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Failing hospitals: mission statements to drive service improvement?

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# Failing hospitals: mission statements to drive service improvement?

Failing  
hospitals

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## Abstract

**Purpose** – This paper aims to consider whether the hospital mission statement can be used as a management tool to improve service provision in failing hospitals.

**Design/methodology/approach** – A literature search into the potential value and harm of hospital mission statements was done, followed by a survey of initial attitudes within a failing hospital. Do they indicate likely success of the tool?

**Findings** – Mission statement is a potentially valuable leadership tool in the hospital environment. The success of its implementation is broadly dependent on its being developed with the support of stakeholders and its real application to all management decisions and questions of asset allocation. The potential danger lies in the fact that it can be seen as an expensive expression of politically correct platitudes which leads to cynical alienation of stakeholders.

**Research limitations/implications** – This was a small study within a single UK failing hospital, and extending its range will help to clarify whether its findings are typical of attitudes within such institutions.

**Practical implications** – The likely success of the hospital mission statement as a management tool within a failing hospital is significantly limited by initial attitudes and preconceptions. Our research suggests that implementation is likely to be detrimental without preparatory involvement of the local community and hospital staff at all levels.

**Social implications** – Hospital management cannot be divorced from the local community where patient confidence must be maintained.

**Originality/value** – This paper complements previous research, which has looked at mission statement acceptance among the upper echelons of hospital management.

**Keywords** Performance, National health service, Survey, Hospitals, Management, Attitudes

**Paper type** Viewpoint

## Introduction

The National Health Service (NHS) in the UK is at a difficult point in its history where both staff and public confidence is low following the events at the Mid Staffordshire Foundation Trust. The Francis Report (Francis, 2010) makes a number of recommendations which could be partly achieved by the effective use of hospital mission statements. Unification of the workforce behind common declared targets could potentially reduce the gap between clinicians and the board. It could help to develop a collective sense of identity and pride in achievements, which would improve staff morale. Such changes could start to build the necessary culture of trust and supportive working methods to reach a stated priority of high-quality care. These are all declared targets of the Francis Report, which could be accomplished in authors' view with a

Many thanks to the hospital staff and visitors who shared their views with the authors.



well-received mission statement that is used to focus on appropriate direction in all new developments within a hospital.

Mission statements were first introduced as a corporate management tool approximately 40 years ago. They have a number of purposes, including inspiring and uniting the workforce, public relations (PR) and the direction of strategic planning for the organisation. This latter role is generally described as offering a framework for future company policies but also includes the board-level agreements which are reached at the design stage. An ideal mission statement, introduced in an effective manner, can fulfil all of these purposes, but poor preparation can lead to negative effects in any of the areas.

We have been interested in the potential of a mission statement to deliver these purposes within a failing hospital. We discuss each purpose in detail and then examine local attitudes through a survey of staff and visitors. The synthesis of these two classes of information has led the authors to the conclusion that there would be significant risk in imposing a mission statement from senior management levels without planning through its effects on future organisational development and involving all levels of staff in the organisation and community in its inception.

### **Background to mission statement purposes**

#### *Uniting and inspiring the hospital work team*

Building a unity of purpose among hospital stakeholders appears to be a very simple and desirable end point. However, three potential responses to mission statements have been described. It can succeed in these aims, induce boredom or have the negative effect of inducing emotional resistance that leads to cynical undermining of its purpose (Campbell, 1997). The latter risk may be a particular problem in not-for-profit organisations, where the epithet of “political correctness” makes such statements particularly vulnerable. There is, however, an alternative perspective to this “failure” due to the alienation of staff. This is the possibility that the mission statement could perform as an active tool by “weeding out” staff with cynical attitudes, and thus leaving a united team with shared values. This can occur due to resignation of disaffected staff and the re-structuring of attitudes in the remaining unconvinced staff to resolve the resulting cognitive dissonance (Bart *et al.*, 2006).

Most research has examined the mission statement as perceived by senior management. Forbes and Seena (2006), however, examined the views by employees at each level of hospital hierarchies. Those who designed the statements saw them as introducing a common purpose. Other senior managers were shown to perceive them as a tool to augment their own power over an unwilling workforce. Finally, the lower echelons showed a greater belief in the influence of the mission statement than their seniors. This suggests that the inspirational effects may be more pervasive than indicated by most research which has almost exclusively examined the views of senior management. A similar Flemish study looked at reception of mission statement messages in a Flemish hospital and found that the reception by nurses was less enthusiastic than the views of senior management but the understanding of the nature of the message was very similar (Desmidt and Heen, 2007).

We have examined initial attitudes to hospital mission statements, so as to evaluate whether there is a particular risk of staff alienation within such an organisation. Communication of a hospital’s values and purposes is a two-sided operation – both the

sending and the reception of the message are vital components of the transmission. The reception of the message has received very little attention in previous research, despite the reliance on staff to realise the actualisation of the aims of the mission statement (Desmidt and Heen, 2007).

### *Public relations*

Maintenance of good PR is another key function of the corporate mission statement. This is variously supported by descriptions of responsibilities to shareholders, customers, staff, suppliers and society at large. Interestingly, there has been research that suggests that the mention of these aspects has a positive impact on the financial success and performance of a corporation (Desmidt and Heen, 2007; Williams, 2008). Clearly, this requires an accessibility to the information carried in the mission statement, which calls for it to be both succinct and available.

Hospitals are unusual in that the shareholders, customers, staff and society are overlapping constituencies, which increases exposure to the mission statement when it is displayed on hospital plaques, websites and stationery. It is, therefore, disappointing to observe that a previous paper has described only 70 per cent awareness of a hospital mission statement among nurses (Desmidt and Heen, 2007). The authors of the paper felt that this reflected a lack of communication through junior management to their staff. This suggests that reliance on passive communication styles should also be augmented by active messages of mission statement support throughout levels of management.

Hospital management views of mission statements have been sought by earlier researchers (Bart and Hupfer, 2004) and have resulted in lengthy and detailed lists of desirable content. Canadian analysis of hospital mission statements showed a range of length from two sentences to three pages (Williams *et al.*, 2005). Such longer statements are unlikely to be of value if “corporate communicators cannot persuade their constituencies to read their mission statements”. (Williams, 2008). This view is supported by other research which highlights brevity as a desirable attribute (McDonald, 2007; Bart, 1998) to avoid squandering the management time and effort which was required to instigate and implement a mission statement.

Staff and visitors to the hospital are asked, in this study, to indicate whether they feel that a mission statement would inspire them in their work or make them feel safer as patients. These questions were designed with the aim of investigating whether the stakeholders were primed to accept the PR aspects of such a statement. Their awareness of the absence of a current hospital mission statement was also examined.

### *Giving direction to future strategic planning*

The final major function of a mission statement is the direction of strategic planning of the organisation. The mere production of a mission statement involves agreements about organisational intent at senior levels (Campbell, 1997). Studies suggest that further gains in this sphere rely on corporate commitment and the alignment of company policies – thus the mission statement should be used to guide all management decisions and questions of asset allocation (Bart *et al.*, 2006; Williams *et al.*, 2005). This has been observed to improve and focus the direction of innovations introduced by management (McDonald, 2007).

The Mid Staffordshire NHS Foundation Trust Inquiry (Francis, 2010) recommends that a clear statement of principles should be adopted and followed through in practice. It describes the fact that all changes should be measured against impact on standard of services.

This survey examines initial views of staff and patients as to whether they have confidence in a hospital mission statement fulfilling strategic aims, such as improving standards of care and clinical outcomes.

### **Survey of local attitudes; staff and visitors**

We invited views from just over 100 users of the hospital canteen as to whether they felt that hospital mission statements were of value and whether they could inspire staff, improve caring attitudes, improve medical outcomes or make patients feel safer.

Interestingly, the results from staff and visitors were very closely matched and they have, therefore, been described as a single group below:

- *General awareness of mission statements:* Around three-quarters of respondents confirmed that they understood the meaning of the term “mission statement” and that they were not aware of such a statement for the hospital. This was unsurprising, as no such statement exists. There was also strong agreement that they understood the purpose of a hospital mission statement.
- *The value of hospital mission statements:* 60 per cent of respondents expressed the opinion that hospital mission statements are “of value”. When we analysed this question more deeply, it was difficult to establish the source of this support. Around 50 per cent felt that a mission statement would “inspire staff to improve a hospital”, but there was clear rejection of the others suggestions. Around 60 per cent rejected each of the ideas that a mission statement would improve caring attitudes, improve medical outcomes or help patients to feel safer.
- *Expressed qualitative opinions:* A number of respondents felt strongly enough to write additional responses on their survey forms. These expressed views that the introduction of a mission statement would not be of value, as it would not lead to active implementation ( $n = 6$ ) or the employment of more staff ( $n = 3$ ) or the improvement of communications ( $n = 3$ ).

### **Conclusion**

The survey suggests that initial attitudes to the introduction of a hospital mission statement would be viewed in a positive light by a significant number of staff and hospital users. However, an overall negative view was expressed by over a third of respondents, with their comments suggesting that they felt that a mission statement might offer mere platitudes rather than describe a course of active management. A disaffected group of this size could certainly generate sufficient cynicism to undermine such an introduction.

There was expressed doubt about a mission statement delivering targeted improvements, such as better medical outcomes, improved caring attitudes or helping to make patients feel safer.

Inspiration of employees was seen as the most likely good outcome, anticipated by half of respondents.

This survey indicates that the use of a hospital mission statement as a major tool in the introduction of the Francis Report Recommendations (Francis, 2010) would be an uphill process. The number of stakeholders who are negatively inclined to such a management tool could lead to significant cynical undermining. The responses to the questionnaire also suggest that respondents do not understand or have faith in the fact that a mission statement is an active management tool to guide the development of an organisation and to focus all change towards the declared objectives. There were no positive group-level responses to the suggestion that a mission statement could have any effect on meeting strategic aims.

These conclusions imply in the authors' view that the introduction of mission statements to UK hospitals should follow an initial phase of involving and educating both staff and the local community. Earlier research supports this approach when commenting that success is augmented by involving staff in the initial build phase of the mission statement (Williams *et al.*, 2005; Forehand, 2000). Extending the gains of such an introduction beyond the expression of platitudes to inspire staff would call for the development of an organisation-wide culture of understanding that the declarations of the mission statement would be used to focus all future innovations and changes.

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**Further reading**

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**About the authors**

Annabel McDonald is one of the growing number of mature entrants to Medicine, and thus is able to deliver a background in management and financial services to the role.

Aamer Sarfraz trained and qualified at the Maudsley and Farnborough Hospitals and the Institute of Psychiatry, London. He is based in Kent as a consultant psychiatrist and director of medical education. He is also a visiting Professor of Psychiatry at Punjab Medical College, Faisalabad. He has published 2 books and 25 articles on drug and alcohol abuse, mental health disorders and sociopolitical issues. He advises the Punjab Government on health and education without any political binding.

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