more than fifteen years later, Smythe, Malloy, Hadjistavropoulos, Martin and Bardutz (2006, p. 94) made the same assessment by stating "that the systematic, empirical study of such [mission] statements is still relatively underdeveloped". This observation prompts the question if the field of mission statement research has indeed made so little progress in the last fifteen years and has as a result neglected to provide health care managers with empirically grounded guidance and recommendations. Consequently, the paper at hand sought to develop a state of the art of empirical mission statement research within the health care sector and to assess the validity of earlier remarks about the size and quality of the field. More specific, this paper aims has the following four objectives: (1) to identify all empirical articles addressing the concept of mission statements within a health care related

setting, (2) to provide a detailed analysis of the research focus and conclusions of the identified articles, (3) to provide recommendations for future research, and (4) to offer health care administrators evidence-based recommendations on how to effectively formulate and deploy a mission statement.

Research Method

The applied review strategy is based upon the systematic literature review process for management research initialized by Tranfield et al. (2003) and which was further elaborated in a special issue of the International Journal of Management Reviews (Denyer & Neely, 2004; Leseure, Bauer, Birdi, Neely & Denyer, 2004; Thorpe, Holt, MacPherson & Pittaway, 2005). In essence, a systematic review both maps and assesses the relevant literature and provides collective insights through the theoretical synthesis of a research field (Franco-Santos & Bourne, 2005). Systematic reviews differ from traditional narrative reviews by adopting a replicable, scientific and transparent process that aims to minimize bias through exhaustive literature searches (Tranfield et al., 2003). The overall process of the conducted review is summarized in Figure 1. The following two subsections discuss how the systematic review was operationalized in the study at hand.

INSERT FIGURE 1

Setting up the collection process and collecting the data

Phase 1, preparing the literature review. Prior to beginning the actual review, the review team initiated a scoping study to assess the size of the study and to delimit the subject area. Given the overwhelming body of literature, the main objective of the scoping study was to imbed a clear focus in the review. The first hurdle was to delimit the scope of the concept "mission statement". Not an easy task. Terms such as mission statement, business mission, statement of purpose, vision statement and value statement are often used to underpin overlapping,

interchangeable and even distinct concepts (Schwartz, 2001). We decided to circumvent these semantic pitfalls by focussing only on articles which use explicitly the term "mission statement" to indicate a formal document that articulates an organization's distinct and enduring purpose which should answer some really fundamental questions about an organization, such as, "Why do we exist?", "What is our purpose?", and "What do we want to achieve?" (Bart & Tabone, 1998). Second, given the focus of the article, we decided to select only articles discussing, based on original empirical research, the concept of mission statements or it's relevance within the healthcare industry. Consequently, the term "mission statement" acted as the central key word and was used to develop five different search strings, namely the keyword mission statement in combination with (1) hospital, (2) health care, (3) healthcare, (4) medical, or (5) health. The next step was to determine the appropriate citation indexes. Based on comparable studies (Leseure et al., 2004; Pittaway, Robertson, Munir, Denyer & Neely, 2004) and the specificities of the research question, seven computerized bibliographical databases (Web of Science, Ebsco, Elsevier Science Direct, Health Business Fulltext, Elite, Medscape, Medline and Pudmed) were included in the research design. Finally, to round up the scoping study, all research decisions were captured in a formal review protocol. The devised protocol was followed meticulously during the entire data collection process.

The second phase of the conducted systematic literature review process, i.e. the actual data collection process, consisted of four distinct stages. In the first stage the search strings were entered into the selected electronic databases. In total, the initial search yielded 874 citations (5 search strings * 7 databases, conducted in June 2008). In stage two, the identified citations were copied into the bibliographic software Endnote. The created data file formed the basis for a more thorough title and abstract analysis in order to filter out irrelevant or duplicate citations (Thorpe et al., 2005). Stage two allowed us to decimate the sample collected in stage one. An overwhelming proportion of the initial sample namely consisted of (a) articles that mention the

concept "mission statement" but do not discuss, analyze or research it (e.g. articles about strategic planning or the Balanced Scorecard) and/or (b) are published in a non-relevant format or source (e.g. book reviews, opinions, editorials, cover stories). As a matter of fact, of the hundreds of articles reviewed only 111 citations complied with the prespecified criteria. Next, in stage three, the abstracts of the remaining 111 articles were carefully screened in order to determine whether the article reported any original empirical findings. Each reviewed article was assigned a specific code. Code "A" articles report empirical findings. Code "B" articles report empirical findings but were not deemed in accordance with the prespecified selection criteria. For example, one article (McDonald, 2007) defined an organizational mission as a shared and motivating value system, and measured if all employees have a shared and motivating value system. This article thus focused on the pervasiveness of the value system within the organization and not on the role of its formal mission statement. Code "C" articles have no empirical basis and were as a consequence omitted. The "A"-sample contained 21 articles, the "B"-sample 8 articles and the "C"-sample 82 articles. In the fourth and last stage of the data collection process a snowball technique was applied which acted as a comprehensiveness control measure. More specific, the references of the 21 "A"-sample articles were analyzed in order to ascertain that the first three steps of the selection process had identified all relevant empirical articles. Stage four of the selection process did not reveal any additional empirical articles.

Data extraction process

After identifying the relevant empirical articles each of them was analyzed in depth. To reduce human error and bias, a standardized code sheet was developed to analyze the focus of the identified articles (see Table 1 for details).

INSERT TABLE 1

After completion of the code sheet, the first and the second author coded the selected articles independently. The inter-rater reliability between the two authors was 98.3%. Earlier research indicated that an inter-rater reliability of more than 95% is considered satisfactory for content analysis and categorization (Aulakh & Kotabe, 1993).

Research Findings

General overview of analyzed articles

Despite the popularity of the mission statement concept within health care organizations and the health care management literature in general, the conducted systematic literature review indicates that empirical research on the subject is rather scarce. Only 21 studies empirically discuss the mission statement concept within a health care setting. However, the fact that almost half of the detected studies were published between 2004 and 2007 seems to indicate that the academic attention for mission statements is by no means dwindling and that the available body of research is growing.

INSERT TABLE 2

A closer examination revealed that the identified articles are published in no less than 15 different academic journals. Frontrunner in the publication of empirical mission statement research within health care settings is Health Care Management Review. This journal accounts for no less than one-third of the published empirical articles on the subject.

Descriptive analysis of the analyzed articles

Table 2 already indicated that the conducted systematic literature review identified 21 studies which discuss empirically the characteristics of mission statements within a health care related setting. The question now arises (a) which kind of healthcare organizations have been investigated, (b) how the data was collected, and (c) what the level of analysis was. These questions are important as the adequacy of sampling and data collection procedures are an

indication of the possibility to generalize relationships from the sample to its population (Scheaffer, Mendenhall, & Ott, 1996).

First of all, which organizations were sampled? The study results indicate that all kinds of health care organizations have been the subject of investigation (e.g. hospitals, members of the American Hospital Association, nursing homes and medical schools) but that general hospitals dominate the sample. Furthermore, in the majority of the cases the selected organizations are non-profit while research focusing on for-profit healthcare organizations is rare. As to the geographic dispersion of the studied samples, one observes a prevalence of samples located in North-America. No less than two-thirds of the studies were conducted in a North American setting.

Second, how was the data collected? The conducted literature analysis indicates that the primary data collection instrument is the survey method. Bart & Tabone (1998), for example, mailed the top managers of all English speaking Canadian hospitals listed in the "Guide to Canadian Healthcare facilities 1995-1996", while Butcher (1994) questioned a sample of health care workers in a medium-sized academic medical center. Although survey instruments dominate the research field, the high amount of archival research leaps to the eye. In most cases the researchers use the World Wide Web to develop an archive. Lewkonia (2001), for example, obtained the mission statements of the American Medical Association specialty academies by analyzing their websites, while Bolon (2005) scanned hospital's Web sites based on the addresses listed in the American Hospital Association's guide.

Third, was the data collected at the individual or organizational level? The conducted literature analysis pointed out that in 72 % of the cases the data was collected at the organizational level of analysis. Considering the wide spread use of Web sites and annual reports, this observation does not come as a surprise. However, most survey studies are as well characterized by an organizational focus. Further analysis revealed that the majority of the articles employing a

survey technique use a mono-method single-informant approach to measure organizational characteristics. The mono-method single-informant approach is based on the assumption that key informants are true representatives of the organization and that their responses can be used as valid representations or indicators of the organizational properties of interest (Phillips, 1981). In almost all articles the single informant is positioned at the top of the organizational hierarchy. This observation can probably be explained by the fact that key informants in organizational research are usually chosen because of their formal positions in the organization, familiarity with the organization and (presumed) knowledge of the mission statement (Gupta, Shaw & Delery, 2000).

These three observations lead to the conclusion that empirical mission statement research within a health care setting is highly likely (a) to focus on North American non-profit general hospitals and (b) to collect data at the organizational level of analysis by surveying top managers or by compiling mission statement databases based on Web searches.

Thematic analysis of the analyzed articles

When looking at the focus of mission statement research, Table 2 demonstrates that mission statement research has primarily focused on the content of mission statements in detriment of attention for (a) the mission statement development process and, (b) the (perceived) benefits of mission statements. No less than 62 % of the identified studies analyze the content and/or linguistic characteristics of mission statements while only 24 % examined an aspect of the mission statement development process. More specific, only two studies examined, respectively, (a) the drivers for mission statement development, (b) the level of mission statement-organizational alignment, and (c) the characteristics of the mission statement development process. Moreover, despite the claim that the effectiveness of mission statements is contingent upon the extent to which they are communicated effectively (Williams, Smythe, Hadjistavropoulos, Malloy, & Martin, 2005), just one study examined the characteristics of the

mission statement communication process. With respect to the effectiveness and/or performance of mission statements 29 % of the studies measured the satisfaction with and/or commitment to the mission statements, 33 % measured the (perceived) benefits of the mission statement, and 29 % measured organizational members' mission statement perceptions and/or knowledge.

However, much more interesting is the question which mission statement (development process) characteristics contribute to the effectiveness of mission statements. Table 3 illustrates that only six of the identified studies (29 %) try to determine which factors contribute to the effectiveness of mission statements within a health care setting and consequently examine the relationships between mission statement (development process) characteristics and specific performance indicators.

INSERT TABLE 3

Academic Implications

Various others have argued that (a) the academic literature has provided little practical guidance on how health care administrators should formulate and deploy mission statements (Bart & Tabone, 1999; Gibson et al., 1990), and (b) the systematic, empirical study of such statements is still relatively underdeveloped (Smythe, Malloy, Hadjistavropoulos, Martin & Bardutz, 2006). The study findings indicate that given (a) the popularity of the concept within the health care sector and (b) the total number of publications discussing the concept, empirical research on the subject is indeed rather scarce. However, the fact that almost half of the detected studies were published between 2004 and 2007 indicates that the body of knowledge is growing and that the field is making significant progress.

With regard to the focus and content of empirical mission statement research within the sector, the findings indicate that the majority of the studies focuses on North American non-profit

general hospitals. Future research should consequently focus on strengthening the external validity of the existing research body by examining different health care organizations in different geographical settings. Including more for-profit health care organizations in the research settings could also be beneficial. Research by Bolon (2005), for example, indicated that they are few differences in content between the mission statement of for-profit and not-for-profit hospitals but further research is warranted.

Furthermore, the findings indicate that only a minority of the studies examined the relationship between mission statements and performance. Besides the seminal work of Bart and Tabone (1998, 1999, 2000), only a handful of researchers (e.g. Butcher, 1994) have tried to determine which factors contribute to the effectiveness of mission statements. Future research should build upon the recommendations of these authors. By following in their footsteps the literature will be able to develop a better understanding of the factors which drive mission statement success and hopefully generate an integrated body of evidence-based recommendations on how to effectively formulate and deploy a mission statement within a health care setting. In addition, future research should also try to complement the existing studies by adapting different methodological perspectives. The study findings indicate that the majority of the data is collected at the organizational level using a top management member as the single informant. Although the contacted informants will have a high level of familiarity with the organization and its mission statement (development process) (Gupta et al., 2000), the information obtained from such key informants can be tainted by informant bias and random error (Kumar, Stern, & Anderson, 1993) while the risk of only registering the "manager's eye view" increases (Smythe et al., 2006). Examining the factors which influence mission statement success, knowledge and/or commitment based upon the perceptions of different internal and external stakeholder groups could help generate a more detailed and complete picture.

Practical Implications

Despite the claim that the academic literature offers little practical guidance on how to formulate and implement a mission statement (Bart & Tabone, 1999), the conducted systematic literature analysis allows us to help fill this gap. By identifying the empirical studies focusing on the factors which contribute to the effectiveness of mission statements within a health care setting, it was possible to set the first step towards the development of an evidence-based practice for health care managers. The following paragraphs discuss our findings.

Developing a mission statement

The formulation or reformulation process of a mission statement should start with a careful deliberation of its organizational function. Worded differently: Why do you want to write a mission statement? Study results indicate that not all mission statement drivers or rationales are positively correlated with the selected performance indicators. Only five (out of ten) rationales seem to lead to success. These rationales (ranked) are: (a) to motivate/inspire hospital members, (b) to promote shared values, (c) to provide a common direction, (d) to guide resource allocation, and (e) to include the interest of key external stakeholders (Bart & Tabone, 1998). The rationales "enabling the CEO to assert control" and "refocus during a crisis", on the other hand, did not correlate with the outcome measures to any great extent. Identifying and elucidating the purpose of the mission statement is thus an essential first step as it will set the outlines for the rest of the development and formulation process. Research by Bart & Tabone (1999), for example, indicated that health managers need to consider the "goal" of their mission statement (e.g. influence behaviour or provide inspiration) since not all mission components were found to influence all performance measures uniformly. Consequently, health care managers should strive for congruence between the behind the mission statement intention and it's specific wording and content (Smythe et al., 2006).

Once the mission statement rationales are clearly defined, the actual mission statement drafting process can begin. Empirical research within the health care sector indicates that such a process is more likely to be successful and satisfying if it has the following three characteristics (Bart & Tabone, 2000):

- The development process style should not be a top-down process but a joint organizational effort in order to resolve disagreements and to craft a unique and enduring mission statement. Especially the involvement of senior managers, middle managers, non managers and customers (patients) in the creation process was seen to have a significantly positive relationship with performance. The study results furthermore indicate that higher levels of participation by almost all stakeholders contribute to better performance outcomes.

- The development process should not be rigid and formal. The mission architects should be allowed to take whatever steps are judged to be necessary to arrive at a suitable mission.

- An effective mission statement is distinguished by creativity. It seems to be far more beneficial for a hospital's mission leadership team to follow an original (or homemade) process rather than one simply taken from a text book and forced on the organization.

The content of the mission statement

Health care managers should carefully select their mission statement components as the research findings demonstrate that certain components are more important than others. Some components appear to have little or no association with performance outcomes (i.e. "specific financial outcomes" and "non-financial objectives") while others exhibited a significant positive correlation with all of the selected outcome measures (i.e. "distinctive competence/strength", "specific customers (patients) served", "unique identity", and "concern or satisfying customers/patients") (Bart & Tabone, 1999). Additionally, the research findings

indicate that some components (i.e. "competitive strategy", "desired competitive position", and "concern for shareholders") which appear to matter are not always the most popular (Bart & Tabone, 1999). Moreover, although empirical results demonstrate that hospital executives believe that their mission statement has a positive impact on performance when they include the content addressed by (a) the grand inspiration (purpose and values), (b) benefactors (general concern for the organization's stakeholders), (c) competitive orientation (distinctive competences, position and strategy of the organization) and (d) business definition factor (description of the core services and identity of the organization) (Bart & Hupfer, 2004) most health care mission statements focus predominantly on describing rather succinct (a) the purpose, (b) the general goal of the organization, and (c) which services/ products the organization offers to which customers (patients) (Bart & Tabone, 1999; Gibson et al., 1990; Williams et al., 2005). Furthermore, it is not only important to pay attention to the selection of the mission statement components but also to how these components are written. Study results indicate that a higher level of satisfaction with how specific mission statement components are worded leads to higher positive correlations with the selected performance indicators (Bart & Tabone, 1999). In addition, more "traditional" or unclear phrasing could also give the impression that the component is simply thrown in out of convention rather than attempting to truly articulate the importance of certain stakeholders or goals (Bart & Tabone, 1999). Smythe et al. (2006) consequently suggest avoiding the use of passive constructions, relational process verbs and nominalization as these linguistic structures conceal or de-emphasize the agent of action (e.g. "Health care is provided to patients" versus "We provide health care to patients").

Implementing the mission statement

If you think that drafting the mission statement was a difficult exercise, you are in for a treat: communicating the mission statement effectively is even harder. Empirical findings indicate that hospital managers primarily communicate the mission statement to their internal

stakeholders and their board but that they should place greater emphasis in disseminating their mission to customers (patients) and shareholders (i.e. in most cases the government) (Bart & Tabone, 2000). The same study furthermore indicates that (a) some communication instruments have more wide-range influence than others ("word of mouth" and "poster/plaques", in particular, correlate strongly with all of the selected performance outcomes while publishing the mission statement in the annual report seemed to have no effect), and (b) there is a positive relationship between the total number of communication channels used and the six performance measures. Diversity and creativity thus seem to pay off.

Besides mere communicating the mission statement, it is of vital importance to make the mission statement tangible and visible by aligning the organization with the mission statement components. Study results provide overwhelming support for the importance of aligning virtually every organizational dimension (e.g. organizational structure, types of rewards, objectives and targets, and job descriptions) with the mission statement (Bart & Tabone, 2000). Aligning organizational components with the mission statement will also avoid that the mission statements becomes a "paper tiger" with limited practical relevance.

INSERT TABLE 4

Conclusion and limitations

The paper at hand provides a detailed overview of the empirical research on mission statements within health care related organizations. Based on the conducted systematic literature review we were able (a) to distinguish pathways for future research and (b) to develop a template of empirically grounded recommendations for successful mission statement development within a health care organization. However, with regard to the generalizability of these recommendations we have to acknowledge that the employed research design focused only on published articles. Non-published papers, conference papers or PhD dissertations for example

were not analyzed. For future research it would be advisable to expand the scope of the literature review. Especially the findings of non-published PhD dissertations could provide insights in the latest research developments within the field, and help circumvent publication bias. Furthermore, the data collection process was carried out in June 2008. Given the sometimes long period between the submission date of an article and its actual publication date, literature reviews based on published material always display a "time lag". Recent research is consequently not detected by such a method. Hence, these results should always be used in association with a specific timeframe and not extrapolated to other timeframes. Although this analysis provides a valuable overview of the characteristics of empirical mission statement research and evidence-based practices in a given timeframe, recent evolutions within the field may have already caught up with the formulated remarks and suggestions.

References

Arnetz, B. (1997). Physicians' view of their work environment and organisation. *Psychotherapy and Psychosomatics, 66*(3), 155-162.

Aulakh, P., Kotabe, M. (1993). An assessment of the theoretical and methodological development in international marketing: 1980 -1990. *Journal of International Marketing, 1*(2), 5-28.

Bart, C. K, Tabone, J. (1998). Mission Statement Rationales and Organizational Alignment in the Not-for-Profit Health Care Sector. *Health Care Management Review, 23*(4), 54-69.

Bart, C. K. (1997). Sex, lies, and mission statements. *Business Horizons, 40*(6), 9-18.

Bart, C. K., & Hupfer, M. (2004). Mission statements in Canadian Hospitals. *Journal of Health Organization Management, 18*(2/3), 92-110.

Bart, C. K., & Tabone, J. (1998). Mission statement rationales and organizational alignment in the not-for-profit health care sector. *Health Care Management Review, 23*(4), 54-69.

Bart, C. K., & Tabone, J. (1999). Mission statement content and hospital performance in the Canadian not-for-profit health care sector. *Health Care Management Review, 24*(3), 18-29.

Bart, C. K., & Tabone, J. (2000). Mission statements in Canadian not-for-profit hospitals: Does process matter? *Health Care Management Review, 25*(2), 45.

Bolon, D. (2005). Comparing Mission Statement Content in For-Profit and Not-For-Profit Hospitals: Does Mission Really Matter? *Hospital Topics, 83*(4), 2-9.

Butcher, A. (1994). Supervisors matter more than you think: Components of a misson-centered organizational climate. *Hospital and Health services administration, 39*(4), 505-520.

Denyer, D., Neely, A. (2004). Introduction to special issue: Innovation and productivity performance in the UK. *International Journal of Management Reviews, 5/6*(3/4), 131-135.

Duncan, W., & Ginter, P. (1994). A sense of direction in public organizations. *Administration & Society, 26*(1), 11.

Fairhurst, G., & Jordan, J. (1997). Why are we here? Managing the meaning of an organizational mission statement. *Journal of Applied Communication Research, 25*(4), 243-264.

Forbes, D., & Seena, S. (2006). The value of a mission statement in an association of not-for-profit hospitals. *International Journal of Health Care Quality Assurance, 19*(4/5), 409-419.

Forehand, A. (2000). Mission and organizational performance in the healthcare industry. *Journal of Healthcare Management, 45*(4), 267-277.

Franco-Santos, M., Bourne, M. (2005). An examination of the literature relating to issues affecting how companies manage through measures. *Production Planning & Control, 16*(2), 114-124.

Gibson, C., Newton, D., & Cochran, D. (1990). An empirical investigation of the nature of hospital mission statements. *Health Care Management Review, 15*(3), 35-45.

Gupta, N., Shaw, J., & Delery, J. (2000). Correlates of response outcomes among organizational key informants. *Organiztional Research Methods, 3*(4), 323-347.

Kalis, A., van Delden, J., & Schermer, M. (2004). "The good life" for demented persons living in nursing homes. *International Psychogeriatrics, 16*(4), 429-439.

Kaplan, R., & Norton, D. (1996). Using the Balanced Scorecard as a Strategic Management System. *Harvard Business Review, 74*(1), 75-85.

Kumar, N., Stern, L., & Anderson, J. (1993). Conducting interorganizational research using key informants. *Academy of Management Journal, 36*(6), 1633-1651.

Larson, P. (1998). Strategic planning and the mission statement. *Montana Business Quarterly, 36*(3), 22-24.

Leseure, M., Bauer, J., Birdi, K., Neely, A., Denyer, D. (2004). Adoption of promising practices: a systematic review of the evidence. *International Journal of Management Reviews, 5/6*(3/4), 169-190.

Lewkonia, R. (2001). The missions of medical schools: the pursuit of health in the service of society. *BMC Medical Education, 1*(4).

Leitch, K., & Walker, P. (2000). Surgeon compensation and motivation. *Archives of Surgery, 135*(6), 708-712.

Lipsky, M., & Sharp, L. (2006). Exploring the mission of primary care. *Family Medicine, 38*(2), 121-125.

McDonald, R. (2007). An investigation of innovation in nonprofit organizations: The role of organizational mission. *Nonprofit and Voluntary Sector Quarterly, 36*, 256-281.

Morris, R. (1996). Developing a mission for a diversified company. *Long Range Planning, 29*(1), 103-115.

O'Conner, M. (2005). Mission statements: an example of exclusive language in palliative care? *International Journal of Palliative Nursing, 11*(4), 190-195.

Phillips, L. (1981). Assessing Measurement Error in Key Informant Reports: A Methodological Note on Organizational Analysis in Marketing. *Journal of Marketing Research, 18*(4), 395-415.

Piercy, N., & Morgan, N. (1994). Mission Analysis: An Operational Approach. *Journal of General Management, 19*(3), 1-19.

Pittaway, L., Robertson, M., Munir, K., Denyer, D., Neely, A. (2004). Networking and innovation: a systematic review of the evidence. *International Journal of Management Reviews, 5/6*(3/4), 137-168.

Richman, J., & Wright, P. (1994). Mission impossible or paradise regained? *Personnel Review, 23*(3), 61-67.

Rigby, D., & Barbara, B. (2007). Bain's global 2007 management tools and trends survey. *Strategy & Leadership, 35*(5), 9-16.

Scheaffer, R., Mendenhall, W., & Ott, R. (1996). Elementary survey sampling (Fifth ed.). New York: Duxbury Press.

Schwartz, M. (2001). The Nature of the Relationship between Corporate Codes of Ethics and Behaviour. *Journal of Business Ethics, 32*(3), 247-262.

Smith, M., Heady, R., Carson, P., Carson, K. (2001). Do missions accomplish their missions? An exploratory analysis of mission statement content and organizational longevity. *The Journal of Applied Management and Entrepreneurship, 6*(1), 75-96.

Smythe, W., Malloy, D., Hadjistavropoulos, T., Martin, R., Bardutz, H. (2006). An analysis of the ethical and linguistic content of hospital mission statements. *Health Care Management Review, 31*(2), 92-98.

Thorpe, R., Holt, R., Macpherson, A., Pittaway, L. (2005). Using knowledge within small and medium-sized firms: A systematic review of the evidence. *International Journal of Management Reviews, 7*(4), 257-281.

Tranfield, D., Denyer, D., Smart, P. (2003). Towards a methodology for developing evidence-informed management knowledge by means of systematic review. *British Journal of Management, 14*(3), 207-222.

Vandijck, D., Desmidt, S., & Buelens, M. (2007). Relevance of mission statements in Flemish not-for-profit healthcare organizations. *Journal of Nursing Studies, 15*(2), 131-141.

Weiss, J., & Piderit, S. (1999). The Value of Mission Statements in Public Agencies. *Journal of Public Administration Research & Theory, 9*(2), 193-223.

Williams, J., Smythe, W., Hadjistavropoulos, T., Malloy, D., & Martin, R. (2005). A Study of Thematic Content in Hospital Mission Statements: A Question of Values. *Health Care Management Review, 30*(4), 304-314.

Figure 1: The systematic review process (based on Thorpe et al. (2005))

I PREPARING THE REVIEW

Defining the objectives → Preparing the proposal → Developing the protocol

II CONDUCTING THE REVIEW

Selection of studies

Stage 1	Stage 2	Stage 3	Stage 4
Activity Citation searches in citation databases	**Activity** Exclusion analysis conducted in Endnote and identifying duplicates	**Activity** Relevance criterion used to separate into three selections	**Activity** Control stage: review of bibliographies of articles identified in stage 3
Key Results Databases (7) Key words used (6) Number searches (35) Citations found (874) Citations used (874)	**Key Results** Duplicates (344) Anon authors (38) Exclusion (381) Citations used (111)	**Key Results** Empirical (21) Emp. but unusable (8) Non empirical (82) Citations used (21)	**Key Results** Additional identified articles (0) Citations used (21)

Data extraction and data synthesis by means of a standardized code sheet

III REPORTING THE REVIEW

Descriptive reporting of citations → Thematic reporting/analysis of journal articles
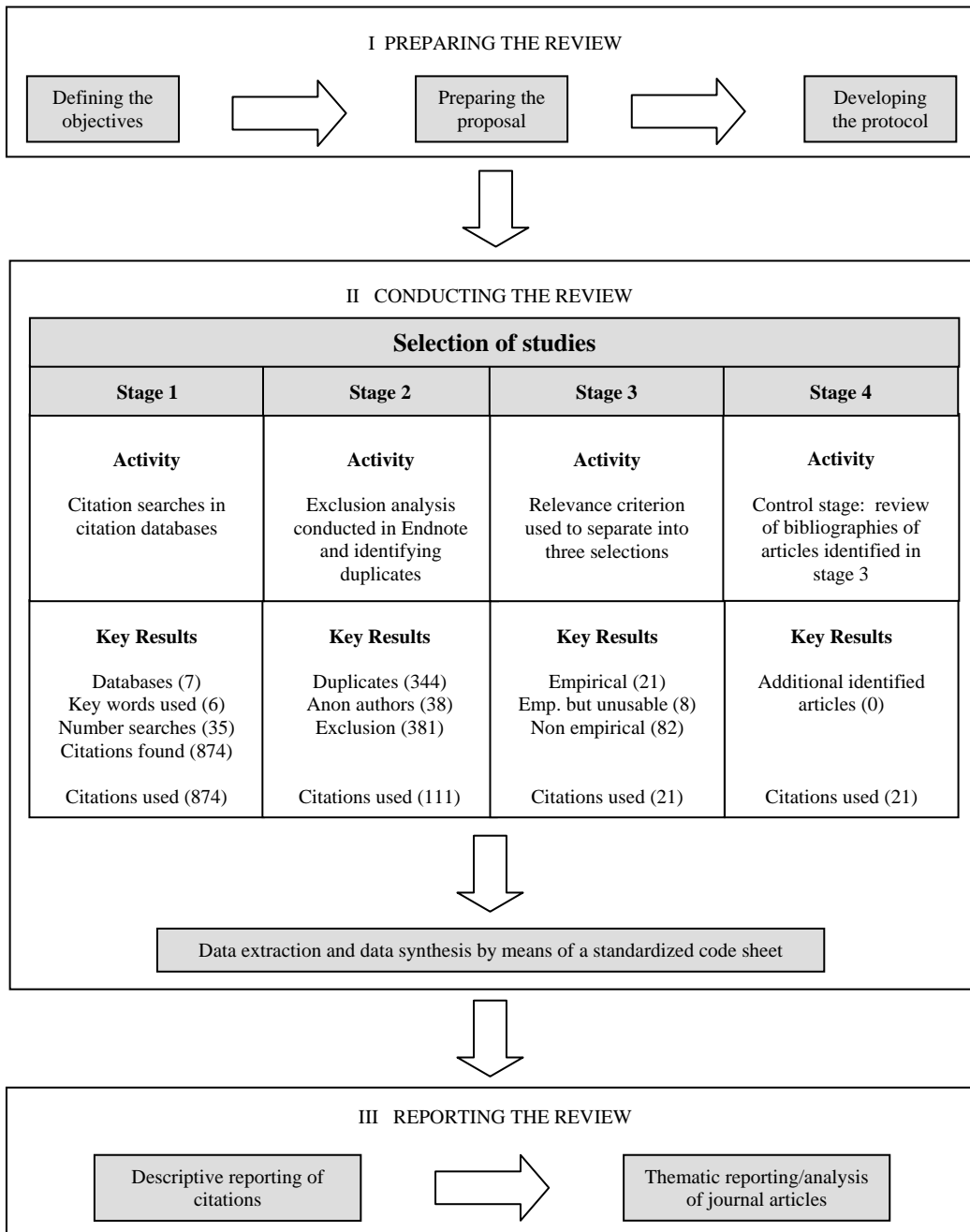
Table 1: Focus of the data extraction process

1. **Who is researched (i.e. the characteristics of the sample under investigation)?**

    1.1. Population

    1.2. Sample size

    1.3. Data collection method

        1.3.1. Archival
        1.3.2. Survey

    1.4. Level of analysis

        1.4.1. Organizational
        1.4.2. Individual

2. **What is researched (i.e. the focus of empirical research within the health care sector)?**

    2.1. The mission statement development process

        2.1.1. The drivers for mission statement development
        2.1.2. The level of mission statement-organizational alignment
        2.1.3. The characteristics of the mission statement development process
        2.1.4. The characteristics of the mission statement communication process

    2.2. The mission statement an sich

        2.2.1. The content of the mission statement
        2.2.2. The linguistic characteristics of the mission statement

    2.3. The performance or impact of mission statements

        2.3.1. Satisfaction with / commitment to the mission statement
        2.3.2. The perceived mission statement benefits
        2.3.3. Mission statement perceptions / knowledge

Table 2: Descriptive and thematic analysis of the identified articles

Study	Study population	Size	Data collection		Level of analysis		Focus of MS research								
							MS development				MS		MS perform.		
			1	2	1	2	A	B	C	D	E	F	G	H	I
Arnetz, 1997	Physicians of a Swedish hospital	356		X		X									X
Bart, 1998	Canadian non-profit hospitals	103		X	X		X	X					X	X	
Bart, 1999	Canadian non-profit hospitals	103		X	X						X		X	X	
Bart, 2000	Canadian non-profit hospitals	103		X	X				X	X			X	X	
Bart, 2004	Canadian non-profit hospitals	130		X	X						X		X	X	
Bolon, 2005	U.S. profit and non-profit hosp.	52	X		X						X				
Butcher, 1994	U.S non-profit hospital	318		X		X									X
Desmidt, 2007	Flemish non-profit hospital	102		X		X									X
Duncan, 1994	U.S. state dep. of public health	42	X		X						X				
Forbes, 2006	Indian non-profit hospital	149		X		X	X						X		X
Forehand, 2000	U.S. profit and non-profit hosp.	18	X		X						X				
Gibson, 1990	Members of the Am. Hosp. Ass.	176		X	X				X		X			X	
Kalis, 2004	Dutch nurs. homes for demented patients	193		X	X						X				
Leitch, 2000	Canadian non-profit hospitals	53		X		X		X							X
Lewkonia, 2001	Anglo-Saxon medical schools	NA	X		X						X	X			
Lipsky, 2006	U.S primary care prof. organizations	4	X		X						X				
O'Connor, 2005	Australian pall. care serv.	38	X		X						X				
Richman, 1994	U.S nurses attending a course	87		X		X								X	X
Smythe, 2006	Can. profit and non-profit hosp.	25	X		X						X	X			
Vandijck, 2007	Flemish non-profit hospitals	73		X	X						X		X	X	
Williams, 2005	Can. profit and non-profit hosp.	25	X		X						X	X			
TOTAL			8	13	15	6	2	2	2	1	13	3	6	7	6

Data collection: 1 = Archival, 2 = Survey

Level of analysis: 1 = Organizational, 2 = Individual

Focus of MS research: A = Drivers/Rationales, B = MS/Alignment, C = Characteristics of MS development process, D = Characteristics of communication process, E = MS content, F = MS linguistic characteristics, G = Satisfaction with/commitment to MS, H = (Perceived) MS benefits, I = MS perceptions / knowledge.

Table 3: Relations between mission statement characteristics and performance indicators

			Indicators of MS performance		
			Satisfaction with/commit-ment to MS	(Perceived) MS benefits	MS Perceptions /knowledge
			G	H	I
Focus of MS research	MS drivers / rationales	A	(Bart, 1998)	(Bart, 1998)	-
	MS/ Alignment	B	(Bart, 1998)	(Bart, 1998)	(Butcher, 1994);
	Characteristics of MS development	C	(Bart, 2000); (Forbes, 2006)	(Bart, 2000)	(Forbes, 2006)
	Characteristics of comm. process	D	(Bart, 2000)	(Bart, 2000)	-
	MS content	E	(Bart, 1999), (Bart, 2004)	(Bart, 1999), (Bart, 2004)	-
	MS linguistic characteristics	F	-	-	-

Table 4: Empirically based recommendations for successfully developing a mission statement

Developing your mission statement:

1. Contemplate what you want to achieve with your mission statement (Bart, 1998);
2. Do not only involve specific stakeholder groups in the development process but stimulate high levels of participation (Bart, 2000);
3. The development process should not be top-down but a joint effort (Bart, 2000);
4. Be creative. Rigid and formal processes proved to be less effective (Bart, 2000).

Formulating your mission statement:

5. Articulate your distinctive competence/strengths, unique identity, the specific customers (patients) served and how you satisfy them. Do not include specific financial outcomes and nonfinancial objectives (Bart, 1999);
6. Draft and redraft until you are satisfied with how the various mission statement components are written and what they express (Bart, 1999);
7. Avoid passive constructions, relational process verbs and nominalization as such linguistic structures make a mission statement impersonal (Smythe, 2006).

Implementing your mission statement:

8. Try to align virtually every organizational dimension or structure with your mission statement (Bart, 1998);
9. Communicate your mission statement with perseverance to your internal stakeholders but do not forget important external stakeholders such as your customers (patients) and shareholders (often the government) (Bart, 2000);
10. The more the merrier. Use various methods to communicate the mission statement. Especially (a) the use of posters/plaques, and (b) stimulating word of mouth have proven to be effective (Bart, 2000).