Blessed Be the Ties That Bind: A Critical Analysis of the Changing Language in the Organizational Mission Statement as a Form of Downward Communication

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BLESSED BE THE TIES THAT BIND: A CRITICAL ANALYSIS OF THE CHANGING LANGUAGE IN THE ORGANIZATIONAL MISSION STATEMENT AS A FORM OF DOWNWARD COMMUNICATION

by

Jacqueline A. De Haan

A Thesis
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Master of Arts
Department of Communication

Western Michigan University
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In this study, the differences in language between an historical and new organizational mission statement were examined. The critical interpretive perspective was utilized; grounded theory was the method used to analyze changes in values and organizational identity.

The findings from this study indicated that the changed mission statement was different from the historical mission statement in three ways: in values and identity, in structure, and in use of voice. The findings were discussed and implications for organizational members considered.
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Appreciation is due Western Michigan University for its financial support. Appreciation is also due both family and friends who patiently allowed me the time and space in which to complete this project.

A special thanks is due my co-workers in the Emergency Department. Without their help, support, and editing during various stages of the project, completion of this study would not have been possible.

Blessed Be The Ties That Bind is dedicated to my friend, Jill. "The two things we thought would protect us, didn't. God and the union."

Jacqueline A. De Haan
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Western Michigan University, 1990
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CHAPTER I

THE STATEMENT OF THE PROBLEM

Historical Background of Problem

The front page headline in the hospital newsletter announced employees' input would be sought on the creation of a new mission. In the story that followed, hospital leaders detailed plans to provide employees with "a very special opportunity" to give their thoughts on the new mission statement that had been formulated by directors and administrators. By way of explanation, employees were told that "the current Mission Statement was written during a time when it seemed there were no real limits to what we could do....Now we know we can't do everything, so we have to adapt."

For employees, the announcement of a new mission statement came at a particularly difficult time in the organization's history. The hospital was in the midst of a major renovation initiated during the tenure of one of the hospital's most beloved Presidents. Both her tenure and her retirement had elicited a generous response from employees: they had contributed money not only for the renovation, but also for the large cross which now sat atop
one of the new wings of this Catholic hospital.

A new President had recently been installed to fill the vacated CEO post. Hired from outside the organization, the new CEO was rumored to have been hired to "do a job." What that "job" entailed was unknown; however, there had been several unprecedented administrative decisions made at this Catholic institution since the CEO's arrival, including employee lay-offs (through "position attritions") and consideration of a consolidation with an historic competitor, a non-Catholic hospital. Reasons given by the administration for these decisions were based on the changing realities in the health care field. The announcement of a new mission statement soon followed. A rewritten organizational mission statement was introduced to hospital employees several months later. Because all organizational members had received inservicing on the mission statement, employees had knowledge of the document and its contents. Additionally, some employees had written sections contained in the mission statement document, adding to their knowledge of its contents.

Employees were not included in the meetings held by administration in which the intent to change the mission statement was discussed, and consequently administrative motives cannot be known. The justification employees received about the change came to them through the hospital newsletter and symposia that were scheduled to answer em-

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ployee questions. What can be known and studied, however, are the actual changes between the old and the new mission statements.

Statement of the Questions

As an employee, the researcher had access to both the historic mission statement, The Good News at Borgess Medical Center, and the new mission statement, Blueprint For a Second Century of Commitment, as well as copies of the hospital newsletters announcing the change. This study is based on the premise that the language differences between the historical mission statement (MS1) and the new mission statement (MS2) represent a changing view of the organization by its leaders, and for the employees, a different set of values with which to define organizational life. Research questions based on this premise are as follows:

RQ1: What differences in language will be uncovered by comparing MS1 and MS2?

RQ2: Will the differences indicate a change in organizational values and identity?

In the remainder of this chapter, the following issues will be discussed: the function of a mission statement as downward communication, the importance of the mission statement to organizational members, the chosen methodology as it relates to the mission statement, and the significance of the study.
The Mission Statement as Downward Communication

The mission statement is a form of formal downward communication in organizations. It involves messages usually originated by the upper levels of the organizational hierarchy that are transmitted to the lower levels.

Katz and Kahn (1978) list five types of downward communication: (1) job instructions, (2) job rationales, (3) procedures and practices information, (4) feedback to subordinates, and (5) indoctrination of organizational ideology. It is the fifth type of message which scholars usually cite as the chief purpose of a mission statement (Pearce, 1982). It is also the focus of this study.

A mission statement is a primary source for organizational ideology. It is a document which articulates the organization's identity and beliefs. Ideology is the belief system to which a group adheres. Through the viewpoint of a particular ideology, groups choose how to relate to other groups and decide who will be their adversaries. It is the common base upon which employees distinguish themselves from other groups; the stronger the shared ideology of a group, the more likely it is that the group will act as a unit (Putnam & Poole, 1987).

The Importance of the Mission Statement

Employee identification with organizational ideology is a primary concern of management. As Cheney (1983)
points out in his study of organizational identification, "While we probably cannot know that such messages significantly affect employee attitudes, another conclusion is clear: business believes that they do (or at least that a cost-benefit analysis deems such effort acceptable)" (p. 156). Consequently, management invests both time and money in advocating the organizational ideology. Elaborate mission statements are often conceived, products not only of management but also of public relations specialists.

Traditionally, organizational mission statements have been addressed by theorists largely from two perspectives: definition of business (Drucker, 1973) and source of culture (Schein, 1985). From the business perspective, the corporate mission statement has typically been viewed as the ultimate definition of the organization's business, that is to say, the leaders' perceptions of the environment and how to deal with it (Drucker, 1973). For instance, in Schein's (1985) study of the fictitiously-named Multi Company, he found that executives spent considerable time considering the adoption of a marketing orientation, but rejected the idea due to their concept of the company's founding purpose. Since this company considered their primary purpose to be the development of high quality products, the concept of the company as primarily responsive to customers' needs was antithetical to their definition of themselves.
From a culture perspective, the mission statement is conceptualized as defining for organizational members an acceptable response to the environment and their corporate identity as organizational members. Schein (1985) states:

As the members of an organization develop a shared concept of their core mission, and as this concept enables the group to survive in its environment, it becomes a central element of that group's culture and serves as the underlying context in which goals and the means for achieving them can be specified (p. 55).

Put another way, the mission, by explicating organizational goals and ideology, may provide members with a source of meaning. As Peters and Waterman (1982) suggest in their book In Search of Excellence, excellent companies have articulated a set of beliefs which can be embraced by members and with which they can respond to the environment. Often, this is shortened to mottos and slogans: At Proctor & Gamble, employees know that product quality is number one; at Hewlett-Packard, innovation is the key to success; Dana Corporation believes in "productivity through people." Employees at these companies know of the corporate values and strong cultures have developed around them.

A third perspective on the organizational mission that has received less attention from organizational communication scholars is the mission statement as a document containing language that may operate as a form of control. From this perspective, the mission statement is viewed as
a vehicle for organizational "inducements to the individual in exchange for accepting its decision premises as controlling his or her decisions" (Tompkins & Cheney, 1985, pp. 188 & 189). In other words, organizational members become bound by the ideological language of the mission statement through identification. To the extent that a member identifies with and adopts the organization's ideology, he or she is operating under a form of unobtrusive control. The employee "thinks organizationally," holding company values and goals as his/her own. Decisions made by employees follow company guidelines, not individual reasoning. "Organizationally appropriate decisions, once the premises are inculcated, are motivated by the universal psychological process of consistency maintenance and the individual's desire to 'behave organizationally'" (Tompkins & Cheney, 1985, p. 189).

Thus, the importance of the mission statement can be seen from all three perspectives: definition of business, source of culture, and medium for ideological language.

Theoretical Framework

The research herein is being conducted as a critical interpretive study. The critical interpretive perspective has social change as its ultimate goal and is concerned with the effect an organization's ideology has in dominating members. Furthermore, Putnam (1983) states that "Al-
though the exact goals and methods vary, interpretivists focus on the historically unique situation; they study naturally occurring phenomena; they become immersed or involved in the lives of the people they study..." (p. 44).

Critical researchers are concerned with the effect of the communication; they seek to discover ways in which communication in organizations keeps members from realizing their full potential. Although the two hospital mission statements being analyzed for this study may well be of interest to scholars studying management communication, it is from the employees' perspective that the two documents are being analyzed.

The particular methods used in critical studies vary. What is advocated is a method "consistent with the larger social theory and with the demands of a particular organizational analysis" (Deetz & Kersten, 1983, p. 170). Glaser and Strauss's (1967) Grounded Theory will be utilized as the methodology in this study.

Grounded Theory is a qualitative tool designed to generate theory from data. It is an inductive tool, useful in situations which are dynamic rather than static in nature. Consequently, it is an appropriate tool to use with the critical interpretive perspective. The goal of this study will be to uncover and identify any differences in two organizational documents and explain those differences from the critical interpretive perspective.
Results of this study may be of interest to three groups: organizational scholars, organizational members, and members of society. For organizational scholars, documents are among the few pieces of artifact that provide information and data regarding the language organizational leaders use in communicating with other members. As Ponda, Frost, Morgan, and Dandridge (1983) suggest, language plays an important part in "shaping the behavior, attitudes, images and values of organizational life, and that to understand everyday organizational events, it is important, indeed essential, that we understand the use of the language on which they are based" (p. 124). Therefore, it is useful to study the use of language in organizational documents.

Additionally, it is important for organizational scholars to study documents during a time of change. As Huff (1983) states: "It is rarely possible to have the insiders' field notes as new developments occur in the environment or organizational capacity changes over a period of years. What we have instead are incomplete documents" (p. 168). By studying documents during a time of change, scholars are able to get a sense of the language used by organizational leaders as they try to initiate change.

For organizational members who are bound by the leaders' downward communication, understanding that the ideo-
logy and values expressed in the mission statement may serve as a form of control can serve as a form of empowerment. With knowledge comes the opportunity to evaluate and make decisions based on judgment; persuasive language in the mission statement can be critically evaluated by employees rather than accepted carte blanche. Knowledge of these constraints may enable members to begin strategic action within organizations (Conrad, 1983; Mumby, 1987).

Finally, for society it is important to continue to examine and question the role of organizations in our lives. Organizations continue to play a large part in the lives of many members of society. Questioning aspects of organizational life is imperative if members of society wish to understand and make informed decisions regarding the role of organizations in society.

Summary

This study will be a critical analysis of both the old and new mission statements of a hospital experiencing substantial change. It is expected that the analysis will reveal not only a changed document but also changed organizational rhetoric which might indicate concomitant changes in organizational focus.

The analysis will be directed towards identifying themes in the two mission statements that might indicate changes in the mission and shifts in organizational ideology. Thus, we would expect to find changes in the values
and goals members are asked to consider important.

Additionally, by studying the language used in the old mission statement as compared to the new mission statement, it is anticipated that an analysis will reveal whether there has been a shift in organizational identity. Consequently, we would expect to find language describing the hospital's unique identity in MS1 to be different than that used to describe the hospital's unique identity in MS2.

The results of the research will be discussed and implications for organizational members will be considered. Finally, an attempt will be made to ascertain whether the analysis might additionally indicate changes in the organization's power structure from the perspective of critical interpretive theory.
CHAPTER II

THE REVIEW OF THE RELATED LITERATURE

In this chapter a review of the literature regarding mission statements will be presented. Research regarding mission statements will be reviewed from three perspectives: identity of business, organizational culture, and use of language.

Mission Statement Literature

Mission statements have received little attention from organizational communication scholars and researchers except as a footnote on articles about management communication or the importance of goals and values in an organization. Writers working in the field acknowledge the importance of the mission statement, but seem to give the issue low priority. As one writer suggests, most mission statements are generic enough to fit almost any organization (Pearce, 1982). However, mission statements can be an important part of organizational communication for several different reasons, including definition of business and source of culture.
The Business Perspective

Business texts strongly advocate the use of mission statements. As a function of formal communication, writers focus on the formulation of the mission as the ultimate definition of the business (Drucker, 1973).

The mission statement's use as a strategic tool is advocated by Pearce (1982). Although Pearce sees the mission statement as a base for organizational culture, he again stresses the importance of the mission statement in specifying the ultimate aims of the firm.

Recognizing the importance of the mission statement to organizations involves not only its use as an organizational document, but also its function as a vital part of the daily operations of the organization. In order for employees to invest in the mission of the organization, several things must happen. Katz and Kahn (1966) suggest that in large, complex organizations, the indoctrination of goals must be reinforced and translated into specific messages by supervisors and managers of subgroups. An exception to this axiom is noted: an extremely charismatic leader at the helm who embodies for employees the very essence of that which the company describes as its mission may take the place of the mission statement (Katz & Kahn, 1966).

Ideally, the mission statement is operationalized into objectives and ascribed to by all levels of the organi-
zation, from the top down (Drucker, 1973). It is useless to have a beautifully articulated and well conceived mission statement if it's just "written down somewhere"; the mission statement must be used. In addition, the goals and philosophies of the organization as articulated in the mission statement should be congruent with the behavior of the leadership (Clampitt, Crevcoure, & Hartel, 1986). If the leaders emulate the organization's goals by following the mission statement, it is more likely that employees will follow their lead. This concept is based on the premise that the attractiveness of behaviors or beliefs being imitated affect organizational action (March, 1981). Hence, the mission statement is important as organizational definition, but must be enacted by leaders if it is to have a strong effect.

Another perspective on the mission statement is its potential for use as a political document. Frost (1987) points out that power and politics in organizations both influence and are influenced by the communication mediums and messages. The mission statement is a medium for downward communication. It is controlled by organizational leaders both in its creation and use. It typically imposes rules and structure on the organization through its use as a guiding framework for organizational action. Political actors as organizational members in pursuit of their own interests may choose from a number of tactics if they
decide to distort the communication medium.

The Culture Perspective

An individual's need to find meaning in life has long been a source of concern to researchers and writers in the fields of psychology, philosophy, sociology, and religion. There has been concern voiced, particularly in the writing of humanistic psychologists, that workers have become lost in the large, meaningless world of organizations (Maslow, 1971; Rogers, 1961). Hanna (1985) points out that traditional sources of meaning are no longer valid for many people due to changes in society. For these people, work and career have been chosen as areas in which meaning may be found. Work life for them has met a psychological and emotional need for connectedness to something larger than the actual tasks they perform.

Culture theories recognize the importance of the need to find meaning in the workplace. The mission statement operates as a guiding principle in organizations through the concept of "shared meanings" in corporate cultures (Putnam & Pacanowsky, 1983). This perspective is based on the premise that the culture of an organization gives members a shared interpretation of working reality. From this vantage point, members assign meaning to the symbols and actors in their organizational lives. They collectively interpret the organization's mission to define the
goals and ideology of their work life, and in the process create and recreate the organization's social structure (Hawes, 1974; Smircich, 1983). Recent studies conducted in the area of corporate culture have taken notice of the individuals within organizations who are creating symbols and rites as they lay claim to their work environments (Jelinek, Smircich, & Hirsch, 1983). Where once organizational theorists viewed workers as variables in formulas conducted under the auspices of scientific management (Taylor, 1919), current thinking in organizational theory focuses on workers as prime movers in the success of an organization (Peters & Waterman, 1982). Researchers argue that, to the extent that organizational members embrace the values of the organization, the organization will succeed (Deal & Kennedy, 1982).

In support of the premise that organizational members collectively create a culture, Putnam (1983) posits the notion that social reality is reflected by members through their use of myth, ritual, stories, and language. It is through the interpretation of these communications that the researcher begins to understand the relationship between organizational members and the organization. Borman (1983), however, sees this process of shared meaning in a framework that is building consensus rather than merely reflecting it. Other researchers hypothesize that members find "equifinal" meanings where individual inter-

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interpretations may differ, but the behaviors resulting from
the interpretations are similar (Donnellow, Gray, & Boug-
on, 1986). In a different voice, Owen (1987) refers to
the mission as an organizational covenant that ties mem-
bers philosophically to the organization. This covenant
is best understood as the collective understanding of the
members regarding the purpose of the organization and
their roles within it. Davis (1985) not only sees the
mission of an organization as important, he feels that
developing the mission statement and reaching agreement on
it is essential to the design or redesign of an organiza-
tion. But there's a qualifier attached to this use of the
mission as a guide for employees: once the mission state-
ment loses its quality of flexibility and bare-bones
structure, it is likely to imprison an organization when
organizational change is indicated (Davis, 1985; Owen,
1987).

Although the mission statement is generally viewed as
positive from a culture perspective, it may not always
function as such. Members may interpret the organization-
al mission in a productive or destructive manner (Kreps,
1986). A mission that is embraced by members will encour-
age behavior befitting the organization's goals. However,
when members do not "believe in" or embrace the mission,
they may create a destructive theme of their own that
neither furthers organizational goals nor emulates them.

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Additionally, cultural artifacts are sometimes treated as methods to gain control by managers (Mumby, 1987; Siehl & Martin, 1984). In such an instance, management may use the shared meanings and strong culture of employees to further their own ends. Mumby (1987), for example, posits that organizational myths may be used as control mechanisms by organizational leaders.

Language of the Mission Statement

Some theorists believe that the key to an effective mission statement is the use of particular language. This view is supported by Kanter (1983), who assigns responsibility for developing and implementing the organizational mission to the leaders. They must, she says, communicate in symbolic language that will capture the emotions, hopes, dreams, and beliefs of organizational members. It is vital, however, that this language be broad enough to entertain any number of possibilities for organizational change or growth, since to load it down with specifics would limit its possibilities.

Advice to leaders to use metaphorical and symbolic language when communicating abstract concepts to organizational members has been espoused by other theorists as a method of optimizing ambiguity (Eisenberg, 1984). The use of strategic ambiguity allows the communicator to leave space for a variety of interpretations on the part of the
receiver. Although this method would prove disastrous if the receiver or audience needed clarity, its use in the communication of formal messages tending toward metaphorical language is considered appropriate. In fact, Weick (1979) lists the creation of symbolic language as one of the primary tasks of managers. Researchers feel that it is through the effective use of symbolic language that organizational members will find the opportunity to create their own individual meanings about the guiding mission or values of the organization (Conrad, 1983).

The language of the mission statement can also be highly persuasive, having considerable rhetorical force upon employees (Cheney & Vibbert, 1987). This is particularly true regarding the promotion of corporate values and the organizational identity. As Cheney (1983) points out, when leaders (and public relations specialists) set the terms for corporate discourse, they can have a powerfully persuasive effect. These persuasive attempts encourage employee identification with the organizational values, thus ensuring that employees favor organizational reality over their individual identities, hence furthering goals defined by the organization as desirable. Frost (1987) points out that messages contained in downward communication include language, symbols, content, and meaning. "Political actors can consciously use these communicative devices as part of their strategies to legitimate decisions,
to disguise power relationships, to produce shared meanings and definitions of "the way things are" (p. 523).

The Mission During Organizational Change

Drucker (1973) states that organizational leaders need to prepare themselves for "planned abandonment" of the mission statement once the environment changes substantially, requiring a concurrent change in the organization's method of operating. Pearce and Roth (1988) address the issue of multinationalization of the mission statement, warning companies that are beginning to deal in multinational markets that the mission statement must be reclarified before it is fundamentally changed by the operations of the new markets. In other words, the mission statement as definition of business and organizational identity must be reclarified in anticipation of environmental change, not reformulated following the change. For employees, however, a changed mission statement can create havoc. Hanna (1985) has said that the mission statement is taken for granted until a time of organizational crisis. However, it is during a time of crisis that members most need the direction that a mission provides. Consequently, it is important to study changes in the mission statement from the employees' perspective.

Research done in the area of organizational death suggests that employees are particularly receptive to in-
interpretations of the organization by its leaders during a time of anticipated change (Sutton, 1987). Employees tend to trust communication by the leaders if the leaders' interpretations of the events are reasonable, and if they see the leaders as having legitimate authority.

Other research conducted in the area of employee needs for information during a time of change or crisis has indicated that employees exhibit less anxiety about prospective change if they receive information from management about the change and an indication of what the organization would be like after the change (Miller & Monge, 1985).

March (1981) notes that often organizational change occurs in response to a change in the environment, but rarely according to the plans laid out by leaders or strategists. Instead, variables such as rule following, problem solving, regeneration, conflict, contagion, and learning affect the process of change. This view is also espoused by Broms and Gahmberg (1983), who view much of the information generated by organizational leaders as autocommunication, or communication to self. Broms and Gahmberg believe that the purpose of this kind of communication is to generate enthusiasm, seek goals, and focus the mind of the communicator. That the end result of the communication was not the planned result should not mean that the communication was a failure, according to these
writers. Owen (1987), however, contends that the organization resulting from organizational change is the creation or embodiment of "Spirit," and that the new structure has bridged the open space left by the old. He suggests that the organizational mission or "covenant" will be created anew once the organization has arrived at its destination. This is from the perspective of all organizational members, however, not just the leaders.

Summary of Mission Statement Literature

Summarizing the literature relating to mission statements creates a complex picture. From a business perspective, the mission statement not only defines an organization's purpose, but may also help shape the behavior of organizational members. Additionally, the mission statement may be used as a tool for political actors within the organization.

From a culture perspective, organizational members may create a sense of meaning in the work place through collective interpretations of the mission statement. Through this shared meaning, they will ideally be more committed to the organization and its goals.

A review of the literature concerning the language used in the mission statement indicates that metaphorical and emotional language may be effective in inducing employee involvement. It would allow for unique interpreta-
tions by organizational members, yet aspire to articulation of corporate beliefs. However, a review of the literature also suggests that language may operate as a highly persuasive form of organizational identification whereby organizational reality is promoted at the expense of individual freedom. Clearly, the literature is mixed on the issue of mission statements.

This mixture of views becomes especially important during a time of organizational change. The literature on change suggests that mission statements may need to be abandoned with a substantial change in the environment. However, an abandonment of the mission statement during such a time is very stressful for employees.

Research on changing mission statements currently is not being done. Without the benefit of studies focusing on changing mission statements, this particular use of managerial language will remain largely unexplored. Thus the need to examine organizational documents pre- and post-change along with the subsequent potential effects on employees is warranted.

In the current study, two mission statements from an organization experiencing substantial change will be compared. Differences between the two documents will be analyzed, and implications for organizational members will be discussed.
CHAPTER III

METHODOLOGY

In this chapter, methods utilized to conduct the study are presented; tools and procedures are described. In addition, an overview of the critical interpretive method is provided, and an explanation of grounded theory procedure given.

The Critical Interpretive Method

This study utilizes critical interpretive methodology to interpret changes in two organizational mission statements. The purpose of the critical interpretive method is to refocus attention away from a managerial bias and direct it towards the welfare of organizational members.

Primary to the concept of critical theory is the view of an organization as a social construction. As such, the construction may constrain members as they seek to both find meaning in organizational life and interpret the organization's identity.

Critical researchers typically delineate the various levels of organizational reality and the forms that sustain the reality by focusing on two organizational structures: the surface structure and the deep structure.
As explained by Deetz and Kersten (1983), the surface structure "is the world in which members self-consciously live, where things are rational or made rational, where the guidelines are clear or get clarified, and where individuals are seen as having or exercising power" (p. 157). This is the domain of the "known," the reality in which members go about the business of organizational life. It is the day-to-day workings of the organization, as exemplified in organizational policies and procedures.

The deep structure is made up of the "material conditions of production and the unexamined beliefs and values upon which the taken-for-granted surface structure rests. This includes the distribution of resources, historically developed rules of social practice, and paradigmatic assumptions governing the manifest action" (Deetz & Kersten, 1983, p. 158). This is the domain of the "unknown" and unquestioned. It is the base upon which organizational action rests. The deep structure includes decisions about technology and economics, the historic relationship of organizational members to each other (managers to subordinates, doctors to nurses), and the system within which the organization operates (the health care system).

The relationship between the surface structure and the deep structure in an organization is maintained by two processes: production (work) and social (communication).
These two processes are interactive, each affecting the other.

Communication at the deep level of the organization is communication that is circumscribed by organizational leaders. It is the leaders who define organizational goals and identities, forming for members the social reality of the organization.

For the purposes of this study, it is organizational communication which will be analyzed. The mission statement will be viewed as a vehicle that not only defines the values and relations of organizational members, but may also serve to dominate members by constraining their interpretation of organizational reality. Changes in the mission statement will be analyzed by looking for differences in organizational values and identities. Implications for members will be discussed from the perspective of critical interpretive theory.

One of the tools that is amenable to the critical approach is grounded theory (Glaser & Strauss, 1967). The choice of this particular tool is relative to the function of grounded theory, which lends itself to case studies that are dynamic rather than static. Since the research being conducted for this study is specifically looking for changes in the organization's mission statements written at two different times in the organization's history, the grounded theory method will be used.
Background to Grounded Theory

Grounded theory is a qualitative tool invented to generate theory from data. It is an inductive tool, designed to generate theory through the use of constant comparative analysis. The constant comparative analysis is distinguished by four stages:

1. Comparison of incidents applicable to categories established by coders, generating as many categories as possible.

2. Integration of categories and their properties, making comparisons incident by incident.

3. Delimiting the theory by continually looking for underlying similarities which could be grouped together to form smaller units of higher order concepts.

4. Writing the theory, forcing the analyst to bring out the underlying similarities of remaining categories finally resulting in the highest order concepts (Glaser & Strauss, 1967).

Tools and Procedures

Two organizational mission statements were gathered by the researcher. Text contained in the documents was typed by the researcher onto plain paper, eliminating graphic design and pictures from the text to be analyzed. Because grounded theory is an inductive tool, no a priori categories were established by the researcher.
Three communication graduate students were hired to code the text. Although not noted in the coders' text, the two documents were distinguished as MS1 and MS2 in the researcher's text. Each line and page of the text was numbered, and each coder was assigned a code number. Texts were identified by the coders' numbers only. At no time were the coders told that the text they were analyzing was in reality two different mission statements from two different times in the organization's history, nor were they informed that the researcher would be looking for differences of any sort. The choice of categories was left to the coders, freeing them to choose and label messages at will. In this way, theory was allowed to emerge rather than being prescribed.

Instructions to coders were as follows:

1. Read the text.

2. Pick out phrases or wording which you have determined meet the following: an attempt to define for the reader the values, goals, or identity of the organization.

3. Identify the phrases or wording you have chosen by marking or underlining them in some way.

4. List by page number and line number.

5. In your mind, define the type of message you feel the phrase or wording is intended to convey, and label the phrase or wording according to your determination.

The researcher met with the coders to give them in-
structions. At no other time did the researcher meet with the coders. After individually coding the text, identifying messages and making individual lists of the categories chosen, the coders met again as a group of three and discussed their findings. The coders then compared their data and the categories into which they had put their messages. They then integrated their categories of messages through consensual validation. Only those themes that received 100% interrater agreement were included in the group list. In this way, coders "delimited" the categories they had individually established.

The three individual lists and a group list were then returned to the researcher. Contained in the group list were phrases identified by the coders as values, goals, and identities. The researcher proceeded to further organize these phrases into the specific value clusters created by the coders. Groups of value messages were continuously analyzed and delimited by the researcher using the constant comparison analysis technique. The categories remaining after delimitation of the data were used as the basis for the interpretation of differences in organizational values. Additionally, specific value messages in the value clusters were used by the researcher to comment on overall differences between the two documents.
Each document was analyzed separately. The value and identity statements that had been identified by the coders were assigned to separate lists by the researcher. The list of values from MS1 was compared with the list of values from MS2. Using the constant comparison method, like values were grouped together until the final categories emerged. These final categories, along with their value/identity messages, served as the basis for answering the research questions.
CHAPTER IV

RESULTS

In this chapter, results of the comparison between MS1 and MS2 are discussed. Differences between the two mission statements are considered from the critical interpretive perspective, and implications for organizational members are discussed.

Overall Differences Between MS1 and MS2

Research Question #1 asked "What differences in language will be uncovered by comparing MS1 and MS2?" In answering this question, the researcher discovered differences in three areas: values and identity, structure, and voice. The first, the differences in values and identity, were obtained by using the constant comparative method of grounded theory. The other two areas of difference were noted by comparing the two mission statements in their finished form: the structure of the two documents and the "voice" of the two documents. Each of these differences will be addressed separately.

Values and Identities Found in the Documents

A total of sixteen different values and identities emerged from the data through the use of the constant
comparative technique. Thirteen of the values and identities were similar in both documents. MS1 had a total of fourteen values/identities, thirteen of which were common to both statements. MS2 had a total of fifteen values and identities.

Appendices A and B contain listings of all the values and identities found in both documents (See Appendices A & B). The appendices contain both the final value/identity clusters identified by coders and the researcher, and the messages that were grouped under each cluster. Messages found under value/identity clusters consist of both text lifted from the documents and descriptions of values and identity found by the coders. A discussion of these similar and dissimilar values/identities follows.

Discussion of Values and Identities

Under Uniqueness, the researcher listed messages attempting to define that which makes the hospital special or unique. Both documents had approximately the same number of statements defining the uniqueness of the hospital. The descriptors, however, varied. In MS1, the uniqueness of the hospital was defined more by its religious ties, for example, "Christian philosophy centered around a healing mission." In MS2, the uniqueness of the hospital was defined more by its expertise, for example, "regional reputation as center for clinical excellence."
Pro-employee values included statements that promoted the hospital employees. MS2 carried a larger share of these statements, for example, "the hospital is first and foremost a credit to dedicated employees." MS2 additionally detailed the advantages employees have in working for the organization, for example, "offers each employee the opportunity to participate in making an increasingly significant contribution to the organization."

The theme of Responsible Management was represented in approximately the same number of messages in both documents. In MS1, the messages were somewhat generic and general, for instance, "shared decision making." In MS2, the statements were much more specific and detailed, for instance, "ensure that employees are fully trained and fully committed to medical staff and patients."

Religion was featured much more prevalently in MS1 than MS2. Additionally, religious messages were found throughout MS1; in MS2 they were found only in the section titled "Preamble". Both documents, however, contained messages alluding to the organization as connected with the Catholic Church: "Attentive to the moral, theological, canonical, and pastoral directives of the Church" (MS2), and "uphold teachings of the Catholic Church" (MS1).

Caring, value statements describing concern for others, was also featured more prominently in MS1 than MS2. MS1 contained many references to "human needs" and
"the inherent dignity of each person." These references were located throughout MS1.

Statements regarding Quality received equal amounts of space and attention in both documents, for example, "excellence in the delivery of health care" (MS1), and "pursue excellence in healing" (MS2).

Teamwork, defined as value statements regarding cooperation, also received approximately the same amount of attention in both documents. Examples here included "contribute one's individual talents toward supporting overall goal" (MS1) and "work together in the spirit of teamwork to serve others" (MS2). The same was true for Education, "keep staff educated medically" (MS1) and Ethical/Moral, "pursue highest ethical standards in decisions and actions" (MS2). Both documents also listed the values of Pro-life and Non-discriminatory fairly equally. Similar wording was used for each value in both MS1 and MS2.

Value messages regarding the value cluster Wholistic, which expressed the hospital's concern for "care of the whole person" (MS1) and "committed to promoting health of body, mind, and spirit" (MS2), were slightly more prevalent in MS1. Additionally, wholistic values mentioned in MS1 included references to "spiritual"; MS2 referred to "spirit."

Both documents added qualifiers to some statements, and those qualifiers were grouped together under the de-
scriptor Limits. MS2 was slightly higher in the use of qualifiers, and also placed qualifying phrases at the end of more statements, for instance, "within limits of available resources."

**Values Found In MS1 But Not Present In MS2**

Only one value was present in MS1 but not MS2: Aesthetics. Defined as concerned with beauty, MS1 contained language describing people as "all different, beautiful, unique in their own special ways." There were no statements in MS2 that alluded to aesthetics.

**Values Found In MS2 But Not Present In MS1**

Two values were present in MS2 but not MS1: *Vision* and *Innovative/Creative*. *Vision* was the descriptor used for statements regarding the future identity of the hospital. Statements common to this descriptor included "[the hospital] will become a leader in geriatric care, meeting complex medical, psychological, social, continued care needs." In many ways, *Vision* seemed related to the identity cluster Uniqueness, which was present in both MS1 and MS2. It was distinguished by its use of the future tense and introduction of specific plans not operational in the hospital at the time MS2 was written.

*Innovative/Creative* value statements were related to the hospital as an institution open to change and new
ideas. A statement from MS2 that fit this category was "maintain climate of investigation, openness to new ideas, change." Another was "remain a leader in developing and implementing innovative concepts in health care."

The Structure of the Two Documents

Differences between the two mission statements in terms of structure were identified on the basis of an overall comparison in addition to the initial themes identified in the documents.

The first difference the researcher encountered when comparing the two mission statements was a change in title. MSI proclaims "The Good News at Borgess Medical Center;" the second was simply titled "Blueprint." The two titles aptly set the tone for other differences which were to be found between the documents.

The second difference noted between the two documents was the change in format. Although MSI began with three paragraphs titled Mission Statement, it was followed by testimonials from employees complete with pictures and names of individual employees. MS2 contained no testimonials, but did contain pictures of employees at work.

Following the testimonials in MSI, there appeared a section titled "Statement of Philosophy" which had six sub-sections. These sub-sections included: Foundation and Sponsorship, Ethics and Morality, Individual Dignity.
and Justice, Management and Staff Development, Community Responsibility, and Governance.

In MS2, the document was divided into the following sections: I. Preamble, II. Shared Values and Beliefs, III. Mission, IV. Commitments, and V. Vision.

Again, the sub-sections in both documents appeared to reflect a change in the overall focus of the hospital.

(Note that an analysis of the graphics included in both documents was not performed for this study. It is important to note, however, that both documents contained pictures of employees doing their jobs. MS1 included the names of the pictured employees next to their testimonials; MS2 did not name the employees).

The "Voice" of the Two Documents

Both mission statements were written in a particular "voice" that identified authorship. For this study, voice is defined as locus of authority. In MS1, the voice was that of the hospital. Sentences in this document read "[the hospital] will provide quality health services in a caring environment" and "All services reflect the dedication of [the medical center] to respond to human suffering." Additionally, the document indicated that "[the hospital] has a responsibility to" and "affirms a philosophy of." One change of voice occurred in MS1 as the employees spoke for themselves in testimonials. The voice
changed from the voice of the hospital to the "I/my" possessive voice. One employee stated, "I don't really have a theory on the subject of ministry but I guess if I had a theory, it would be if you make someone feel good, someone will do the same for you." And another, "It is my hope that as I listen carefully to the concerns of both patients and staff and attempt to help effect resolutions, a special dimension of caring may be added to the comprehensive care of the Medical Center."

The voice in MS2 immediately changed from the institutional voice to "we/our" in the sections titled "Preamble" and "Shared Values and Beliefs." Examples of statements in this document included "While recognizing the infinite power of a loving God to heal according to God's will, we are committed to promoting health of body, mind, and spirit" and "We [at the hospital] have agreed upon a common core of shared values that will serve as a foundation for decision-making, for policies and practices, and for interactions within as well as outside the organization."

In the sections on mission and commitments, the voice changes from "we/our", with locus of control going back to the hospital. Statements such as the "the Medical Center is committed to" and "the Medical Center offers" proliferate in these sections. However, in the final section, Vision, the voice returns again to "we/our", as in "our
vision is the most profound expression of what we want the Medical Center to become."

Summary of Comparison Between MSI and MS2

The results of an overall comparison between MSI and MS2 indicated that there were differences between the two documents. Although some similarities existed, differences were found in values and identity, the structure, and the voice.

Discussion of Differences

Research Question #2 asked, "Will the differences found between MSI and MS2 indicate a change in organizational values and identity?" To answer that question, each area of analysis was addressed separately.

The Differences in Values and Identity

The major change of focus appeared in the area of values between the two mission statements. In MSI, religion and caring were emphasized more strongly. This is in contrast to MS2, where the primary emphasis was on employee commitment and a highly specialized medical center. In MSI, the hospital was presented as an institution in which religion and caring were primary. The tenor of the entire document was one of adherence to a higher power (religion) and the code of behavior that higher power eli-
The first paragraph describing the hospital's mission read:

The mission of the hospital is to meet the health needs of the people of southwestern Michigan by providing quality health services in a caring environment. Consistent with the healing mission of [the sponsor], [the hospital] will provide comprehensive health care service with professionalism inspired by ethical, moral and human concern for the dignity of each person.

Compare the following paragraph with the first paragraph of MS1:

In harmony with the healing mission of the Catholic Church, the mission of [the hospital] is to operate as a major referral center that provides health care for its regional service area. In fulfilling its mission, the fourfold purpose of [the hospital] is: (1) to provide comprehensive patient care of optimum quality to its regional service area; (2) to provide an environment which is supportive of education in medicine, nursing and allied health; (3) to be a leading institution in developing new concepts in health care; and (4) to fulfill community social responsibilities.

This change in focus was also evidenced in the different identity statements contained in MS1 and MS2 in the categories of Uniqueness and Vision. One focused on care for the individual as influenced by religious beliefs; the other focused on the medical center as a health care institution. The tenor of the two paragraphs clearly differed. This change appeared to represent a primary change in focus for the hospital.

The emphasis on Pro-employee values in MS2 appeared to be an indication of the hospital's desire to be a leader and specialist in health care. Here, this desire carried
over into the adoption of the newest concepts in human re-
resources and employee development.

This emphasis on the value of employees differed from that presented in MS1. In MS1, employees were seen as im-
portant in their roles as carriers of the hospital's pri-
mary values of caring and religion. In short, the employ-
ees were seen as an extension of the mission. Again, this view appeared to signify a shift in the primary focus of the hospital.

The value area of Responsible Management also fit with this change in focus. To be responsible in MS1 was to be primarily caring and cognizant of the hospital's tie to religion. To be responsible in MS2 was more an act of becoming and being an expert. This variance could also account for the greater incidence of language regarding Limits in MS2. Caring is an expansive act; specializing may not be.

The value of Innovative/Creative found exclusively in MS2 appeared to reinforce the hospital's new identity as a leader in health care. Its appearance allowed the hospital to expand in specialty areas with an openness to the changes in the health care field.

The appearance of Aesthetics to the primary values in MS1 may have been a fluke. The value was used by an em-
ployee within a testimonial; as such, it was a personal value. No other references to aesthetics were found in
MSI, and no inference about its use will be made for this study.

As stated previously, other values were similar in both documents.

The Difference in Structure

The different titles of the two mission statements appear to be another indication of the overall differences between the two documents. The title "The Good News at Borgess Medical Center" is congruent with the emphasis on religion and caring found in MSI. (Although both values were found in both mission statements, each value was used more often in MSI). Whether or not the author(s) of this document intended "The Good News" to connote religious symbolism is unknown. The phrase, however, is also used in one of the current translations of the Bible.

The title "Blueprint" alludes to future plans and visions. The word invokes images of things yet to come and precise, detailed work. It is not a religious term, but rather a term that suggests meticulous plans laid out by an architect. As such, the focus of the document directs the reader's attention to the organization as an entity that is "in-process" and that is based on a specialist's design for the future. In MSI, the reader's attention is directed towards the hospital as an institution wherein there is optimism.
The use of employee testimonials in MS1 continues the theme introduced in the title. Testimonials (itself a term with religious connotations) used in the document present employees as they interpret the mission of the hospital in their daily work lives. Each testimonial is unique both in its authorship and its content. As seen from an individual perspective, work life at the hospital is both personal and meaningful. In MS2, no testimonials are used. Additionally, names of individual employees were not included. The unnamed pictures of working employees in MS2 contributed to the sense of group work and cooperation signified by the title of the document.

A comparison between the subsections of MS1 and MS2 continued to carry the themes established by the documents' titles. Several of the sub-sections in MS1 alluded to the emphasis on religion and caring: Foundation and Sponsorship, Ethics and Morality, Individual Dignity and Justice, Management and Staff Development, Community Responsibility, and Governance. In MS2, sub-sections titled Preamble, Shared Values and Beliefs, Mission, Commitments, and Vision, spoke more to the concepts of group coordination and specialization than religion. This comparison also reinforced the change in primary values between the two mission statements.
The Difference in Voices

A comparison of "voices" between MS1 and MS2 indicated a change in locus of authority. MS1, which is written in the paternalistic voice, for instance, "[the hospital] will provide quality services in a caring environment," focuses the reader's attention on the hospital as the ultimate responsibility for the creation and maintenance of the organizational mission. Hospital employees may derive guidance and direction from the mission statement, but ultimately it is a statement which they are asked to follow as part of organizational life. Employee testimonials, which are written in the "I" voice (or first person), pay tribute to the mission of the hospital as defined by its authors. This is a cultural perspective, in which employees have embraced the mission of the hospital and interpreted it in their own ways: the manager's perspective, the cafeteria worker's perspective, the nurse's perspective. They may not have written the script, but they choose to be actors on the stage.

MS2, written partly in the "we/our" voice, speaks not only for the powers-that-be in the hospital, but also speaks for all employees. As such, the mission statement implies member consensus on the mission statement, as in, "In pursuing our mission we strive to live by these values in all that we do." This suggests a more direct link between mission and members, focusing the reader's attention...
on all members as the ultimate responsibility for the creation and maintenance of the organizational mission. This change of voice signifies a different level of responsibility and ownership by organizational members.

Summary of Differences

It appears clear from an analysis of the two mission statements that the focus of the hospital as represented in the guiding framework of the mission statement has changed. A comparison between the two documents would lead a casual reader to draw some different conclusions about the hospital. In MSI, the hospital presents itself as a caring, religious institution wherein patients are treated in a manner representative of the Gospels. Hospital employees serve as an extension of that mission, becoming foot soldiers in the campaign to heal and care. In MS2, the hospital presents itself as a specialized major medical center, determined to be a leader in health care. Employees represented by this mission statement are part of a team responsible for the promulgation of specialized health care delivered efficiently and effectively.

These are dramatically different presentations of the same hospital. And although both mission statements have things in common, including a shared history, the image presented by MSI and MS2 presents a different organizational identity. The reader of the two documents might
well be curious about the changes.

The primary reader of the mission statement is, of course, the hospital employee. It is to the employee that the mission statement is given in the form of downward communication. It is also the employee who will most likely be affected the most by the changing identity of the hospital. Consequently, it was from the perspective of the employee that the implications of the changed mission statement were considered.
CHAPTER V

IMPLICATIONS

In this chapter, implications of the study will be discussed from the perspective of overall changes, the culture perspective, and the language perspective. A summary of the implications will be provided, and suggestions for the future will be offered.

Overall Changes in the Documents

There are several implications arising from the changes between the historical and the new mission statements. These changes will be discussed according to values and identity, structure, and voice.

The Change in Values and Identity

The implications of changing organizational values and identity is an important one. From an employee standpoint, an important question to be asked is this: were the changes in values and identity crucial to the organization's perceived need to adapt to the environment? Put another way: were there other options? Was everything else tried before the creation of a new mission statement in which there was a shift in primary values?
At this hospital, there does not seem to have been an attempt to meet the environmental change in any way other than the change in values and identity of the organization. Even the attrition of employees ran counter to the established practice of the hospital, which was to find ways of cutting costs without cutting the work force.

These changes in values and identification, decided upon by organizational leaders, represents a strong power move. It was tantamount to revising the basic structure of the organization, and may be seen as an alteration of the organization's deep structure. Additionally, this change had an effect on the established culture of the organization (see discussion under culture perspective). It was a change that was imposed by organizational leaders, with consequences that will undoubtedly affect the future of the organization.

It is important to remember that at this particular hospital, employees are routinely socialized to the hospital mission through inservices and organizational literature. Those members who have been socialized to MS1 will soon be socialized to MS2. Additionally, new incoming employees will be socialized to MS2. Depending on the success of indoctrination efforts by leaders to established employees, we might expect to see anything from an organization wide identification with MS2 to a major culture clash between established employees socialized to MS1 and
new employees socialized to MS2.

Change in Structure

Several concerns emerge regarding the change in structure. The first is the difference in title and subtitles. In naming a document, an image is created. By renaming the mission statement, an image has been changed. As mentioned earlier, the differences in the titles and subtitles appear to be substantial. By renaming The Good News at Borgess Medical Center to Blueprint, the reader's image of the organization has been changed from a caring, religious hospital to a more generic organization.

Another issue raised by the change in structure is the change in treatment of employees in the two documents. In MS1, individual employees were featured as speaking for themselves in testimonials. There is a unique quality about letting employees speak for themselves that is missing from MS2. These testimonials were an individual effort, and in many ways a personal statement regarding the hospital's mission. Whether or not other members of the organization felt left out by this practice is a matter of speculation; it is a possibility. It could have been seen by other employees as a form of favoritism. However, from another standpoint, testimonials are a recognition of individual interpretations of the mission. They acknowledge individual workers in the hospital, and allow for unique
viewpoints to be heard. It is a more personal way of crediting employees which honors individuality rather than conformity. For better or worse, these employees say what is important to them. The hospital acknowledges the possibility of divergence, and lets the individual employees speak.

In MS2, there are no individual employee voices. Pictures of employees are not identified. There is a feeling of uniformity and cohesion, and the final result is a more polished and professional one. What is lost, however, is the opportunity for individual recognition. It is replaced in the new mission statement with collectivity.

Change in Voice

The change in locus of authority represents a particularly difficult dilemma. Although the hospital in some ways offers empowerment and shared responsibility by using the "we/our" voice in MS2, they fail to indicate in the mission statement the vehicle by which members will be able to use the power given to them. By using such phrases as "we empower each person to fully use gifts and talents and hold each other accountable to the fullest extent," hospital leaders have offered an opportunity with no direction. As an employee, I may well wonder at what point or in what way I can fully use my gifts and talents. I may also wonder in what way I will be able to hold other
members (and specifically administration) accountable to the fullest extent. What I am aware of, through the use of the "we/our" voice, is that I will now be responsible to the organization more specifically and personally (rather than uniquely) than I would have expected to be under the guidelines of the historical mission statement.

This change of voice in MS2 may also be seen as further evidence of unobtrusive control. There is an element of an implied contract when "we/our" language is used. The hospital has stated that we (the leaders, other members, and myself) share the same goals and values. However, this was not a decision to which all members agreed. Consequently, the control of the administration increases unless the concept of employee empowerment is given substance.

Implications From Other Perspectives

In addition to examining the implications of specific changes in the mission statement, it is important to note the implications of the study from the different perspectives from which the mission statement is deemed important.

The Culture and Business Perspectives

An analysis of the differences between MS1 and MS2 indicates a changing view of the organization by its
leaders. Specifically, it represents a change in the ideology of the hospital—the identity and beliefs to which employees have been socialized. In this hospital, they were the beliefs around which the culture of the organization was formed.

By changing the primary values and identity of the hospital, the culture of the organization has been threatened. The sense of meaning which has grown around those values has been put in jeopardy.

A question not asked of employees was "how do you feel about the change in organizational values?" To shift primary values, even though accompanied by statements regarding financial considerations, is to alter the meaning structure within the organization. For many employees who have found a sense of meaning through the original primary values, that alteration can be serious indeed. Imagine those employees who work for an organization as a direct result of its primary values. A change in primary values would matter a great deal to them. For instance, a "teaching university" that becomes a "research university" has changed a primary value. Although it is the same university, it is not experienced in the same way by employees who must cope with the change in primary values. This parallels the situation that occurred at the hospital.

Although organizational leaders acknowledged the historic values and identity of the hospital by mentioning
them in the Preamble of MS2, another identity was promulgated in the mission statement. That identity, which was of the hospital as a highly specialized institution rather than a caring, religious hospital, will most likely not be given up willingly by employees socialized to the former identity. These employees may not be able to find the same sense of meaning in high technology and specialization. Ultimately, the historical culture could die out, affecting not only the day-to-day operation of the hospital, but also the perception of the hospital by the community. Remember that the mission statement is also the definition of an organization's business. Consequently, community perceptions could change. Or, to follow another option, there is the possibility of a dysfunctional culture developing. In this scenario, the employees would create a culture that would be antithetical to the purpose leaders have chosen for the hospital. In either of these options, it would appear that MS2 would be ineffective as a design for planned change.

One of the questions that should be asked here is whether or not this challenge to the established culture was necessary. In their study of the U.S. Forest Service, Bullis and Tompkins (1989) suggested that strong culture should be approached with caution. "While we are sympathetic to the nostalgia expressed by employees for the identities and identification with the past, the homo-
geneity of that 'strong' culture made the organization less flexible and adaptive to the changes in its environment" (Bullis & Tompkins, 1989, p. 304).

This statement, while acknowledging the feelings of workers, falls short in evaluating the situation from their perspective. To begin with, it is the organizational leaders who seek employee identification with the goals and values. As such, they should have some responsibility for the measures they use to induce employee involvement. Once members have embraced the mission statement and a culture has developed around it, it seems unfair to ask employees to alter their beliefs. Fitzgerald (1988), in an article on culture change, puts the matter succinctly: "If I view as essentially insulting an uninvited attempt to make me over into someone else's version of a better human being, should it be any less offensive to the hired hands?" (p. 13).

What ultimately seems to be missing here is evidence that a strong employee culture could not further change and adaptation that is amenable to the organization. Why not seek the input of the established culture on possible change methods? This would recognize the importance of the culture in preserving the organization's history and establish trust in the employees' abilities to find answers to problems.

Without that input, there appears to be a further ne-
Exclusion of the power of employees, and another excuse to exclude them from decisions regarding change for which they will be held accountable.

The Language Perspective

It is of interest that the language in MS2 becomes more instructive and specific rather than loose and bare-boned. Remember that research indicates that the mission statement should retain a quality of openness to interpretation. In this study, leaders have moved in an opposite direction, stating not only more specific goals for the organization, but also a preferred future. The result is language in which more persuasive tactics are used to encourage employee identification with the organization. The language is loaded with instructions and specific goals, thus promoting the vision of the leaders rather than an overall vision embraced by organizational members.

For organizational members, this use of restrictive rather than enlarging language limits the possibilities for their actions and interpretations. There is less opportunity for uniqueness and individuality (which is also noted in the change in structure). Additionally, more limiting language is used in MS2 than MS1, adding to an overall sense of restrictiveness in the document. Although language in MS2 states that employees are "empowered" to do their jobs, the mission statement indicates
that they are only empowered to the extent that they fol-
low the blueprint laid out by organizational leaders. In
this sense, they have lost power. The language of MSI in-
vited individual interpretations, even though it was the
institution that retained power.

Summary of Implications

There is no doubt that hospitals must be responsive
to a dynamic, changing environment. The health care in-
dustry today is in a constant state of flux, and survival
often means change.

The choice of the response to the change, however, is
usually under the control of hospital leaders, particularly
when it concerns the rules and structures of the organ-
ization. Decisions regarding the methods by which change
is accomplished are also within the jurisdiction of organ-
izational leaders.

Among the choices made at the hospital in this study
was the decision to change the mission statement. Deci-
sions were made concerning what values the hospital chose
to espouse and the identity by which it chose to be known.

One of the implications of that decision for employees
was to alter their sense of identity which had been formed
with the hospital described in MSI. The organizational
culture that had formed around the values of caring and
religion was firmly established at this hospital, and
had been embraced and emulated by many employees. In addition, the other changes (attrition of employees, new administration) taking place within the organization put members in a vulnerable position. Remember that during a time of substantial organizational change the mission statement is particularly pertinent for organizational members. It's like a road map when the countryside becomes unfamiliar—you use it to get your bearings.

Additionally, employees had no say in the decision to change the mission statement. The decision was made, and employees were asked to respond. What was not stated nor addressed was that, with its pro-employee values and "we/our" language, MS2 remained a document designed by hospital leaders. The power continued to reside with whomever had created the document. Asking for commitment to the statement may have been a gesture of interest or even concern, but it was not a sharing of power. If the values and beliefs were created by all employees, and if employees had reached a consensus on the primary values, this would have represented shared values and beliefs. It would also have indicated shared power. However, by designing the values and beliefs, including identity and future, no power has been shared with employees. Additionally, by using closed and restrictive language in MS2 and by eliminating individual interpretations, the potential for individual action has been limited.
Some would argue that organizations go through this process anyway—through naturally occurring changes during the organization's life cycle. The difference, however, is that when organizational leaders change the mission statement, it is not a naturally occurring event. For one thing, the decision is imposed, it does not evolve. And secondly, the language used to garner member commitment and the public relations campaign to sell that particular value system is a communication act initiated by the power holder in the organization—it is a form of persuasion that is one-sided. It can also operate as a form of unobtrusive control.

What needs to happen is that organizational power needs to be shared. If the expectations of organizational leaders are that employees be held responsible for living the organizational identity and values, then members should have a part in developing them and given the power to enact them. That is what constitutes shared beliefs, and that is what makes work life worthwhile for many employees.

Suggestions for the Future

Although it may sound easy and trite, there is an old adage that sums up the suggestions for the future: "If it isn't broke, don't fix it." Without data indicating that a change in the mission statement was absolutely neces-
sary, the document should have been left intact and other options for change should have been investigated. In this study, the values and identity which were expressed in the original document were important enough that the change may not have been worth the cost.

If organizational leaders are determined to use some of the tactics found in this study, it is imperative that employees be offered some devices by which to respond to them. There seems to be an inherent danger in empowering employees without providing them with the opportunity and the tools to use that power. Without the provision of tools and opportunity, leaders are simply paying lip service to a concept for which they will be holding employees responsible.

Finally, attention should be paid to downward communication that limits and constrains employees. It is obvious from this study that language can easily be used by leaders in ways that limit rather than enlarge employee options. To that extent, employees in particular and scholars in general should be watchful for management communication which limits employee involvement and power. Even if the motivation of leaders is good, the results of the language in the mission statement may have dire consequences for employees. And if, as popular theory now asserts, human resources are among an organization's most valuable resources, why not empower them with the tools
by which to operate at their full potential? The outcome
may well be just what leaders wanted in the first place.
Appendix A

Values, Goals, Identity Mission Statement 1
Appendix A
Values, Goals, Identity Mission Statement 1

Appendices A and B contain messages from the organizational mission statements used in this study. Wording is either drawn directly from the mission statements or from the coders' notes. The labels describing the messages were generated by the researcher using the constant comparison technique.

Uniqueness
meet special health care needs of individual, family, community
Christian-oriented health care facility
Christian philosophy centered around a healing mission focuses on the wholistic concept of the person provide comprehensive health care services
Christian management
nurses reinforce ministry, medicine, and nursing profession our volunteers are special; value the important things in life
hospital desires to make people feel good, even when they're feeling bad employees are enriched by patients
Uniqueness, cont.

multi-purpose regional health care facility
quality health care within Christian community of service
support of sponsor allows for treatment of poor and
  underprivileged as well as more fortunate
follow Catholic Church's teaching in management
all people will be treated
health care and education provided according to need
prevention and control of life-threatening disease
Christian-oriented health care

Pro-employees
volunteers are priceless asset
employees are good-will ambassadors

Responsible Management
shared decision-making
represent patient's interests and concerns
support social justice imperatives
hospital cares about making patient's happy and comfortable
high standards of health care
problem-solving
accountable
keep up with needs
Values, Goals, Identity MS1, cont.

**Responsible Management, cont.**

need to keep on top of things

management of money within religious limitations

effect resolutions

risk-taking

advocacy

non-profit

within the framework of responsible stewardship

require competent performance & professional expertise

from employees and staff

growth

change to meet needs

establish & maintain collaborative relationships with

community

maintain collaborative relationships with other apostolic

works

secure administrative support for implementation of

policies

good stewardship of resources (natural, human, economic)

employee development

commensurate rewards
Values, Goals, Identity MS1, cont.

Religion

spirituality

prayer

highest calling

religious beliefs

recognizing the infinite power of a loving God

tradition of Catholic hospitals

healing according to His will

ministry

Golden Rule

healing ministry

created by a loving God

following the example of Jesus

performed in the manner of Jesus as a healing minister

based on Gospel values

ecclesial community

Catholic

healing mission

exciting individual ministry

uphold teachings of Catholic Church

principles of the gospel and teachings of the Church

climate of Christian service

philosophy of Christian management
Religion, cont.
a call to serve
Lord's service
healing love of our Lord

Caring
responding to human needs
touch someone's life in a humanistic way
human dignity and justice
human concern
dedication
respond to human suffering
compassionate and dignified
respect and love for others
children need love, guidance, protection, healing
special dimension of caring
spread the joy that is ours in serving
warmth
friendship
empathy
support
help families
helping all people
concern for humans and society
caring
Values, Goals, Identity MS1, cont.

Caring, cont.
love
help alleviate patient's fear, frustrations, anxieties
inherent dignity of each person
every patient is different

Quality
professionalism inspired by the ethical, moral, and human concern for the dignity of each person
excellence in the delivery of health care
exceptional nursing care
high standards of health care
quality nursing practice
quality research

Teamwork
personal responsibility
mutual accountability
continuity
contribute one's individual talents toward supporting overall goal
Values, Goals, Identity MS1, cont.

**Education**
responsible medical education and research
engage in professional patient & community education
according to ability to meet needs
knowledge acquisition
keep staff educated medically

**Ethical/Moral**
Catholic standards of medical ethics
medical-moral education for staff

**Pro-life**
from the moment of conception, throughout the life process, to the moment of death

**Non-discriminatory**
without regard for sex, age, socioeconomic, disability, age

**Wholistic**
total care
care of whole person, including spiritual comprehensive care
physical, emotional, and spiritual needs
Values, Goals, Identity MS1, cont.

**Limits**
according to capabilities
ability to meet needs

**Aesthetics**
incredible beauty
people are all different, beautiful, unique in their own special ways
Appendix B
Values, Goals, Identity Mission Statement 2
Appendix B

Values, Goals, Identity Mission Statement 2

Uniqueness

expertise of medical and professional staff
committed to cooperation in the interest of
community-at-large
wide range of services which are appropriate
care givers with emphasis on high intensity services and
critical care
regional reputation as center for clinical excellence
known for dedication and compassion of medical staff,
employees, volunteers, and sponsor
leader in regional service area
socially responsible; corporate good neighbor
experts; social advocate within limits of religion and
resources
remain viable employer
quality staff and modern technology
serve all people within framework of responsible stewardship
major referral center for regional service area
bold faith, foresight, and flexibility which characterized
founding still alive
Values, Goals, Identity MS2, cont.

**Uniqueness, cont.**

4-fold purpose

1) provide quality patient care
2) supportive of education
3) leading institution for new concepts in health care
4) fulfill community social responsibilities

**Pro-employees**

employees allowed to make increasingly significant contributions to organization
work environment characterized by trust, respect, compassion
employees are greatest asset
commitment to employee education that is beneficial to both employees and organization
provide appropriate recognition and compensation
hospital first and foremost a credit to dedicated employees
find satisfaction, reward, achievement, opportunities for personal development within limits of available resources
Values, Goals, Identity MS2, cont.

**Responsible Management**

- attract and retain quality staff
- review/respond to changing health care needs within resource limits
- meet needs of regional service area within resources
- conserve resources; don't offer expensive low volume services
- empower each person to fully use gifts and talents
- affordable health care
- seek best way to serve and use resources entrusted
- cooperating with and not duplicating services of other hospitals
- maintain appropriate affiliations and cooperate with other providers and educational institutions
- research conducted with dignity, respect, confidentiality, informed consent, and in keeping with Catholic health care standards
- conduct business with integrity
- maintain responsiveness to community
- ensure that employees are fully trained and fully committed to medical staff and patients
- provide historical sense of purpose, reason for being, mission, identity
- contribute to economy
Responsible Management, cont.

provide good work environment:
   in which employees and volunteers are committed to high standards
   offered within limits of resources available
developing organizational climate supportive of individual productivity
developing hospital's human resources:
   effective and efficient management
   ensure equal opportunity
   promote cooperative atmosphere for labor relations
plan and cooperate with other agencies
contribute to socioeconomic system by:
   providing support to businesses as health care resource
   contributing to social and cultural life of area
   serving as responsible, concerned employer
serve all people within the framework of responsible stewardship
Religion
provide services according to gospel values of charity, justice, compassion, and reverence for life
continued healing ministry
serve as Christ served
recognizing infinite power of a loving God to heal according to God's will
in harmony with works of Catholic Church
attentive to moral, theological, canonical, and pastoral directives of the Church

Caring
dedicated service in response to human suffering
faithful and compassionate service
enhance dignity of all people through care and respect
commitment to serve

Quality
competence
create environment of excellence in health care
highest possible quality ancillary services
pursue excellence in healing
Values, Goals, Identity MS2, cont.

**Teamwork**
collaboration
work together in spirit of teamwork to serve others
deeply felt, shared values
cooperation necessary
hold each other accountable to the fullest extent

**Education**
supportive clinical environment for education
supportive of employee education beneficial to both
employee and organization
maintain cooperative relations with educational
institutions

**Ethical/Moral**
pursue highest ethical standards in decisions and actions
render services ethically

**Pro-life**
serve patients and their families from conception through
life to the moment of death and grieving

**Non-discriminatory**
without regard for gender, ethnic origin, age, disability,
religious practices or preferences, or financial status
Values, Goals, Identity MS2, cont.

Wholistic
committed to promoting health of body, mind, spirit

Limits
services which are appropriate
within limits of religion and resources
within limits of available resources
which is beneficial to both employee and organization

Innovative/Creative
maintain climate of investigation, openness to new ideas, change
leader in developing and implementing innovative concepts in health care

Vision
will become premier, regionally recognized referral center
known for cardiovascular, oncology, orthopedics, neurology, psychiatry, trauma and rehabilitation
will become leader in geriatric care, meeting complex medical, psychological, social, continuing care needs
will maintain presence as superior health care organization
will maintain service responsiveness
will remain on the leading edge of high technology
will continue to provide high quality of work life
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