

**AN EXPLORATORY DESCRIPTIVE STUDY OF MISSION
INTEGRATION AND SUSTAINABILITY IN A NOT-FOR-
PROFIT AUSTRALIAN CATHOLIC HOSPITAL**

Submitted by

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STATEMENT OF SOURCES

I hereby declare that this thesis contains no material published elsewhere or extracted in whole or in part from a thesis by which I have qualified for or been awarded another degree or diploma.

No other person's work has been used without due acknowledgement in the main text of the thesis.

This thesis has not been submitted for the award of any degree or diploma in any other tertiary institution.

All research procedures reported in the thesis received the approval of the relevant Ethics Committees.

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ABSTRACT

Literature indicates that the issues of mission, and mission integration and sustainability, are of importance in organisations, including Catholic hospitals. However, there is minimal research to inform and guide mission integration in organisations. The aim of the study was to identify aspects of mission integration in a not-for-profit Australian Catholic hospital from employees' perspectives. The research questions addressed: (1) the knowledge and experience of mission integration by current employees, (2) the issues, problems, barriers, and (3) strategies for leadership, ownership and sustainability for the future. Following a three stage pilot process, eight questions were formulated to guide and stimulate discussion in focus group sessions. These questions were linked with the three research questions, consistent with the aim of the study. Research ethics approval for the study was obtained from the university and the health care organisation, St Johannas Care Centre (SJCC). A total of 21 employees of SJCC, who were members of the mission integration team, participated in a voluntary capacity. Data were obtained from 17 participants through five focus group sessions, each of one and a half hour duration, and four individual interviews for participants who were unable to attend the sessions due to work commitments. Sessions were audio-taped and the text data was transcribed. Content analysis of the data resulted in categories, sub-themes and themes. Three themes emerged, with one theme for each research question. The themes were (1) 'Having a shared vision', (2) 'It's a changing world' and (3) 'If we look after it now'. It is recommended staff are encouraged and supported by colleagues and the Executive Management Group to take ownership and leadership of the mission and that leadership programs are established whereby mission is highlighted as being integrated with everything that occurs at SJCC. This approach would address situations whereby mission is perceived as another layer on top.

In conclusion, there was a need for staff to have knowledge and understanding of the SJCC mission; resource funding was needed, and a leadership program was needed to foster mission integration and sustainability.

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Chapter 1

Introduction

1.1. Introduction

Mission integration in a not-for-profit Catholic health care organisation needs to be fostered, so sustainability both now and for the future is established effectively. This chapter provides perspectives on historical and current contexts of mission integration at St Johanna Care Centre (SJCC) which is a pseudonym for the participating hospital. This chapter also outlines the rationale, aim, significance, and research questions of the study, together with an outline of the thesis.

1.2. Historical context

Catholic hospitals in Australia generally are integral to the delivery of health care. Most of these hospitals are not-for-profit and some are funded by the government. The first religious congregation of the Catholic Church came to Australia in 1838 and established a service at Botany Bay (Sisters of Charity, 2009). With the arrival of more religious congregations during the latter half of the nineteenth century, more hospitals were established, resulting in Catholic health care services being provided throughout all states.

In the later part of the nineteenth century the religious sisters (John Paul II, 1996) were responsible for the integration of mission services with patient care. Administration of the hospitals was conducted by the religious sisters.

At SJCC the founding religious order was active in hospital management and gave a strong symbolic presence to staff, patients, visitors and members of the wider community. Religious icons and practices, including the wearing of religious habits by the sisters, were reminders to all of the purpose of SJCC and who was responsible for the hospital. In effect, SJCC was a symbol of the religious story which the religious sisters lived and this tradition was part of the atmosphere of the hospital.

Throughout the early twentieth century more Catholic hospitals were established in Australia. By the 1990's the religious congregation had a continued agreement with the government to provide public health care integrated with SJCC mission.

The archives of SJCC documented that the hospital had a specific philosophy of care, consistent with the tradition of the religious congregation who were the sponsoring body. In the 1990's the philosophy of care was replaced by a mission statement which highlighted the importance of the SJCC heritage and gospel values. The mission was the guiding force for SJCC in delivering a high standard of patient care. Until 2000, each of the hospitals sponsored by the religious congregation was stand alone with their own developed local mission statements. During late 2000, the religious congregation established a national SJCC system.

1.3. Current context

As the SJCC national health care system continued to develop in 2001, the mission statements of the individual hospitals were replaced with a national SJCC mission statement. At the time of commencement of the research, the new national mission statement had been adopted by the study hospital and was operational for about twelve months. This provided the current context of mission and mission integration for this thesis whereby having a conscious awareness of the process for integrating mission was essential. The number of employees at SJCC had expanded from approximately three hundred to thirteen hundred over the past twenty years. In the 1990's the religious sisters associated with SJCC were at a maximum of fifteen. Some were appointed to hospital positions and others visited frequently. Therefore, the mission culture which was demonstrated by behaviours reflective of having an understanding of the hospital mission, was continued by the presence of these sisters. The mission also portrays that the sisters' particular way of living which encompassed a focus of prayer and care for the sick, dying and those in need. Thus, the sisters' religious training was reflective of the mission statement which was part of their daily living.

By 2005, there was only one full-time sister in the hospital who was appointed in 1998. From 1998 until 2005 this position as Director of Mission was filled by the

researcher, as a member of the religious congregation. Following her departure from the hospital to another province position, a lay Director of Mission was appointed.

Religious sisters in mission director positions had undergone between six and nine years of intensive formation and education programs to be a religious sister. Leadership is different in SJCC mission culture as this particular mission is guided by rules of the Catholic Church. A lay director of mission would need to have an opportunity to understand SJCC mission to fulfil the position. Key position refers mostly to those in executive positions, in particular the Chief Executive Officer who had the responsibility of ensuring that mission was integrated with service provision.

Although many of the religious sisters no longer had a strong presence at SJCC, they continued to partake in significant hospital events and had visitors' presence. Thus, the daily presence of the religious sisters had significantly diminished. Given this situation, there was concern by a number of staff regarding the integration of the mission and national mission statement, and its sustainability, at SJCC. For the purpose of this thesis the national mission statement has not been included in the appendices, since it would identify the health care system, where SJCC is embedded.

Staff of the hospital would express their concern about sustaining the mission culture. There was a fear that unless the current situation was recognised immediately, the mission culture would be lost at SJCC and possibly could lead to extinction. Some staff perceived that the mission of SJCC would possibly lose its unique identity, historical tradition and the values based way of caring for its patients and staff.

The unique identity of the mission is that of being a Catholic health care facility. An example is whereby staff contracts reflect their agreement to abide by the mission and values of the organisation which are reflective of Catholic identity.

Historical tradition refers to the origins of SJCC sisters who were founded as a Catholic congregation. Values based care has demonstrated behaviours which were reflected with patient care. SJCC was a values driven organisation. Other cultures and in particular non- catholic organisations have values based caring or a mission culture, however, Catholic facilities are different due to the identity. This is related to the healing ministry of Jesus Christ and the Pope as the main authority for the Catholic Church.

Many staff strongly believed that strategies for the development of mission integration needed to be identified for future mission sustainability. Mission integration is understood to be a conscious awareness process whereby staff were invited into an understanding of the SJCC philosophy, mission and values. Although mission activities were incorporated into the SJCC workplace with the aim of instilling the mission culture, there was a perceived need to develop an approach to enhance mission integration, and contribute to mission sustainability for the future.

The anticipation of this study was that it would provide an innovative perspective towards the understanding of mission integration and sustainability and that the findings would enhance the mission culture and fulfilment of the SJCC mission.

1.4. Rationale

The rationale for the study developed from the awareness of the researcher with three interrelated factors, in relation to the mission and mission integration at SJCC. These factors were the decreasing numbers of religious sisters' presence, appointment of professional administrators replacing religious appointees and growth in the number of employees. The purpose, culture and identity of SJCC were reflected in the national mission statement. The issue remained, however, as to how staff could come to know in a more informal way the tradition and meanings of the story of the founder of the religious congregation and the SJCC health care system, and how they would incorporate this into their work activities. Without this knowledge and understanding of the mission, staff's experience in their work life was expected to be less than optimal and the mission of SJCC would not be fulfilled. Therefore, it was important to explore possible issues, barriers and problems that may inhibit mission integration. Furthermore, possible strategies for leadership, ownership and sustainability of mission integration would need to be explored for the future.

Staff needed to know the story of the SJCC founder as the specific mission focus was to care and pray for the sick and dying. The challenge of mission integration was how to integrate this story appropriately for the twenty-first century. Although, staff were concerned regarding mission sustainability, this was only one part of what was a complex task. The religious sisters as sponsors of SJCC were concerned due to their

diminished presence at SJCC and still having the same amount of responsibility and accountability for mission.

Lay leadership would be perceived as an issue not as a barrier. All of those involved in leading the mission would essentially be needing to know the founding story which was associated with the mission statement, and was essential for the religious sisters in establishing the founding SJCC story and heritage.

The following aim describes the reason for the study in relation to investigating SJCC employees' viewpoints.

1.5. Aim of the study

The aim of the study was to identify aspects of mission integration in a not-for-profit Australian Catholic hospital from employees' perspectives. As there was minimal information in the literature review regarding how to integrate mission in a Catholic health care organisation also known as mission culture, and following from the rationale, three research questions were developed by the researcher and supervisor.

The research questions were:

- ❖ What is the knowledge and experience of mission integration for current employees?
- ❖ What are the important issues, problems and barriers in relation to mission integration?
- ❖ What are possible strategies for future leadership, ownership and sustainability of mission integration?

1.6. Significance of the study

This research study was designed to explore and describe the experience of mission integration in a not-for-profit Catholic health care organisation, to describe mission integration and develop ways to sustain mission integration within the organisation for the future.

It was expected that board directors and senior staff of SJCC would be supported with future strategic planning for mission integration by the findings of the study. It was

anticipated that the research project would offer the opportunity for some employees to contribute to a process that would lead to enhancing mission integration and planning for the future. Consequently, this research study has the capability of contributing to medical, nursing, allied health and hospital administration knowledge of mission integration in not-for-profit hospitals. The study was expected to highlight the importance of mission integration and sustainability in regard to delivery of a high standard of quality patient care through mission driven service provision.

Finally, this qualitative research was expected to be of interest to those hospitals that seek to address mission integration in the future, both within the SJCC national system and in the wider community.

1.7. Outline of the thesis

An overview of chapters in this thesis is now provided.

Chapter 1 gives an introduction to the research study including the historical and current contexts, the rationale, significance, aims of the study and the research questions.

Chapter 2 provides a review of the literature in relation to the definition, purpose and benefits of organisational mission and mission statements, as used in corporations and health care. The literature review was commenced before undertaking the study and was updated throughout the duration of the research process.

Chapter 3 presents the research design and methodology used in this study. The rationale for exploratory descriptive research methodology is explained, followed by development of focus group questions, recruitment of participants, data collection and data analysis methods, and rigour and ethical matters.

Chapter 4 presents the demographic profile of the participants and a report of the thematic findings that emerged from the qualitative data, as related to the research questions.

Chapter 5 discusses the findings in relation to relevant literature. Limitations of the study are noted. Recommendations for the integration and sustainability of the mission at SJCC and for further research are outlined.

Chapter 2

Review of the literature

2.1. Introduction

This chapter provides a review of the literature related to the aim of the study and research questions. It describes the method used in searching the literature, and gives an account of the definition, purpose and benefits of mission in organisations, aspects of mission statement development and use in health care organisation, including Catholic hospitals. Finally, current knowledge about mission integration is reviewed. The review highlights the gaps in knowledge which created the need for the study.

2.2. Literature search method

The literature was searched using CINAHL (1995–2008) and Medline (1995–2008). This process was essential with the identifying and defining of key terminologies pertinent to the research questions. For instance the terms: *leadership in health care, mission statements, mission, hospital mission, culture, mission integration and mission in organisations* were extensively searched as each of these terms were considered highly pertinent to the research questions.

Other databases were used to search the literature were sourced through ERIC (2000–2008), OVID (2002–2008), EBSCO (2003–2008) and Blackwell Synergy (2008). Internet searches using Google and Google Scholar (2008) assisted the researcher in the continued identification and recognition of significant terms entered into the databases.

The review of literature incorporated articles, abstracts and full text in relation to hospital staff experiences of mission in health care. Over one hundred documents were found relevant to the research topic. Secondary references were also searched and relevant articles were retrieved and reviewed.

Mission in organisations including the purpose and benefits of mission statements and factors related to mission integration were clearly articulated through the literature review. This review gave a clear background of the context and knowledge base

related to pertinent concepts, as recommended by Brink and Wood (1988). These authors highlight the importance of knowing the concepts that are part of the knowledge base interrelated with the context and aims of a study.

2.3. Mission in organisations

Catholic hospitals, through the church, have continuously had an articulated mission in relation to the healing ministry of Jesus Christ. However, there is a substantial body of literature that aims to describe and account for the nature of mission and mission statements in organisations in secular and denominational environments. Whilst some authors report on research studies, others provide scholarly discussion on the nature and purpose of mission and mission statements in organisations. This literature will now be discussed.

For example, Collins & Porras (2001) argued that the philosophy of an organisation is an integral part of the mission, in providing a clear focus. These authors identified mission and values as: “the glue that holds an organisation together as it grows, decentralises, diversifies, expands globally and develops workplace diversity” (Collins and Porras, as cited by Henderson, 2005, p. 2). Zuckerman (2000) also indicated that organisations need to state the purpose and reason for existence, and describe what the organisation does and for whom. Furthermore, Curran (1996) highlighted that the organisational mission holds all aspects of the organisation together through leadership changes, technology and partners in business.

As mission develops throughout the organisation it requires a clearly articulated understanding, acceptance and comprehension for staff awareness of the aspects of the mission. Bart (2004) suggested that unless these aspects occur, the impact of the mission would possibly be minimal.

2.3.1. Mission statements

Pearce (1982) stated that an organisation may formalise the mission by developing a written statement, which defines its unique and enduring purpose. Similarly, Bart and Tabone (1999) posed some questions for organisations when they develop mission statements, specifically: „Why do we exist?“, „What is our purpose?“, and „What do

we want to achieve?’ They argue that a mission statement should aim to answer these questions.

In a similar vein, Campbell and Tawaday (1990) defined the mission as the organisation’s purpose, aim or reason for being. The mission of the organisation in statement form articulates the enduring purpose that distinguishes one business from another, and highlighted the importance of employees. On the other hand, Pearce (1982) referred to mission as embodying the philosophy of the business decision, highlighting the organisation’s image and the area of service for customer satisfaction.

Whilst these authors shared a similar view that mission is the purpose of the organisation, the importance of mission was emphasised in different ways. Pearce (1982) focussed on the customer, whilst Campbell and Tawaday (1990) considered employees as the central focus.

Stone (1996) discussed the significance of a clearly defined mission statement in enhancing organisational goals. Similarly, mission statements outline the purpose of the organisation. The mission statement guides decision making and provides motivation for employees to achieve goals (Bart & Tabone 1999; Bart, 2004; Ireland & Hitt, 1992; Tuohey, 1998).

Stone (1996) articulated the mission statement as defining the company business, whilst Bart and Tabone (1999) research findings endeavoured to ascertain as to whether there was a connection with key performance indicators of components of the mission statement. Findings showed some components in particular financial and behavioural had a strong effect on performance of the hospital.

Bart (2004) held a similar view to Stone (2004) regarding the definition of a mission statement. Bart’s (2004) research results showed similar outcomes to Stone (1996) whereby employees’ commitment to the mission was integral for driving new ways in the organisation.

For the mission statement to be meaningful, Dust (1996) stated that it guides employees in what to do and their actions need to be aligned with the statement. Whilst these statements are relatively stable it is imperative they remain energising and responding to the service of the organisation.

Bart (1996, p.480) noted that, as far back as 1979, George Steiner considered the behavioural impact of mission statements and he stated “that they were not designed to express concrete ends, but rather to provide motivation, general direction, an image, a tone and a philosophy to guide the enterprise”.

Drohan (1999) indicated that for a mission statement to be good, the wording needs to demonstrate the organisation’s existence, recognise the profile and have a clear outline of its uniqueness, as well as communicating a desired effect, sharpness and ongoing development. Whilst the mission statement needs to state the corporate purpose of the organisation, it must be inspirational to stimulate the reader (Ireland & Hitt, 1992).

Given the nature and purpose of mission statements, the review of the literature will now focus on research in regard to mission statements in various organisations.

2.3.2. Mission statements in corporations

There was minimal knowledge regarding the relationship of the mission of a company and practices of the management which may contribute to the innovativeness of the firm. Therefore, Bart (1996) surveyed 75 managers from Canadian industrial and technological companies to investigate the impact of mission on innovativeness. Outcomes of this study included that there was a positive relationship between the content of mission statements and innovative management practices, as well as identification of 15 management practices which impacted on the firm’s sale of products, which were not mentioned in the mission statement.

This is related to the mission culture as the mission statement is reflective of the culture, whereby current views are held that the mission statement is the guiding force of the organisation. Innovative practices when being introduced into the organisation are aligned with the content of the mission statement.

Another survey was carried out by Bart, Bontis & Taggar (2001) which was administered to 83 large Canadian and US organisations, involving senior management to examine the relationship between the performance of organisation and mission statement. Analysis of the data revealed that mission statements can influence financial performance and significant correlations were found between mission and

overall performance and in the particular area of employee behaviour such as commitment to the mission, policies and procedures and structure of the organisation internally.

Whitbred (2005) carried out a study with military personnel of a public works division in the southern part of the United States of America. The aim was to examine the perceptions of mission by employees in the organisation. The participants were privately interviewed for nearly one hour. Findings showed that participants who were from the same group at work had similar interpretations of the mission. These participants communicated with each other and worked in close proximity. Consequently, these findings encouraged employers in this study to be very aware of the membership of workplace groups when communicating the mission, both formally and informally.

In a study by Bart (2004), 339 large organisations were surveyed to identify relationships between firms with mission, new strategies, commitment of employees and learning practices in the organisation. The study involved CEOs, Presidents or Board Chairmen, Vice Presidents and Directors and middle managers. The survey focussed on the role of executives of companies in reinforcing particular learning practices in their organisations for utmost benefit to be gained with the mission statement. The results highlighted the need for employees to understand their organisational mission statement in order to achieve maximum efficiency with implementation and communication of the statement.

Bart (2004) argued that if the employee understands the mission statement. this could lead to a far greater commitment of the employee in the organisation. The connection between efficiency and opportunity to understand the mission statement relies on communication by managers. If the mission statement is well communicated employees will have greater employment commitment and improved performance, as this would be part of the content of the mission statement.

The literature highlights the necessity for employees in the organisation to have an awareness, knowledge and understanding of mission statements in their organisations. A mission statement needs to be a directive for employees in making a decision,

thereby limiting the requirement for customized main guidelines whilst integrating the mission with the organisation (Bart & Tabone, 1999).

Employees, especially managers need to have a clear understanding of the mission so the mission statement will be clearly articulated. When this occurs it increases the possibility that all those associated with the organisation would have a greater understanding due to more effective communication (Vandijk, Desmidt & Buelens, 2007). Similar views were reported by Bart (2004) whereby study findings had placed emphasis on communication of the mission statement.

Studies suggest that, whilst the content of mission statements may influence organisational goals and performance, there may be workplace factors that need to be taken into account when key personnel in the organisation communicate with employees about the mission. Some aspects of an organisation's mission statement may benefit from a closer alignment with indicators of performance. This issue will now be considered further in regard to possible characteristics of mission statements.

2.3.3. Mission statement characteristics

A number of studies have addressed the content of mission statements and have identified various components or characteristics that may be present in them, or are recommended to be considered by organisations in order to achieve their goals and desirable outcomes. Although analysis of the content of mission statements is not the focus of the study in this thesis, it is important to consider research that may inform mission statement development, and some of the characteristics that may be important for an organisation to consider when reviewing the statement or endeavouring to integrate it into the workplace. Some of these characteristics may need to be considered during mission integration, if an organisation is to achieve its goals.

Pearce and David (1987) highlighted in their study of mission statements the importance of assessing the relationship between eight components of the mission statements and performance of the corporation. These eight components were specifying customers and markets, identification of services, geographic area, main aspects of technology, survival mode, main aspects of the philosophy of the company, concept of the company and image to the public. The research sample included the mailing of a letter to the CEO of each of Fortune 500 corporations, requesting a copy

of the organisation's mission statement. Response rate was 44 percent whereby 218 of 500 companies responded to the importance of evaluating mission statements.

Content analysis of 61 mission statements was done to determine if the eight components as outlined in the literature were evident in each mission statement. The findings were firstly, that firms with high performance have mission statements that are more comprehensive compared to lower performing organisations, who did not participate in the development of mission statements or strategic planning. This was confirmed through prior research by Pearce (1982). Performance was measured through empirical ways of investigating the responses received by the researcher. The components of these statements included those regarded as important in the literature. Secondly, a finding from this study emphasised that it was important for organisations to include in the mission statement the components of public image, self-concept and the philosophy of the corporation (Pearce & David, 1987).

Bart (1997) conducted a study of 88 corporations in North America using a questionnaire survey. Emphasis was placed on requesting information regarding managers' understanding of the characteristics of the mission statement of the firm. Data categories were aligned with the selected performance measures including mission statement content and process, influence on behaviour and characteristics which related the organisational performance. The study revealed that there appeared to be inaccurate documentation with published versions of these public mission statements. Senior managers lacked interest with accurate assessment of mission statements, that is, as to whether it truly portrayed the organisation, which was important to ensure a professional stance was achieved within these corporations. The study depicted the importance of having a clear purpose of mission statements which included ten essential identified characteristics.

Bart and Baetz (1998) explored the relationship between mission characteristics and levels of performance in an organisation. The sample consisted of 136 executives of Canadian organisations. Content analysis of mission statements identified five major characteristics of mission statements: goals for finance, purpose of the organisation, list of values, strategy for business and mission statement length. However, a number of hypotheses relating mission statement content to performance indicators of firms were not supported, such as predicted differences between firms that had mission

statements versus firms that did not. However, it was found that firms who developed satisfactory mission statements and had mission development processes, involving internal stakeholders, had a strong association with employee behaviour. These findings were different to those of Bart and Tabone (1999) whereby the findings of this research study placed emphasis on relationship between components and performance indicators.

Ten components of mission statements were recommended by Bart and Baetz (1998) to be considered when formalising a mission statement. These components comprised of purpose, values, strategy for business, standards and policy for behaviour, corporate goals, identity, image, location, information technology and survival mode. These authors suggest, however, that more research is needed to examine the relationships that develop in association with the mission statement and to ascertain the relevance of material incorporated within mission statements.

Bart (1998) conducted a further study involving 72 managers from large industrial companies in North America to determine if there were differences between innovative and non-innovative organisations. A questionnaire was developed to measure as to which of 25 possible components of mission statements were present in the firms' missions and any relationship to innovativeness. They also identified 10 rationales of mission statements for inclusion in the study. The components were identified as: purpose of organisation, values, belief, philosophy, distinctive competence, position of competition, strategy for competition, stakeholders, behaviour standards and policies, aims, goals, a goal that is clear and compelling, targets and objectives for financial performance and business definition. Service for specific customers and markets, service for specific products, self concept statement, public image, business location, technology, customer satisfaction, welfare of employees, suppliers, society, shareholders and vision were also included in mission components.

The ten rationales included creation of organisational common purpose, definition of activities and operations for organisation, CEO control of the organisation, organisational standards of performance, assist individuals to identify with organisational aims and purpose, and promotion of shared values. External stakeholders' had an interest in promoting motivation of organisational members,

refocussing on members at critical times and allocating soundly the organisational resources. These aspects were all part of the rationales (Bart, 1998).

The findings indicated that there was considerable between-group variation between innovative and non-innovative firms in relation to mission components and rationales. The study raised managers' awareness of the need to be more specifically focussed and attentive to this outcome (Bart, 1998).

David and David (2003) collated 95 internet mission statements including 27 from computer firms, 36 from food services and 32 from banks to ascertain as to which statements included the nine components used in writing a mission statement as outlined by Pearce and David (1987). The nine components were outlined as: the target market i.e. the customers, value for customers being services or products, geographic location, use of information technology, financial concern, philosophy and values, image portrayed to the public and employees, and a competence that is distinctive. Three independent raters examined each statement and found that the most frequent component highlighted in the statements was the distinctive competence. This allowed the firm to distinguish its products however, stakeholders received minimal knowledge of the mission statements.

Considering the benefits of mission statements, it is believed that they have mainly two functions, ie to assist in organisational decision making and to encourage employees to work towards achievement of goals (Bart & Tabone, 1999; Forehand, 2000; Ireland & Hitt, 1992). The study findings of Bart and Baetz (1998) differed from Ireland and Hitt (1992) as their study research findings found that whilst the mission statements exist in organisations it does not necessarily allow a good performance. Bart and Baetz (1998) concurred with Desmidt, Prinzie and Heene (2007) that the mission statement needs to be communicated effectively to have a positive impact on employee behaviour. It would seem reasonable to expect, then, that mission statements would be useful in health care organisations. Research in relation to mission statements in hospitals will now be considered.

2.4. Mission statements in health care

There are several research studies in overseas hospitals on mission in health care. In this section research studies involving some European and Canadian hospitals will be

discussed, followed by a review of mission and mission statements in Catholic hospitals.

2.4.1. European Hospitals

Vandijk et al (2007) undertook a study with 90 CEO's of Flemish not-for-profit hospitals using a questionnaire. The response rate was 72.9 percent with the highest percentage being from executives and lower percentages from senior level or middle management. The researchers chose participants who were knowledgeable of mission statement as opposed to those who had less knowledge, as they were aiming to ascertain very accurate data. A control group of 43 students, who were participating in a public management program at masters' level, assessed the organisational mission statements involved in the study.

The questionnaire used by Vandijk et al (2007) focussed on mission statement content and the level of satisfaction with the components of the statements. These results showed that managers clearly used some components more than others, mostly based on values and beliefs. They were satisfied with their organisation's mission statement, and agreed that a well written mission statement would contribute to its performance.

The study findings of Bart and Baetz (1998) differed from Vandijk et al (2007) as the results of research findings showed this mission statement presence would not be related intentionally to organisational performance. Bart and Baetz (1998) carried out analysis whereby employee behaviour related well to the mission statement which experienced a process for mission development. This finding concurred with the research findings of Desmidt et al (2007) whereby emphasis was placed on mission statement communication. Managers tended to avoid components that articulated interest for shareholders, suppliers and financial performance. Findings depicted the difference between for-profit and not-for-profit health care organisations and the level of satisfaction.

In relation to Flemish not-for-profit mission statements, managers were in need of researching for resources that would promote the competency and success of the organisation. This was necessary to attain a potential high standard of performance. Therefore, Vandijk et al (2007) emphasised the necessity of the above points which relate to the mission of the organisation. Staff were aware that the new mission

statement would have a significant impact on the organisation, more particularly the mission and how this would continue throughout the twenty-first century.

Desmidt and Heene (2007) conducted an exploratory study in a 217 bed Belgian regional hospital. A total of 253 questionnaires were distributed to 234 nurses, 13 managers in nursing and a group of six senior management team members. With a 40 percent response rate, the participants were 102 nurses, including nurse managers and senior managers who completed a mailed questionnaire within a two week timeframe for return. The study sought to determine the perception of managers and non-managers with their organisational mission statement and as to whether there was a perceived gap between these groups. Findings revealed a perceived gap between managers and non-managers, whereby managers were more positive in their attitude and expressed the mission more directly than the non managers.

In another study, Desmidt, Prinzie and Heene (2007) aimed to measure usage of mission statement and to identify factors influencing mission usage. Three Flemish hospitals were selected from a group of twenty random sample hospitals due to their processes for development of mission statements. Two were non-profit regional hospitals and one was a non-profit psychiatric hospital. A total of 1,914 nurses were invited to participate in the study. Questionnaires were completed by 863 nurses, giving an overall response rate of 45 percent. Only responses of participants who were aware of the organisational mission statement were included in the study. Therefore, data for the study came from 510 nurses, giving a response rate overall of 27 percent.

The results of this study by Desmidt et al (2007) highlighted the importance of colleague peer pressure and communication in relation to the organisational mission as influential aspects of employee usage of the mission statement. Effectiveness of mission statements required communication and integration plans that were specifically developed for the organisation. Further, these results highlighted some strategies to enhance the usage of hospital mission statements, knowing that mission statements would not automatically flow through the organisation. This finding is similar to that found by Bart and Baetz (1998). The level of mission statement use amongst nurses and factors influencing this use included an interest in a mission statement being used as a tool for management, however, a relationship between organisational performance and the mission statement was not clear. In contrast,

Pearce and David (1987) argued that study findings showed that an organisation considered as highly performing had a mission statement that was comprehensive.

2.4.2. Canadian hospitals

Bart and Hupfer (2004) conducted a study on mission statements in Canadian hospitals. This study incorporated understanding the values of mission statements from a strategic perspective. The aim was to provide some recommendations that could be actioned to benefit health care organisations. A questionnaire survey was distributed to 515 English-speaking hospitals in Canada. A total of 130 questionnaires were returned, giving a 25 percent response rate. Of the respondents, 78 completed all of the questions. Each aspect was rated on a ten point scale to measure whether it was included in the hospital mission statement.

Data analysis by principal components analysis with varimax rotation resulted in the emergence of seven factors (Bart & Hupfer, 2004). Findings of the study depicted that not all components were equally rated and incorporated into mission statements.

Bart and Tabone (1999) conducted a similar study with 496 Canadian hospitals. The researchers sought to verify if mission statement components were related to indicators of hospital performance. Senior executives were mailed a questionnaire and a total of 103 questionnaires were completed and returned, ie a response rate of 20.8 percent. The study findings showed that some mission statement components were consistently found in not-for-profit organisations. These included purpose, values and beliefs, goals, customers and services. However, it appeared that managers tended to be selective when deciding the components for mission statements.

Whilst Bart and Tabone (1999) and Bart and Hupfer (2004) conducted studies using a similar approach, their findings differed as it appears that the organisations studied had either a consistent or comprehensive approach in developing content and communicating the mission statement. Both studies tended to ascertain as to what components would be conducive for the mission statement, without stating or finding as to whether the statement really had any effect with employees' life in the workplace.

2.4.3. Catholic hospitals

As people search for ways to be part of Catholic faith based health care organisations, it is considered that demonstrated behaviours need to be reflective of knowing the story of Jesus. These behaviours support the living of the mission which is integral to the identity of a Catholic hospital. Importantly, the Catholic hospital has been viewed as an expression as to what Jesus did throughout his life, in relation to healing of others (DeBlois & O'Rourke, 1995; Maddix & Savard, 1999; Wuerl, 1999).

In these articles authors discussed aspects of mission and the importance of having mission statements for Catholic hospitals. Whilst it is stated that the healing ministry of Jesus Christ was expressed appropriately, employees own experiences were not considered. Whilst these authors seem to have written from an individual knowledge base and scholarly argument, which may be important background information for mission, there was no emphasis placed on the perspectives of employees in Catholic organisations. Moreover, it was not clear how one would actually know that the integration of mission had essentially occurred, that is the nature of the evidence that would demonstrate mission integration. Some other authors have endeavoured to address this issue.

Denominational hospitals, in particular not-for-profit Catholic hospitals are made up of theological and spiritual aspects, which needed ongoing integration of hospital mission and values. The human person is central to all aspects of healing (Cox, 2004). Catholic health care is provided in the context of the healing ministry of Jesus Christ and staff are encouraged to know that this aspect is central to the life of the organisation. For participation in this ministry staff need this understanding in an authentic way (Heller & Gerety, 1998; Dougherty, 1997).

Cox (2004), Heller and Gerety (1998) and Dougherty (1997) both argued that the healing ministry of Jesus Christ was central to the life of a Catholic healthcare facility. Emphasis was placed on employees knowing this as part of their life in the workplace, however, knowing employees' perspectives and experiences of integrating mission into the organisation, whilst highlighted as important, was never addressed. . This concern raised the need for this research study.

O'Rourke (2001) stated that, in harmony with the example of Jesus Christ, Catholic hospitals provide health care. The characteristic that distinguishes Catholic healthcare is the healing ministry of Jesus Christ (Taylor, 2001; Delkeskamp-Hayes, 2001; Wood, 2001; Shannon 2001). Arbuckle (2007) highlighted the importance of the healing mission of Jesus Christ as the first concern for Catholic health care, in particular the Catholic hospital. These findings concurred with the studies by Cox (2004), Heller and Gerety (1998) and Dougherty (1997). The findings supported the need for employees to have a sound knowledge base of the healing ministry of Jesus Christ. If mission integration was to occur effectively the researchers highlighted the necessity of knowing that this was happening in a conducive way.

O'Rourke (2001, p.16) argued that Catholic hospitals should have mission statements expressed in a language that is readily understood by patients, staff and professionals. In addition, Catholic identity statements involve description of the "qualities and characteristics of the services" offered by the facilities, and if the mission is to be achieved, then these characteristics will be present in the institution. Similarly, Wood (2001) suggested the importance of mission statement revision for healthcare organisations. This would require staff of ward or department areas to articulate their particular behaviours to guarantee specific Catholic identity goals were being accomplished appropriately. O'Rourke (2001) and Wood (2001) differed in their points of view regarding the mission statement and essentially both authors appeared to have not pursued the perspective of the employee, any issues, problems or barriers or possible strategies for future leadership, ownership and sustainability.

Delkeskamp-Hayes (2001) examined Catholic identity of mission statements as reflected in several United States health care organisations. An investigation was undertaken to ascertain the difference between a Roman Catholic health care institution and an organisation from the for-profit sector. This was an attempt to define as to what distinguishes a Christian and, in particular, a Roman Catholic health care institution from a non-denominational for-profit hospital. The findings revealed that integration of mission in a Catholic hospital relies on the understanding of the healing ministry of Jesus, which is not a requirement of secular organisations. Religious institutions such as Catholic hospitals have the responsibility to meet their spiritual mission, consistent with the mission statements of the religious orders.

However, concerns were raised as to whether the mission is completely fulfilled and is it possible to do so (Delkeskamp-Hayes, 2001).

The question of language usage in Catholic mission statements was researched by Taylor (2001) whereby 25 mission statements from Roman Catholic hospitals were examined. It was found that 12 statements incorporated Jesus and Christ in their statements, whilst the remaining thirteen depicted a more humanistic approach in an attempt to portray the Catholic identity of the health care institution.

Taylor (2001) highlighted that language usage in the mission statement needs to clearly state the identity of a Roman Catholic institution. This language reinforced the finding that those who were involved with work of the Church needed to be consciously aware in continuing the healing ministry of Jesus Christ. Therefore, language usage is an integral component giving witness to the reality of mission in health care.

In United States of America 593 Catholic hospitals were associated with the works of the Catholic Church and were 14 percent of hospitals not belonging to the government. Mostly, they were governed by sponsoring bodies who were religious congregations of the Catholic Church with the possibility of some lay trustees (O'Rourke, 2001). Examination of mission and identity statements in USA Catholic hospitals was carried out by O'Rourke (2001). He found that characteristics contained in statements of Catholic hospital identity would need a variety of stages for implementation. He also raised concern regarding how effective the statement would be without some form of clear understanding of it.

Taylor (2001) and Delkeskamp-Hayes (2001) also found similar findings regarding the language of mission statements, whilst O'Rourke (2001) found through examining mission statements the importance of implementation. These authors held the common use of language, however, indicating the need for knowing as to whether employees had an articulated understanding of the integration of mission or outlining any findings as to what the problems, issues and barriers could be were not raised of any importance.

The content of mission statements in denominational not-for-profit hospitals and, in particular, Catholic not-for-profit hospitals was evaluated by Wood (2001) to

determine whether Catholic or other Christian hospitals needed to have mission statements. It was clearly articulated that mission statements in these organisations needed to be distinctive from others. Although it could be a difficult task, it was critical to the Catholic hospitals' existence.

Missions and mission statements in organisations from the corporate perspective, and mission statements in health care convey the importance of the relationship between content and performance of the organisation. The literature has portrayed a variety of aspects ranging from the number of components to considerations in relation to formulating a mission statement, development of content and to some extent the process for integrating mission in organisations (Wood, 2001). The strength of the literature review in this section highlights the importance of those responsible for mission and mission integration. It outlines the necessity in having a clearly articulated understanding of the healing ministry of Jesus Christ and the importance of the language in the mission statement. The weakness seems to be that the next stage, integrating the mission into the workplace and working lives of employees, is not at all clear. How could a Catholic Hospital's mission be integrated effectively, and what indicators could be used to demonstrate mission integration? A concern of the researcher relevant to the present study was the weakness in the literature regarding the lack of information on these matters, including how would this be known to an employee. Whilst Delkeskamp-Hayes (2001) articulated the concern of knowing if it is possible to do so, there seemed to be a weakness in highlighting the concern as to whether it was possible to integrate mission and if so how would it be carried out effectively and measured appropriately. The next section examines more closely aspects of mission integration.

2.5. Mission integration

Smith-Eivemark (2004) argued that the integration of mission is part of the organisation and it is noticeable when incorporated into strategic planning. As a result, key performance indicators need to be highlighted to enhance the importance of the accountability of mission integration.

Vandenberg and Grant (1992) discussed mission integration in the USA by undergoing an organisation wide development of mission integration programs for

Holy Cross Health System. Every employee in the organisation became part of a consciousness awareness process with a strong reference to mission accountability and loyalty.

Mission integration was portrayed by Wroblewski (2003) as more of a lived experience, to know and understand mission and the way an individual will use personal influence to impart the knowledge and perception of mission. From an historical perspective, continuous development and aspects of the healing ministry of Jesus Christ and the story of the religious congregation need to be interpreted for the future and to be carried forward.

Wroblewski (2003) outlined seven phases of mission integration. The first phase included the presence of the sisters. This presence was demonstrated through a variety of roles which the sisters fulfilled in the mission of health care. These roles included administration, nursing and allied health. This reflected a time when the sisters incorporated the philosophy, mission and values of the organisation, and the essence of the presence and lifestyle of the religious sisters were a tangible signs of demonstrating the mission. The next six phases included philosophy, project focus, public proclamation, mission reflection, spiritual formation, and spiritual maturity.

An important aspect outlined by Wroblewski (2003) is the developmental continuum for mission integration, which outlines a way of conveying to employees the importance of mission integration. Wroblewski (2003) depicted ways of integrating mission however, there was no evidence of findings to support its effectiveness for the organisation.

Smith–Eivemark (2004) stated it is the main focus for people who continue to reflect their personal values in relation to the values of the organisation. If mission integration is understood as a conscious awareness raising process, it becomes imperative for all those associated with the organisation to have knowledge of the mission statement, identify the barriers, problems and issues as well as being part of the current and future leadership programs.

Furthermore, Smith–Eivemark (2004) outlined use of a reflective narrative which encapsulates the professional and personal growth as a mission leader and highlights the essence of integrating mission in a large Catholic health system in Canada.

Pertinent aspects that may lead to effective integration of mission are outlined as the evolving concept of mission, the connection between church and the ministry of health care and knowledge of the mission leader role at the corporate level. Mainstreaming of mission in the organisation is vital to its ongoing development and integration. This author argued that a strategic approach highlights the need for accountability in relation to mission. The challenge of integrating the mission, and making it sustainable, may be achieved through quality committees, mission integration teams, board meetings and education sessions.

Wroblewski (2003) and Smith-Eivemark (2004) found that all those associated with the organisation had an awareness of ways to integrate the mission in their daily work. The authors appeared to all agree of the importance of being able to demonstrate mission integration, however, few studies were found to address this. Therefore this gap emanating from these studies highlighted the need for this current study.

Maddix and Savard (1999) highlighted that certain facets of mission integration in Catholic health care are complicated particularly when members of these organisations are challenged to have an understanding of the Catholic tradition. Members are invited to know about the healing ministry of Jesus, and the past depicts that in most instances this is the most challenging aspect of mission integration.

There has been difficulty in integrating the mission, however, the literature suggested a number of strategies to integrate the mission of organisation, in particular Catholic health care. Wroblewski (2003) believes that those who have the responsibility for leading the mission in the organisation need to demonstrate an understanding of mission and how it could be integrated. This allows for the emergence of future mission integration plans and activities to develop an understanding of integrating the mission through education sessions, pictorial displays, posters and brochures.

Mission integration places emphasis on staff being able to incorporate the values, so that their behaviours will reflect the mission. Aspects of providing patient care integrated with mission are a necessity for current and future sustainability (Smink, 2005). The challenge of integrating mission in Catholic health care necessitates the ability to create a distinctive presence with healing relationships. Mission integration

can be seen as part of the benchmark in determining the viability of a Catholic service and its future.

Whilst mission leaders mostly organise events to demonstrate and strengthen mission, Henderson (2005) explored as to why organisations communicate mission and values to individuals and how a particular religious congregation as a sponsoring body communicated their mission and values at an Australian hospital. This author highlighted strategies to communicate the mission and values in the hospital. A conscious awareness processes continued to be the most current and effective ways of integrating mission with relevant literature describing events, plans and programs.

During the course of the present study in this thesis, an internal (ie unpublished) report was received by the researcher regarding the conduct of a qualitative research study by Duignan, Burford, Cunliffe and Coulon (2006) on aspects of mission integration in three Catholic hospitals. This study was a pilot project involving four hospitals in Australian Catholic health care. The aims of the study were to explore mission purpose, identify mission integration challenges and processes, and generate recommendations for mission integration. It also reviewed development of a conceptual framework in relation to mission impact in a group of Catholic health care providers. The study was conducted in collaboration with four hospitals, had a total of 80 participants and used focused group qualitative research methodology.

Findings from the Duignan et al (2006) study included identification of three main themes and seven sub-themes. Prior to the commencement of the study it was recognised that although various hospitals had mission statements, there had been no development of a national standard for these statements. Mission statements varied in content, as did strategies for implementation and the particular hospital socio-political contexts.

The pilot study by Duignan et al (2006) differed from the study reported in this thesis in terms of the aims of the study, a cross-sectional approach and the sampling procedure. The study sampled four hospitals and apparently the researchers did not do an in-depth analysis for a given hospital, nor compared findings across them. Leaders, managers and front-line staff were invited to participate however, the nature or profile of the sample was not reported. It is not evident that it was a purposeful sample, or

that the perspectives on mission integration were from employees from various areas throughout the hospitals.

The argument remains that, with the complexities of integrating mission from the perspective of staff needs, it must be clearly articulated with a strategic approach, so mission integration will be sustainable both now and into the future (Smith-Eivemark, 2004). The responsibilities of stakeholders of organisations, more explicitly the religious congregation as the sponsoring body of Catholic of hospitals needs to have documented evidence from the experience of staff, to qualify the need for the ongoing integration of mission.

Mission events and activities may only give a surface view of the demonstrated mission. If the integration of mission is to be truly part of the fabric of the organisation, evidence of this occurring needs to be articulated and measured for its effectiveness (Montalnano, 2008).

If integration of mission is solely based on a mission statement with the assumption that it is a positive influence in the organisation, without it ever being effectively evaluated or integrated with strategic plans, there may well be concern regarding current and future mission sustainability.

Duignan et al (2006), Smith-Eivemark (2004) and Montalnano (2008) held similar views regarding the conscious awareness-raising process with the integration of mission. Both, Smith-Eivemark (2004) and Montalnano (2008) showed no evidence of the importance of the employees' perspective and it can be argued that whilst they agreed for mission to be integrated, they appeared to give no support in knowing as to how this would be recorded and followed up. If there were problems, issues and barriers to mission integration, would this be known and if so, would any outcomes in relation to these perspectives have an effect on the future leadership and sustainability of mission.

The review also outlined an awareness of integrating mission without highlighting the necessity of empirical research to support scholarly arguments or individual knowledge bases based on ad-hoc experience. The findings are more from informal discussion with others regarding their experiences, rather than any particular research to support the thoughts reported. Organisational mission for the research study in this

thesis depicted the essence of the religious congregation as the sponsoring body being able to establish this mission as part of a national Catholic health care system reflective of the beliefs and norms of its heritage.

2.6. Gaps in the literature

The literature review highlighted the importance of a clear mission statement addressing its components so that this could be communicated effectively to all staff. In addition, the literature did not present how best to disseminate the mission of the health care institutions so that this could be part of the usual practice of patient care by staff. Gaps in the literature were found in relation to limited exploration of the perspective of current employees in the organisation and employees' knowledge and experiences of integrating the mission statement. Important issues, problems and barriers had not been extensively researched in relation to mission integration and in addition possible strategies for future leadership, ownership and sustainability of mission integration were not identified. Most of the literature relevant to the present study topic were from viewpoints of many authors and were very limited in terms of empirical studies regarding mission integration and sustainability. Therefore, this study aimed to bridge these gaps by exploring in a qualitative descriptive study involving key personnel and employees of a not-for-profit hospital with a view to explore and describe their perceptions of mission integration and sustainability. This study is significant in that the results of it could assist hospital managers and leaders in planning the most appropriate strategies in the dissemination of mission statement content to current and future staff, and provide an implementation framework to ensure mission integration and sustainability in a Catholic hospital where religious sisters no longer play a major role as clinical nurses or administrators.

2.7 Conclusion

In conclusion, concepts and issues related to mission in organisations and mission statements in secular and denominational organisations have been reviewed. There are many aspects of purpose, use and benefits of mission statements that need to be investigated in further research in order to consolidate concepts and findings. There is also a need to investigate further the nature of relationships between mission statement content and organisational factors, as well as possible benefits and disadvantages, including valued outcomes for the organisation and its stakeholders

such as organisational supporters, customers or clients and the employees. Given the lack of consistency in relation to desirable or useful characteristics or components of mission statements, there is a need for more research on these matters.

In relation to health care organisations, and in particular, Catholic hospitals, issues of mission, mission integration and mission sustainability still need to be researched further. For example, further research could investigate how to measure or evaluate when a mission has been integrated, and what organisational indicators may demonstrate benefits of mission integration.

Mission integration in Catholic health care has been reviewed, and this issue is clearly important for key stakeholders, namely religious congregations as sponsoring bodies. In addition, there is need for research from employees' perspectives on mission integration, and on how this concept may move beyond an assumption that it is a positive influence, to discovering how effective mission integration could be demonstrated as part of people's lived experience in their workplaces, and consistent with the organisational purpose, goals and valued outcomes.

Some strategies for awareness raising for staff have been identified in the literature, with the aim of involving those associated with the mission development and leadership to have a greater understanding of the organisational mission statement and integration processes. Assuming that lay leadership in Catholic health care have adequate mission related knowledge and skills, the question remains how mission integration may be achieved by and through employees. In particular, there is a need for an in-depth study of mission integration from employees' perspectives

The qualitative research study reported in this thesis aimed to fill some of the gaps currently in the literature. Focusing on a not-for-profit Catholic hospital, the study was designed to explore, in depth, staff's perceptions of mission integration and related issues, together with their suggestions to improve mission integration and sustainability.

The following chapter provides an account of the research methodology used in the study which is the focus of this thesis.

Chapter 3

Research Methodology

3.1. Introduction

The purpose of the study was to identify and explore aspects of mission integration in a not-for-profit Australian Catholic hospital from employees' perspectives. This chapter provides details of the research design, ie exploratory descriptive, preparation of questions for collection of qualitative data, recruitment of participants, data collection and data analysis procedures, consideration of rigour, and ethical considerations.

3.2. Research design

The study used qualitative research with exploratory descriptive approach as a research method. Exploratory descriptive as a research method permitted the researcher to explore and describe the phenomena (Brink & Wood, 1988) and enabled the researcher to provide a cohesive summary of issues or events, as described by the participants (Sandelowski, 2000). This research method was chosen as the most effective method to answer the three research questions of the study and fitted well with the purpose of the study. The first research question explored the knowledge and experience of current SJCC employees. The second research question investigated the important issues, problems and barriers in relation to mission integration. The third research question looked at the possible strategies for future leadership, ownership and sustainability of mission integration.

As indicated in Chapter 1, the research questions were:

- What is the knowledge and experience of mission integration for current employees?
- What are the important issues, problems and barriers in relation to mission integration?
- What are the possible strategies for future leadership, ownership and sustainability of mission integration?

3.3. Development of questions for focus groups

Focus group questions were developed through a pilot phase process involving three stages. This process incorporated interviewing four past employees of SJCC. These past employees also met with the researcher and supervisor at scheduled times to be part of the implementation, reviewing and rewriting of questions. Development of the questions to be used in the focus group sessions was undertaken in a three stage process, each involving question preparation, pilot interviews, feedback and review. The first stage incorporated six questions (Appendix A) which were developed by the researcher in discussion with the supervisors. A former employee was interviewed on the basis of these questions. The interview was audio-taped, and the participant's responses were reviewed. Feedback from this participant indicated that, whilst the questions were able to ascertain information regarding mission integration, they needed expansion in order to obtain further information regarding employees' perspectives of mission integration.

Four more questions, in addition to the six used in the first stage, were proposed to make a total of ten in the second stage. These ten questions (Appendix B) were piloted with three former SJCC employees who agreed to be interviewed and audiotaped. The texts were transcribed and examined for relevance to the research questions and the potential for collecting rich data.

The third stage involved further revision of the questions including combining some questions and rewriting others more clearly. The researcher, principal supervisor and the three former SJCC employees all contributed to this process and agreed on the final set of eight questions (Appendix C) to be used for focus group sessions.

These questions linked well with the three research questions, consistent with the aim of the study. This was to maximise the potential for gathering text data that would match the research questions. Focus group questions 1, 2 and 5 were linked with research question one (RQ1). This linkage reflected the staff current experience and knowledge of mission integration. Focus group questions 3 and 6 were linked with research question two (RQ2), which related to the issues, problems and barriers with the integration of mission. Focus group questions 4, 7 and 8 were linked with research

question three (RQ3) to explore strategies for mission integration and sustainability for the future.

The eight questions for the focus groups (refer Appendix C) as related to the research questions (RQ1, RQ2, and RQ3) were:

1. Do people in the organisation need a clearer understanding of the history of SJCC? How would this benefit staff/patients/stakeholders? (RQ1)
2. In your own words describe what the mission of the sponsoring body? Where is this happening? Can you tell me where this is not happening? Give an example of where this is happening, of where the mission is integrated. Give an example of where the mission is not integrated, or practice where it doesn't reflect the mission. (RQ1)
3. List what you think are the important issues and problems of the study hospital from your perspective of the following different groups:
 - a. Doctors
 - b. Nursing Staff
 - c. Support Staff
 - d. Patients
 - e. Other Groups (RQ2)
4. How do you think the mission of the sponsoring body can be integrated and sustained for the future? (RQ3)

The following questions looked specifically at the relationship between spirituality and mission, indicating the future mission of the sponsoring body.

5. What is your experience of spirituality, in your organisation? Can you give me some examples that you know of, or have heard about? (RQ1)
6. On a day to day basis, what are the barriers you face at the hospital which hinder the mission? (RQ2)
7. What strategies can we use together to best solve the problems that currently exist in the hospital? (RQ3)

8. What do you consider your role, as leader, for strategic mission development, for future improvement and ownership by all? (RQ3)

As these questions were finalised for the five individual focus groups, it was necessary to establish a process for the recruitment of participants. It was decided by the researcher and supervisor to approach members of the mission integration team, as these members were regarded as having specific knowledge and experience pertaining to SJCC mission integration.

The researcher was the SJCC Director of Mission and chair of the mission integration team. It was concluded that group interview situations i.e. the focus groups would be less alienating for the participants. Participants were assured by the researcher that all information from individuals in the focus groups would be de-identified.

The process for recruitment of participants is recorded step by step in the following section.

3.4. Recruitment of participants

A total of 25 staff at SJCC, who were members of mission integration team, were approached individually in their workplace and were invited by the researcher to participate in a voluntary capacity in the study. The purpose of the study was explained and 21 staff were scheduled for focus group sessions. Four participants declined to participate due to work commitments.

Purposeful sampling was used in order to attain gain extensive information in relation to the purpose of the study (Sandelowski, 2000). The mission integration team members were expected to be the employees at SJCC who would have been most informed about the mission and mission integration. They were a pre-existing group who already knew each other through working and socialising together. Therefore, they provided a social context within which ideas were formed and decisions made in their work environment that was relevant to this research study.

The mission integration team was comprised of members from administration, ward and different department areas. Members included representation from Hospital Executive Management Team, physiotherapy, nutrition, human resources, nursing administration, medical administration and information technology.

Participants were assigned to one of five focus groups. Focus groups were chosen as the process for participation since these groups offered the researcher the opportunity to gain extensive information, as indicated by Sandelowski (2000). According to Holloway and Wheeler (1996) focus groups give individual participants the opportunity to interact with each other in the group. These interactions provide participants with a social context in which to convey their thoughts about specific topics of interest to the researcher. In this study the topics for discussion were outlined by the focus group questions.

The researcher telephoned each potential participant for the five focus group sessions explaining procedures for data collection. The researcher hand delivered to each participant a copy of the Information Letter (Appendix D), Consent Form (Appendix E), the set of eight focus group questions (Appendix C), and the Demographic Form (Appendix F).

A total of 21 participants participated in the study. Five focus group sessions were held, whereby three groups consisted four participants; one group had three, and one group had two participants, giving a total of 17 participants who were involved in focus groups. Since workplace time constraints prevented scheduled group participation for four employees in the sample, individual interviews were scheduled at times that enabled them to participate. Each focus group session and rescheduled interview was approximately one hour to one and a half hour duration, and was conducted during participants' work time.

As the process for recruitment of participants for focus groups and implementation for the study was completed, it was crucial for a data collection procedure to take place. The procedure as outlined in the next section describes the setting for data collection and data transcription.

3.5.Data collection procedure

Focus group interviews were used to collect the data. Focus groups are “useful as they help to explore, develop and refine initial research questions and interview schedules” (Schneider, Whitehead & Elliot, (2007, p.129). For this study, focus groups offered an in-depth and collective set of values, experiences, and observations of participants' perceptions of mission integration. They allowed participants to describe their

individual experiences which a survey questionnaire as a method fo data collection would not be able to achieve. In addition, the context used for the focus group interviews was a good fit for this study as it allowed for the appropriate recruitment of participants.

At the commencement of each scheduled focus group session the researcher thanked participants. Consent and demographic forms completed by the participants were collected. The researcher provided opportunity for participants to ask for clarification related to the study or any of the focus group questions. Focus group sessions were conducted in a quiet and comfortable room in the hospital. The researcher and participants sat in a circle around a table and each participant had a copy of eight questions. Participants in each of the five focus groups were individually given a number commencing with one through to the number of participants present.

Before the focus groups commenced participants were reminded of confidentiality during focus group sessions. They were assured that any identification of information would not be possible throughout the analysis of findings.

Discussions in the sessions were audio-taped with a high quality tape recorder and handheld microphone for use by participants. The researcher explained the procedure for the focus group sessions. The set of eight questions were addressed in numerical order with all groups. Participants were encouraged to respond individually to each of the eight questions. At the conclusion of each session the researcher asked participants if there were any points that they wished to be clarified, however, there was no further discussion needed.

Audio-tapes were transcribed for each focus group and interview session, and the accuracy of transcription was checked by the researcher. Transcriptions were identified by focus group number or interview number. After these procedures were completed the data followed a process of analysis. The data analysis process followed several aspects to obtain rich information and meanings from the participants.

A summary of the data analysis procedure is described in the next section, whereby all steps followed are recorded.

3.6. Data analysis

The demographic data obtained through the participant demographic information forms were collated and summarised. Data analysis entailed determining frequencies for gender, age groups, qualifications and membership of the mission integration team. Mean scores were obtained for years of experience and ratings on job satisfaction and expertise.

Text data related to the focus group/interview questions which were aligned with the three research questions were analysed by content analysis in order to describe the phenomena in relation to each of the research questions. Qualitative content analysis of the data was done manually, that is no qualitative analysis software was used in the process. Data analysis focussed on understanding the meaning of the experiences shared by each participant (Sandelowski, 2000). This process enabled identification and conceptualisation of codes, categories, sub-themes and themes. This process is referred to as fracturing, grouping and gluing the data (Schneider et al, 2007) gave flexibility to the researcher and supervisor with data interpretation.

As data analysis proceeded, the data was fractured into relevant codes. Then these codes were grouped into relevant categories. These categories were then linked together to form themes and sub-themes

There were three major themes that emerged from the data analysis, one for each research question. The first theme reflected the combination of three sub-themes. Each sub-theme was from combining codes and categories arising from the data collected from focus group questions one, two and five. The second theme was a combination of codes and categories related to focus group questions three and six, whilst theme three emerged as a combination of codes and categories from focus group questions four, seven and eight.

The criteria for rigour were believed to be appropriate for examining and investigating the trustworthiness of the meaning of the data. These meanings were reflected through the themes. The section describing rigour highlights the importance of ensuring that the criteria are met in order to substantiate these findings.

3.7. Rigour

The four criteria for judging the rigour of a qualitative research approach were credibility, auditability, fittingness and confirmability (Guba & Lincoln, 1989; Schneider et al, 2007).

An audit trail can be used as support for trustworthiness of the study (Schneider et al, 2007). It records the procedures and provides assurance for credibility, auditability, fittingness and confirmability. The audit trail assisted in achieving rigour of the study.

Credibility was confirmed by the researcher and supervisor analysing of the data, essentially enhancing the truthfulness of the data analysis. The findings from data analysis were agreed through peer analysis checking, as outlined by Schneider et al (2007).

Auditability was ensured through establishing an audit trail as recommended by Schneider et al (2007). This audit trail provided step by step analysis which followed the documentation of the process. Grouping of concepts (attributes and codes) into categories, and categories into sub-themes, and then into themes were recorded for five study focus groups with an audit trail. All information was available for immediate reference as required.

The criterion of fittingness was addressed by ensuring that the titles of themes and sub-themes reflected various meanings in the data as expressed by participants. As findings from the data needed to ensure accuracy, the hierarchy of findings was meticulously recorded. Description of themes, sub-themes and categories was discussed in detail, to ensure fittingness, with rigour and trustworthiness of the study.

Confirmability of the findings was reflective of the standards for credibility. Two researchers agreed to the auditability and fittingness as described by Schneider et al (2007). These were achieved by the researcher and supervisor endorsing text sections which were coded thoroughly. Lists of concepts developed by the researcher and supervisor during reflection time in data analysis were available. This supported the interpretation of data analysis.

Finally, ethical considerations were incorporated as outlined in the following section. These considerations demonstrated care for the participants and followed the

appropriate procedures as suggested by (Grbich, 1999; Morse 1994; Roberts & Taylor, 1998).

3.8. Ethical considerations

Prior to conducting the study ethics approval was obtained by Australian Catholic University (ACU National) Human Research Ethics Committee and SJCC Human Research and Ethics Committee.

Informed consent (Appendix E) was obtained from all participants, confirming that they voluntarily participated in the study. As outlined above, the researcher made initial contact by telephone prior to interview participation. An Information Letter (Appendix D) inclusive of all information pertaining to the study and participants rights was hand delivered. A full outline was given regarding the aims and purpose of the study in the Information Letter. This was done to ensure that informed consent was obtained. Potential benefits of the study were outlined by the researcher.

As required with Research Ethics approval protocol, participants were informed of their rights to withdraw from the study at any time without being penalised or disadvantaged. They were also informed of the possible experience of some emotional discomfort during the interview, when sharing personal experiences. Participants were reassured of the availability of a 24 hour counsellor if any participant perceived a need to access this service. To the researcher's knowledge this service was not accessed in relation to this study.

The researcher assured participants that confidentiality would be maintained. Data analysis and reporting of findings in the thesis and any publication following from it would ensure anonymity, since all data were de-identified at the time of data collection and also at audiotape transcription. Direct quotations from the group discussions/interviews contained no identifying information.

All research data, including audiotapes and texts, were stored in a locked cabinet, in the researcher's study room. The researcher was the only person who had access to the locked room and also held the key to the locked file. Data will be destroyed in five years following completion of the study, consistent with the „Australian code for responsible conduct research' (National Health and Medical Research Council, 2007).

On completion of the study and submission of this thesis a final report will be forwarded to University Human Research Ethics Committee and the SJCC Human Research and Ethics Committee in accordance with research ethics approval protocol.

The following chapter provides a detailed account of the findings of the study. Summarised demographic data is outlined, followed by presentation of the themes and sub-themes that emerged from the text data obtained at focus group sessions. Quotations from the text data are included to illustrate thematic content, as relevant.

Chapter 4

Research Findings

4.1. Introduction

This chapter provides a report of the findings from the data. Initially the summarised demographic data obtained through the participant information questionnaires is reported. Then the findings that emerged from the qualitative content analysis are reported following an hierarchical structure of themes and sub-themes.

4.2. Demographic profile

The demographic profile of the total of 21 participants indicated the main age groupings of six participants were between 21-40 years of age and fifteen participants were between 41-60 years old. Eighteen participants had a degree or postgraduate qualifications. The mean for years of experience was 12.3 years. Mean values for participants' self-rated job satisfaction and professional expertise, (with the lowest possible score at 0 and the highest possible score at 10 on each scale), were 7.5 and 8.2 respectively. Participants' perception of whether or not they were members of the mission integration team gave findings of 14 participants as being past members, 12 who were current members. This finding revealed that some participants were not clear about their membership of the mission integration team, possibly due to an informal approach taken to team formation at SJCC. Nevertheless, on the participant information forms where participants were asked about their views on the SJCC mission, all of them gave relevant information, thereby demonstrating their understanding of it prior to attending sessions for data collection.




4.3. Qualitative findings – An overview of themes and sub-themes

The findings from qualitative content analysis of the data comprised three major themes and several sub-themes, as related to each of the research questions. These are described in this section, illustrated by relevant quotations from the participants. Various attributes of each theme are addressed in order to articulate the nature and content of the theme, consistent with the participants' views and meanings as indicated in the text data. In explicating the findings, the aim is to convey to the

reader the richness of the text data, and to show the meaningfulness, comprehensiveness and complexity of the themes identified.

Table 1 summarises the three themes and sub-themes that emerged from the data, and shows the relationships to each of the research questions. For research question 1 (RQ1) (“What is the knowledge and experience of mission integration for current employees?”) the major theme was *Having a shared vision*. For research question 2 (RQ2) (“What are the important issues, problems and barriers in relation to mission integration?”) the major theme was *It’s a changing world*. For research question 3 (RQ3) (“What are possible strategies for future leadership, ownership and sustainability of mission integration?”) the major theme was *If we look after it now*.

Table 1: An overview of the three themes and sub-themes relating to mission integration at SJCC.

Research Question 1: Knowledge and experience of employees	Research Question 2: Issues, problems and barriers	Research Question 3: Strategies for leadership, ownership and sustainability
		
Theme 1 Having a shared vision	Theme 2 It’s a changing world	Theme 3 If we look after it now
SUB-THEMES		
It’s about compassionate care	Dealing with periods of growth	It’s a matter of connecting
Living the values	There’s never enough	Taking ownership and leadership
Where we’ve come from	We’re in survival mode	They’ll be cared for

The first theme, related to RQ1, i.e. ***Having a shared vision***, emerged from three sub-themes of It's about compassionate care, Living the values and Where we've come from. The second theme, related to RQ2, i.e. ***It's a changing world***, emerged from the three sub-themes of Dealing with periods of growth, There's never enough and We're in survival mode. The third theme, related to RQ3, i.e. ***If we look after it now***, emerged from three sub-themes of It's a matter of connecting, Taking ownership and leadership and They'll be cared for.

In relation to the theme of ***Having a shared vision***, the first sub-theme of ***It's about compassionate care*** was comprised of categories such as being there for others, the healing ministry and caring. Participants highlighted *being there for others* as the importance of having a nurturing presence to all of those who were associated with SJCC. The *healing ministry* was about knowing the story of Jesus and being aware that it was integral of Catholic health care. It portrayed the importance of *caring* for those in need. The SJCC history and heritage was part of the healing ministry of Jesus Christ.

Living the values was the second sub-theme and was depicted by categories of mission in the workplace, philosophy of life, spirituality and a cultural feel. *Mission in the workplace* required knowing the founding story of SJCC, and taking up the challenge of relating to this mission. A *philosophy of life* was reflected through the mission, which placed an emphasis on an individual's *spirituality* at SJCC. The *cultural feel* was described as a palpable sense of something, or experiencing a feel in the organisation. This emphasised the need for staff to have an articulated knowledge of the values in the first instance

The third sub-theme, ***Where we've come from***, had categories of the history of the sisters and raising awareness. Participants were aware that staff knew the *history of the sisters* as it was told through orientation sessions, posters, brochures and other resources. *Raising awareness* of mission integration was considered crucial to promoting the SJCC mission and values.

The second theme, ***It's a changing world***, was related to RQ2. There were three sub-themes, i.e. dealing with periods of growth, there's never enough and we're in survival mode. ***Dealing with periods of growth***, the first sub-theme, was associated

the categories of *if we don't grow and it's a big challenge*. Participants argued that the organisation needed to grow in order to serve the community and to survive in challenging times. They recognised that, while this growth was necessary, staff perceived that there was increased pressure in the workplace.

The second sub-theme of **There's never enough** comprised the categories of *lack of financial, human and physical resources, lack of time and lack of communication*. Participants commented that staff perceived that the lack of adequate provision of these resources had impacted on their ability to provide quality care.

The third sub-theme of **We're in survival mode** consisted of two categories, namely, feelings of dissatisfaction and everyone's busy. *Feelings of dissatisfaction* arose as staff believed that a reduction in financial funding had impacted on life in the workplace. Whilst they were committed to high quality patient care they felt they were challenged to reach previous standards. Participants were of the view that staff felt that *everyone's busy* due to reduced resources.

The third theme, related to RQ 3, was *If we look after it now*. The three sub-themes were it's a matter of connecting, taking ownership and leadership and they'll be cared for. The first sub-theme, i.e. **It's a matter of connecting**, comprised the categories of keeping the story alive and embracing the mission. Given a significant reduction in the presence of the religious sisters, who were associated with the foundational story, lay staff would need *to keep the story alive* in the future. *Embracing the mission* included being prepared to pass the mission on to future employees and encouraging time to reflect on the mission and its purpose in the organisation. Mission sustainability for the future was considered in forward planning, otherwise it was at risk of non-existence.

Taking ownership and leadership was the second sub-theme and addressed categories such as leadership, team building, mission activities and being involved. If mission and mission integration at SJCC were going to be sustainable, participants argued that there was a need for *mission activities* and for staff *being involved* in them. There was also a need for staff to provide *leadership* and to promote *team building* in order to have ownership and commitment to mission and mission integration.

They'll be cared for was the third sub-theme with the categories of being responsive and caring and an organisation that has values. Participants expressed the view that *being responsive and caring* was essential to demonstrate commitment to the mission and that SJCC was *an organisation that has values*.

Each theme and sub-theme will be presented in the next section, with relevant quotations from participants. The data sources of many quotations are given by group number, from 1 to 5, e.g. Gp1. Category codes and attributes that correspond to quotations from participants, when referred to, are shown in single quotation marks in the following text of this chapter.

4.4. Theme 1: Having a shared vision

The first theme of *Having a shared vision* reflected the combination of the three sub-themes, namely, **It's about compassionate care**, **Living the values** and **Where we've come from**. Each sub-theme was primarily drawn from a combination of attributes and categories arising from the data related to focus group questions one, two and five.

4.4.1. Sub-theme 1: It's about compassionate care

The sub-theme, It's about compassionate care, was emphasised by the participants as „being for others’, „the healing ministry’ and „caring’. These aspects of compassionate care captured the ideas and themes that were integral to the nurturing of people, arising from the story of Jesus, his dying on the cross, and the legacy of faith and caring in the Christian tradition. Compassionate care at SJCC meant that there would continue to be a high standard of care for patients and for all those associated with SJCC.

Experiences of being there for others at SJCC was to be present to all those who came to be cared for in this health care organisation. This necessitated a presence which showed empathy and understanding towards the sick, dying and all those in need. The healing ministry is about delivering care from one person to another in the spirit of the life story of Jesus Christ.

Participants believed this was happening in relationships with staff, patients and all those associated with SJCC. It was emphasised that in being others centred and

focussed, a high standard of compassionate care would be provided as this required a firm commitment to caring for others in need. To capture the caring aspect participants described this care as:

Being there for others, and a symbol of the cross and Mary ... standing at the foot of the cross. (Gp3)

... to bring compassion reflected in Mary's love for her Son, and compassion for her Son. (Gp5)

We are with the dying and comforting the dying, and of course ... the sick as well, but primarily I think the original focus is on the dying. (Gp2)

Participants were aware of providing compassionate and unconditional care of others. There was an agreement in believing that this was the type of care displayed at SJCC. SJCC is about making a difference in the life of all who visited the organisation. The aim was to give of oneself in being others centred and to portray unselfishness. Participants suggested:

We are caring for others, our focus is not really on ourselves, it's on other people. (Gp1)

It's about providing care with honesty, clarity, dignity, compassion. (Gp5)

So many kindnesses provided aren't necessarily recorded in care plans. (Gp5)

Information from the participants suggests compassionate care was integral to the healing ministry. The healing ministry was depicted as being reflective of the tradition of the Catholic Church ethos, mission, values and philosophy. It reflected the dignity of the human person and respected the sanctity of life.

The spirit of the religious congregation as leaders and owners of SJCC was to care for and be with the sick and dying. This spirit was reflected through the healing ministry at SJCC. It is described as Mary, Mother of God caring for her dying Son whereby

this scene portrays a nurturing, loving presence. It reflects the love that Mary gave in bringing compassion to the most vulnerable in society.

One participant highlighted that the specific focus is to know Jesus in caring for people in time of illness.

We've got a very clear and specific role in responding to the sick, the dying and aged ... I think in the spirit of Mary's standing at Calvary, there's that incredible faithfulness. (Gp1)

Participants highlighted the healing ministry through the features of compassionate care which were depicted as the healing of body, mind and spirit. For patients especially to be healed in body, mind and spirit, this was to give respect to all, from an individual perspective. An example of this would be if the patient requested pastoral care to attend to their spiritual needs. This type of care focus, holistic care, was described by participants as:

The healing of body, mind and spirit and even though people might come to us with a medical need, I'm sure staff who have direct contact with those patients often respond to the need for emotional healing, to have someone listen to them. (Gp1)

It's actually about caring holistically and having good values. (Gp1)

An emphasis was placed on the feature of caring, and really knowing that integral to the provision of being there for others was really knowing how to care. Participants said that caring and nurturing of people was a passion. There was awareness that with provision of compassionate care, it required staff to give of themselves. Wards and departmental areas believed that SJCC gave good patient care in a considerate way.

One participant highlighted that people like to be cared for and given consideration:

Whether it be a staff member or a medical officer, patient or a relative, we all like to be appreciated for the things we do and without going up to somebody and dealing with them with kindness, concern and respect, you're not going to get that. (Gp5)

Staff needed to have the ability to be part of developing efficient teamwork skills to provide quality care. Care and compassion by others for those in need requires goodness of heart. Participants believed that integral to good patient care was for staff to have a people focus.

Participants held the viewpoint that SJCC was about compassionate care. As employees they had agreed to provide this care and were very focussed in doing so. As one participant said:

I guess it's caring for the sick in the best possible way. Incorporating the values, I guess, within our Catholic framework. (Gp4)

Throughout the study findings with regards to the sub-theme of It's about compassionate care, the participants described their way of demonstrating compassion to all those associated with SJCC. Individual commitments to life in the workplace revealed the necessity of giving compassionate care and demonstrating their acceptance and understanding of assisting those in need through this care.

The following sub-theme, i.e. Living the values, was highlighted by participants as integral to compassionate care.

4.4.2. Sub-theme 2: Living the values

The second sub-theme, Living the values, highlighted that SJCC was a mission driven health care facility and that „mission in the workplace’, „philosophy of life’, spirituality’ and „a cultural feel’ were imperative to SJCC caring.

Mission in the workplace was described by the participants as SJCC having a specific mission that guided all activities in the organisation. Understanding of the mission was considered vital to being an employee of SJCC. Participants referred to the mission of the sisters in action, as they were a group of religious sisters of the Catholic Church. One participant said:

I see the mission of the sisters in action, because so much of their mission began caring for the sick and dying, and the families of the dying, and I think that's what really shines out here. (Gp5)

The perceptions of the participants seemed consistent regarding the SJCC mission. One participant gave the description as:

I think I'd describe the mission of (SJCC) as delivering a high standard of health care and of compassionate care in a respectful manner. (Gp4)

For some participants they considered that the mission gave provision as to how to lead our lives. It provided a framework for workplace behaviours and participants believed this had an effect not only in the workplace, but outside with other situations in relation to life. Participants expressed the views that:

I see the values as being very much expressions of the philosophy of life. They are really good foundations on how we should all lead our lives. And from that perspective, I think that's how I see it. (Gp2)

I know the ward clerks were very expressive and very loyal and committed to the mission and values, and to the sisters. (Gp2)

Being part of SJCC gave meaning and value to the lives of those who not only visited for patient care, but to those who worked at SJCC. However, participants explained that it is a choice to take on the mission and individuals chose as to whether the mission was part of their personal life.

And again, I think it's a choice thing for the stakeholders and what impact that would then have with their interactions with the organisation. (Gp4)

Spirituality at SJCC was reflected through the values creating a definite cultural feel throughout the organisation. Some participants described spirituality being something deeper happening in the organisation. Description of SJCC spirituality was given as the way in which staff related to each other, patients, volunteers and all those associated in many and varied capacities. Participants described spirituality as a palpable sense of something in relation to the basis of Christianity.

Spirituality is something that is universally acceptable to people and I think that one of the really good things is that we are Catholic, but we are ecumenical and we are spiritual. (Gp5)

One of the best examples that I saw not long after I came here was the ecumenical services here for people who had died. (Gp4)

For a few participants they suggested spirituality as being a feeling of inner strength, for example, participants said:

Many staff would not be members of a particular denomination, and yet, there's a wonderful spirituality in the staff. You know what gives a person's life value and meaning. (Gp1)

It was the spirituality of SJCC that made me come to SJCC. (Gp3)

Religion and spirituality were considered as the over-riding thing that supported the organisation and sustained the high level of quality compassionate care. As participants explained:

I suppose my main experience of spirituality in the organisation is just through the caring and nurturing of people. I think that really the influence of different staff members through support and friendship, or just how they manage situations. (Gp2)

We also take the spirituality a lot further than that in as much our physical symbols of spirituality, of the mission and values, there is the mission integration team participating throughout the hospital. (Gp3)

SJCC was said to have 'a cultural feel' which made it a more pleasant place to work than some other places that participants had experienced. They commented that it was the reason why they came to work at SJCC and the reason as to why they continued working at SJCC. The orientation to SJCC given to new staff was considered an important introduction to the SJCC mission and values.

I think the most important thing people gain from orientation is the values and where the values come from with SJCC. (Gp5)

If people could value the mission and the story, and anyone who's been through orientation, and has watched the video, and that sort of thing,

should see that they are working in an organisation that has values that were set long ago, and very special values. (Gp3)

Participants explained that staff chose to articulate the values which added to the cultural feel of SJCC. The core values of healing, hospitality, stewardship and respect were reflected through the culture. These values appeared to give the place a „different feel’, and this was thought to be a cultural feel that made working at SJCC different from any other place they have worked. A participant said:

In the hospital is the fact that there’s a very positive culture, and it’s a values based culture, and that’s what makes it different to other places that I’ve worked. (Gp5)

This comes back to the mission and values, whereas stewardship, hospitality, healing, they all come into this issue. Yes we’re here for our patient’s care and that is our primary focus. (Gp3)

This concludes the second sub-theme of Living the values. The third sub-theme, Where we’ve come from, will now be considered.

4.4.3. Sub-theme 3: Where we’ve come from

The sub-theme, Where we’ve come from, describes the „history of the sisters’, the religious congregation who were responsible for the commencement and administration of SJCC, together with the importance of „raising the awareness’ of people associated with SJCC. It was necessary for staff and all those associated with the facility to have a raised awareness of the heritage and history to ensure an understanding of the foundational story.

The history of the sisters was outlined to the staff through the availability of resources to tell the story. In having an understanding of where SJCC had come from, this created further interest in the heritage. The heritage had a tradition that carried throughout SJCC with the provision of patient care. Participants explained:

It helps us to see where we are going, so for anybody whether staff, patients or stakeholders, it really is having an understanding that enables us to see where we are heading. (Gp1)

They (staff) understand the context of where we are and why we think the way we do, and why we strive for what we strive for. (Gp2)

I can see we are almost universally happy and very supportive of the sisters. ... I think they appreciate them, and I think that probably comes from the past ... (and) staff very much value the heritage of (SJCC). (Gp2)

Participants felt significant efforts had been made to discuss the history of the sisters. Ongoing efforts to tell the story were appreciated by the participants as they believed that in knowing the story, it encouraged their continued commitment in working at SJCC. This understanding of the history was explained by the participants as being part of this hospital. There was a need to keep telling the story, especially to new staff as they became part of life at SJCC.

It's always worthwhile putting more effort into the history and I think it does benefit staff, patients, stakeholders by giving them a greater understanding. (Gp2)

We could have more photos around the hospital of some of the founding sisters and Directors of Nursing and what they did. (Gp2)

It was highlighted that the raising of awareness of the story and heritage of SJCC was effective through the posters displayed. These displays were in the front foyer of the hospital and had an impact in depicting an awareness of the history. One participant described spirituality as 'being difficult to perceive'. However, a quiet time to reflect on the hospital heritage posters highlighted an aspect of spirituality.

Participants suggested that all those who visited SJCC had an opportunity to learn through displays of the mission and values. Information during orientation sessions allowed new staff to have a greater understanding of the history and heritage of the religious sisters and the foundational story. As participants said:

(The information) I gathered from the orientation day was sufficient for my understanding about where the hospital has come from and where it's been and what its direction is. (Gp5)

I think that sometimes they need to be reminded of the history and the whole framework under which we work under. (Gp4)

Participants commented that only some patients had knowledge of SJCC when they visit. Therefore, patients and those in the community might need to have a further awareness of the history.

This concludes the account of the first theme, *Having a shared vision*, and the associated sub-themes. The next section presents the findings pertaining to the second theme of *It's a changing world*, and the sub-themes therein.

4.5. Theme 2: *It's a changing world*

The second theme to emerge was *It's a changing world*. This theme emerged from three sub-themes: **Dealing with periods of growth**, **There's never enough** and **In survival mode**. These sub-themes developed primarily from combining the attributes and categories related to focus group questions three and six.

4.5.1. Sub-theme 1: Dealing with periods of growth

The sub-theme, Dealing with periods of growth, described how staff understood that these periods were needed in the organisation to continue to be viable and sustainable for the future. The categories were ‚if we don't grow' and ‚it's a big challenge'. For example the emergency department had developed through periods of growth, so SJCC could continue to provide a service to the community.

Staff discussed that if the organisation was perceived as resisting growth and change, funding levels might be reduced. ‚Doing your own thing' was not an option, the organisation needed to participate effectively with periods of growth. One participant commented:

I think if we don't support the staff, and if we don't grow with the staff, then we will affect what I think is the biggest barrier to the mission.
(Gp2)

It was ‚a big challenge' for staff to move with the speed of change and growth at SJCC. Participants highlighted that staff commented these changes seem to come

suddenly, and they were not prepared for them. There was a greater volume of work with increased turnover of patients. Participants suggested that staff though coping with this greater throughput of patients increased their stress levels. Perceptions of staff were that workloads were ever increasing.

Participants argued that SJCC had significant periods of growth which had generated more in the area of administrative demand on staff. Since staff were involved in the periods of growth, and that changes were taking place daily in the organisation, staff were strongly and intimately involved. Staff felt the rate of organisational change influenced the perception of being involved with more work to do in a reduced amount of time. One participant said:

I don't actually think that we've got problems with the culture, and we're amazingly enough, been able to maintain it as we've got bigger. But I think the expectations on workloads are ridiculous at all levels.
(Gp2)

In addition to the sub-theme of Dealing with periods of growth, another sub-theme for the theme, 'It's a changing world, was: 'There's never enough'. This sub-theme will now be examined.

4.5.2. Sub-theme 2: There's never enough

The sub-theme, 'There's never enough', reflected participants' perceptions of the lack of a variety of resources, which they argued impacted on quality of care for patients and staff. The categories were 'lack of financial, human and physical resources', 'lack of time' and 'lack of communication'.

Participants perceived that there had been significant reduction in financial resources for the hospital i.e. cutbacks. Constraints with funding led participants to believe that they were unable to provide as high a standard of care as previously. Participants explained:

The budget says we can only have X amount, but even When we can have X amount, sometimes we can't even get X amount. (Gp4)

I think the intention is always there, but it doesn't always happen when people themselves feel they don't have what's needed to provide the level of care. (Gp4)

It's very easy to deliver a service of excellence when you're resourced and it's more challenging when you're not adequately resourced.' (Gp2)

Resources are a big problem. There's so much you could do and so much to improve the provision of healthcare, if you have the resources of healthcare available to you. (Gp5)

Because the resources that are available are very scarce in actuality that makes it very difficult. (Gp5)

Participants felt staff had to work much harder in recent times. A belief had developed in the organisation that staff were needing to do more with less resources. Participants had emphasised that staff thought life in the workplace was becoming more difficult. A feeling of there's never enough had created a sense of negativity with staff relationships and attitude. Participants remarked:

The nurses do a lot more with a lot less and this is a lot more demanding of time as well as resources. (Gp3)

You need more people on the ground. I mean if you are up on the medical ward, it's very heavy, it's physically demanding, emotionally demanding. (Gp5)

But the infrastructure to support everything seems to have remained static, yet everything has grown around it and everybody's having to do more and more with less and less. (Gp5)

Participants suggested that problems had emerged with staffing levels, skill mix and stress levels in the workplace. They commented on the need for more staff and felt individual stress levels were high as a result of reduction in staffing levels. Participants were of the view that sometimes staff were under acknowledged which affected morale and influenced staff stress levels.

Not all participants were of the view, however, that a lack of resources was unique to SJCC or that the workplace could not be managed effectively through staff roles. For example, participants explained:

I don't know that that's an issue or problem particular to SJCC. It seems to be a problem or issue in healthcare generally. (Gp5)

I can talk about lack of resources, staff, skills, but when you get down to basic human values which are incorporated in the mission, I don't think that lack of resources, skills, staff, equipment necessarily interfere with those, if you incorporate those core values into your everyday life, with practice. (Gp4)

Another problem identified by participants was that of staff turnover. They argued for the need to retain staff in order to prevent some services being reduced. It was highlighted by participants that there was an ongoing unease that staff shortages might become more frequent, or even a permanent situation. As one participant said:

To get staff we need to be able to firstly get them. Then we need to be able to maintain them, and we need to be able to offer them training as a way of up-skilling and as a way of maintaining them. (Gp4)

Participants were concerned that the hospital had long waiting lists, for example, in the emergency department. On occasion waiting times for patients to receive services was longer than usual. Available staff worked harder to reduce these times of delay, recognising that some patients may have been feeling stressed.

It was considered that the different disciplines were now facing problems such as replacing experienced staff as these staff retired or redirected their lives.

As we retire in the next ten years, we don't know who is going to come behind us, so I think that is a big problem. (Gp4)

Perceptions of there's never enough resources also applied to a perceived lack of physical resources. New technology had been installed in the organisation and participants believed there was need for ongoing training in the use of this equipment.

Constant change in the workplace necessitated updating of equipment and staff training in the use of it.

Increased technology, I think, is another important issue for staff. Particularly for the nursing and support staff. And the stress that is associated with increasing technology. (Gp4)

Staff understood that they were part of these changes and the changes were experienced by individuals. A request for training of staff with the installation of technology was considered vital. However, participants explained that insufficient funds were provided for training in new technology. One participant reflected:

The training costs are really, really high, and it's all coming out of the same bucket. (Gp4)

Time constraints arose as a further issue. Participants commented management of time had become a priority. In accomplishing all aspects of work on a daily basis, time was paramount. Participants felt that staff were required to attend many meetings which interrupted their workflow.

It's full on, busy the whole time, and this is where no one is given the opportunity for recovery time and so it impacts on everybody down the line. (Gp5)

For some participants there was the question of „how much time have I got?’ The feeling was that time to reflect had been reduced to being very minimal. A need for time to reflect was in relation to staff being able to debrief before moving on to the next activity. The sense of needing adequate time to give to patient care was a concern and was thought to have influenced the ability of staff to cope in a changing world.

Another major issue raised by participants was that of communication in the organisation. Their perception of a lack of horizontal communication apparently had affected everyday life in the workplace.

There was insufficient information and the perception was this had impacted on patient care. There needed to be more communication between ward and department areas. A participant reflected:

We just have to keep working at it and thinking of different ways to get the message across. (Gp4)

Another aspect of insufficient information was in regard to the community. Participants considered that there was a need for adequate information being available for the community regarding the provision of services. One participant said:

There is an increased unrealistic expectation of patients, and I think that's a community issue, where there has to be community education. (Gp4)

Finally, for the second theme of It's a changing world, the third sub-theme was We're in survival mode, which will now be considered.

4.5.3 Sub-theme 3: We're in survival mode

The sub-theme, We're in survival mode, reflected views about staff feeling that they were not functioning in an optimal manner at work, and that the pressures of resource constraints and growth and change gave them an impression of being in survival mode. The categories were „Feelings of dissatisfaction' and „Everyone's busy'.

Participants believed that various wards or department areas experienced a feeling of dissatisfaction. Participants sought to deliver a high standard of care and were dissatisfied if it was not accomplished on a daily basis.

Staff dissatisfaction arose as unavoidable situations took place. For example, when a staff member suddenly needed to go home from the workplace due to illness, or were not able to come to work due to illness. This meant remaining staff had to cope with the extra workload. There was a perception that staff could not rely on someone else, such as having someone available to assist with patient care.

Lack of staff, once again that's another issue through healthcare generally, but it doesn't help when you're the person on the ward and you've just had four of your evening staff call in sick. (Gp5)

Participants believed there was a negative attitude in some areas. Staff were challenged with cultivating ways to cope in adverse situations. A negative attitude resulted along with increased levels of frustrations and dissatisfaction. For example:

We are relying on someone else to get back to us, it certainly leaves that feeling of dissatisfaction inside, and then we start getting angry that we haven't done the best that we can, or the job that we should have done, or could have been able to do. (Gp4)

Work and home balance needed further attention as SJCC continued to change to meet the needs of all those who needed care. Participants remarked that staff felt an increased pressure in the workplace which extended into their life outside the organisation, for example:

People are so pushed, and people now have very big demands outside work, and it's the balance ... between work and home. (Gp2)

There's just not enough hours in the day. And I suppose, not only is our working life just so full, and I think I spend a lot of time here, but I think I just need to find a balance between my home life and my work life. (Gp1)

As the pressure increased with the budgetary constraints and related staffing matters, Participants were aware that there were more demands on managers of individual wards and department areas. For example, following budgets having been devolved to managers, this was an additional challenge for many staff.

There was a perception by staff that more work was expected of them than had been so in previous times. Participants said that staff were cutting corners. They argued that „obvious things' were being affected. As a participant noted:

Then the problem becomes how do we still provide a high standard of care if we have to cut corners to provide for the most immediate needs of the patient. (Gp5)

Participants suggested that staff felt that meeting the basic needs of patients seemed to more confronting than ever before because they were so busy. The cutting corners effect was articulated as the belief that the way patient care had been given in the past was changing rapidly. As a result staff appeared to be struggling with these differences.

Participants said that staff were expected to be more involved in organisational life. For example, they were expected to participate in activities such as prepare and present information sessions about SJCC to members of the wider community, in addition to fulfilling their everyday duties. In addition, there was less social activity by staff that had been a feature of the work life at SJCC in the past. One participant reflected:

There was a lot of inter hospital socialisation with the social club...do something like that regularly. That's actually gone now ... (and) ... you actually lose the relationship, even a work relationship. (Gp5)

Participants indicated that staff believed in the importance in „going the extra mile.’ This belief was recognised as sharing of responsibilities in the context of teamwork. Assurance of patient care was of utmost importance, although it might seem hard to do so at times. One participant said:

I like to give each person the sense that I've got all the time in the world, even if I don't, and it's very hard to maintain that sense. “How can I still show you that I'm caring for you?” (Gp5)

Perceived pressures on staff due to changes at SJCC and resource issues influenced how staff thought they were in the workplace. Despite feelings of frustration or dissatisfaction, participants were keen to find ways to foster mission integration and its sustainability at SJCC.

This account concludes findings for the second theme, It's a changing world. The third theme, If we look after it now, will now be considered.

4.6. Theme 3: If we look after it now

The third theme to emerge from the data was *If we look after it now*. This theme reflected three sub-themes: **A matter of connecting**, **Taking ownership and leadership** and **They'll be cared for**. These sub-themes developed primarily from a combination of attributes and categories in the data arising from focus group questions four, seven and eight. By „looking after it (i.e. mission and mission integration) now’ with the aspects within the first two sub-themes, i.e. „a matter of connecting (i.e. with the mission and each other) and by „taking ownership and

leadership', the third sub-theme (i.e. „they'll be cared for') represented the goal to which staff would be working towards during mission integration, and building mission sustainability for the future. Thus, the third theme provides perspectives on SJCC mission integration and sustainability in order to give mission driven care for people in the future.

4.6.1. Sub-theme 1: It's a matter of connecting

The sub-theme, It's a matter of connecting, described the aspects that were important to keep the foundational story and heritage of SJCC alive and active in articulation of the mission to promote the importance of future mission and values sustainability. The categories for this sub-theme were „keeping the story alive' and „embracing the mission'. Essentially this sub-theme (It's a matter of connecting) is different to Theme 1 (*Having a shared vision*, and its three sub-themes - refer to Table 1, p. 40). Theme 1 depicted employees' knowledge and experience of the SJCC up to the time of conducting the study. In contrast, Theme 3, this sub-theme emphasises the importance of not only knowing SJCC mission and values in the present, but also the need for staff to have a strong connection to SJCC mission and values in the future in order for the mission to be sustained.

Participants emphasised the importance of staff having a full understanding of the SJCC story for it to be carried on sustainably in the years ahead. In order to do so, participants indicated how important it was for staff to connect with the story of SJCC, the mission and the values, and with each other within the SJCC community. It's a matter of connecting meant that all of those people who were associated with the organisation felt part of it. As one participant indicated:

The mission and values are part of this organisation. Let's face it. That's what brought a lot of us to this facility and ... the mission and values ... (are) really basic things. (Gp3)

Participants were keen that the story be kept alive by assuring it was „spread and spread throughout' the organisation. Various activities were organised for this to happen. For example, department managers and staff incorporated a planning day with a specific focus. The focus was on team building and how this area of

management was reflective of the foundational story, mission and values. As one participant remarked:

We need to keep people very conscious of it so that it becomes an ingrained reality.' (Gp3)

Essentially, participants were aware that as they had a firm understanding of the mission and values from their initial employment, they could envisage this need for the future. If the mission and values were to be sustainable in the coming years, participants agreed that staff would need to be connected to the history, heritage, mission and values, otherwise it would be lost.

Participants said it was important to 'keep the information flowing', for example, through the updating and development of new brochures, posters, memos, newsletters and presentations. Anecdotes, phrases and text that were related to the foundational story were reflected in printed resources. A participant said:

If we look after it now, then hopefully it won't be as hard to maintain in the future. (Gp1)

There was an awareness of the importance of future mission sustainability. This awareness acknowledged the importance of caring for mission integration in the present as well as planning for future mission integration.

Participants explained that values set long ago needed to be 'integrated further into the whole and spread throughout at department level.' These values that were set by and within the founding religious order of SJCC continued to be discussed by staff in the organisation. These values such as healing, hospitality, stewardship and respect were recorded as part of SJCC mission statement and were examined in mission education sessions. A participant remarked:

I think that if it's kept and spread throughout at department level, or a ward, then it's going to continue, and the importance of it is going to continue. (Gp1)

Whilst sub-theme two (Living the values) of Theme 1 (refer to Table p. 40) highlights knowing and experiencing the worklife through 'living the values', in this present

sub-theme participants emphasised the need for all who come to work at SJCC in the future to have a continued knowledge and understanding of the SJCC mission and values. . For future staff to be connected to the mission they would need to be connected to the SJCC story if they are to ensure mission sustainability for the future.

Participants highlighted the importance of embracing the mission and were committed to this happening. SJCC mission and values were understood by participants as „not necessarily a religious thing’. One participant said:

But the actual mission I think it’s a big educational task and in order to do that, as I said before, you’ve got to get people who are willing to embrace the mission and then to spread it. ... Sometimes it takes many years for them to have a full understanding of the mission and values.
(Gp3)

In order to pass the mission on as commented by the participants that there was a need for encouraging people to embrace the mission. This passing on of the mission meant that it was a matter of

... making sure that we’re passing on what the mission is, in that people are aware of what’s happening ... (and) where the future is. (Gp1)

Participants reflected that there was „a calmness’ and this was related to having a „high level of commitment’ through embracing the mission. Staff appreciated this aspect and believed that a little moment to think about the mission provided a sense of quiet. Indeed, it could provide „an incredible sense of relief.’ In the quietness staff were able to debrief between activities with an „instant quick reflection.’ One participant explained:

And I think that is you can achieve that, even if it’s a minute a day, I think you’re still holding the mission. (Gp1)

Sustainability for the future of SJCC mission and values would need to be instilled by staff being connected through their own awareness.

It was suggested by participants that „saying hello – keeping up that physical presence’ was an effective way of promoting the mission. This behaviour

demonstrated a means of communicating informally a values-based commitment by staff. Participants commented that for future sustainability of the mission and values, staff needed to be demonstrate behaviours that were reflective of the mission and values.

Participants were of the view that there should be more nursing representatives on the mission integration team. It was also important for staff at all levels to receive more information about the organisation and what was happening. In having more up to date information, this would enable staff to be more aware and informed, and then they would have a way of embracing the mission in the workplace. Participants emphasised the importance of staff participating in the mission. Embracing the mission of SJCC, which was integral to patient care, was not an onerous task, „you could still have fun’.

In addition to internal staff participation in mission integration, participants were concerned that awareness of SJCC mission, values and services was extended to all who provided services to the hospital. It was noted, however, by one participant that this might be difficult to achieve:

I would say that perhaps one challenge in the future is the fact that so many things are now outsourced, and that it is sometimes very difficult for the people who are working for subcontractors, and working within the walls of this hospital. As much as they want to take on the values of this hospital, the company that they are working for does not always allow them to do that. (Gp5)

Nevertheless, staff involvement in planning and implementing mission integration would be best assured by them taking ownership and leadership of the process and outcomes. These ideas are considered with the next sub-theme.

This account concludes reporting of sub-theme 1 of the theme, They’ll be cared for. The second sub-theme, Taking ownership and leadership, will now be considered.

4.6.2. Sub-theme 2: Taking ownership and leadership

The sub-theme, Taking ownership and leadership, described the view that leadership of SJCC mission and values was about taking ownership of same. „Leadership’ and „team building’, „being involved’ and „mission activities’ were all categories in this sub-theme.

Participants considered that taking ownership and leadership by lay people would be a challenge for staff and those associated with SJCC. One participant’s view was:

I think the days when they could see nuns ... they valued that presence and they valued that symbolism. I think it’s a proud heritage and one that we do need to keep the signals up there and that this is what we’re about. (Gp2)

An awareness of mission integration as described by participants was to be a process of promoting the mission, values and philosophy of SJCC in the absence of the religious sisters. One participant, along with many others, valued the input of the religious sisters, however, mission integration and sustainability were issues to be addressed by lay staff now and in the future. As participants said:

It needs to be carried on by lay people more. And what everyone does, for whenever you get positive feedback about the hospital, because of the mission, people always say the input of the nuns is wonderful, and you can really feel their spirit. (Gp2)

So I think it’s a real challenge for the future, and I think, unless we keep an eye on it for now, potentially, it could get lost in the next few years. (Gp1)

Following successful integration of the mission at SJCC, sustainability for the future was highlighted many times by participants. They were concerned that this needed to happen otherwise the mission of SJCC and the founding religious sisters could gradually disappear.

In order to meet current and future challenges, leadership within SJCC would be critical to mission integration and sustainability. Mission integration needed to take

place and be encouraged „throughout the hospital’, however this would require much discussion and activity at all levels.

Participants said mission integration was about being able to „lead by example.’ It required involvement by staff at all levels not only people in ‚key areas.’ It was important for staff not to „view mission as being a scary thing.’ Given leadership in accordance with the values, staff would respond accordingly, and concerns or doubts would be alleviated. A participant stated:

An important part of the role is having time occasionally to review and reflect on what has happened. And if there are important ways, and I mean, a role as a leader is always going to be your behaviour. (Gp2).

Consistent with this viewpoint, a participant said: „your behaviour, your actions are going to be your leadership.’ Another participant said: „My role as a leader (at SJCC) is to be positive; supportive professionally (and) emotionally’.

The importance of role modelling was highlighted by participants. They felt that role modelling was crucial for the involvement of mission integration. One participant asked the question what sort of role model am I? It was suggested that mission leaders needed to reflect on their nature of role modelling. Participants highlighted the importance of being a role model for staff:

We have to be a very strong model ... and encourage them to really take on the values and the mission. In doing that you take them with you, and the culture will continue as a healthy one. (Gp5)

I suppose my role is to walk the talk and to try and remember that I have to be a role model for the values. (Gp4)

I do certainly try and remember that as a manager I do have to be a role model. (Gp4)

I think you’ve just got to stay at it and you’ve just got to keep reminding people what it’s all about. Somebody needs to be seen and to be present, especially out there with staff. (Gp4)

Participants believed that „we’ve got to show leadership’ at SJCC by constantly being aware of the mission and values. If all staff in the organisation were about „showing respect, then the others come along, with (you) as a leader’.

Hospital executive management team and members of the mission integration team encouraged all staff to „review and reflect’ on their roles as leaders of mission at SJCC. Mission activities supported individual staff understanding as to what was required to integrate mission. Participation in mission and values-based activities challenged staff to articulate as to how mission and values were being integrated with patient care and workplace activities both now and in the future.

Mission integration at all levels would be achievable „by encouraging all the team to take ownership of what they do’ and if recognition of staff achievement was a valued practice. Participants suggested that it was important for staff in „giving them recognition for what they do, if they develop a project or program’. There was also a strong belief by participants that it was about „making people feel like they’re achieving something. „Credit should be given where credit’s due’, in particular, when staff in a ward and or department area have been able to demonstrate instances of mission integration.

Mission integration team meetings were held monthly meetings, and members attended when possible. Minutes of meetings were circulated to all members. Participants emphasised that „a better understanding of what goes on’ regarding SJCC mission integration was communicated at these meetings. This information received by participants was being „shared more widely among people’. Participants remarked that „the sharing of information’ was of utmost importance.

Each area at SJCC was represented on the team, and this allowed for a greater ownership to develop with SJCC mission integration. One participant supported this view:

There’s always been a lot of talk about the social accountability. I think that people have quite a strange perception of what social accountability is. Without going to the mission integration meetings I wouldn’t have an understanding of that, and I think there are a few

things that are discussed at mission integration that need to be shared.
(Gp1)

„Good team building’ was another important aspect to be considered, not only for the mission integration, but also considered vital in „building the team’ throughout all ward and department areas. „Team building activities’ needed to incorporate planning sessions reflective of mission integration. SJCC managers needed „to prioritise’ and set „realistic guidelines,’ in relation to „what’s most valuable to your team.’

It was highlighted by participants that staff supported „following things through’ in daily workplace life. For example, in one of the ward areas it was recognised that the mission was being demonstrated well with patient care. However, in some instances the value of hospitality had been eroded and staff addressed this situation by reviewing the value. The outcome was that staff awareness of the importance of the value of hospitality increased, and demonstration of this value in the ward showed an improvement. This aspect was highlighted by a participant who commented that:

I think it is probably symptomatic of the good parts of our culture, that they will pull together and ... give that extra percent because they don’t want to let their colleagues down, or the organisation. (Gp3)

It was recognised that participants valued mission activities and believed the information „shared at orientation’ was beneficial. For example, in promoting and understanding of SJCC foundational story. Education sessions were as a follow up to orientation presentations. It was suggested that „mission development programs could be offered’ as part of staff developing a more comprehensive view of mission integration and be part of future mission sustainability.

Participants understood that mission education sessions could only occur „if you have funding to expand it’. If funding was available there would be „opportunity to go to some of the workshops and programs,’ which would have the specific focus of mission integration. Participants had the view that staff were interested in going to these sessions because they would have opportunities to learn about the concept and process of mission integration.

Mission activities were considered by the participants as ways to „encourage staff education’. For example there could be specialised days. A values day which would be a way of communicating the four core values of healing, hospitality, stewardship and respect. There was a need for mission activities to be available to all staff, not only those in management roles. A values day could be offered:

... more for the workers at the coal-face, for people who don’t get the opportunity to go to some of the workshops and programs.’(Gp4)

This could be another way of promoting future mission integration, preservation of the values, and contributing to its sustainability. Once established and effective, a values day at SJCC could remain part of future arrangements for mission integration.

The sub-theme of taking ownership and leadership of SJCC mission integration required all staff being involved. Participants had the view that mission needed to be integrated into „what we’re doing.’ Mission integration would then be seen as just not „another layer on top’ but something that was part of everyday life in the workplace. It was emphasised that mission leaders needed to encourage staff by „nurturing them to really take ownership.’ Without nurturing the staff, it was argued that people would not get involved. „Nurturing everybody to reach their goals’ was a way of supporting and encouraging individual staff members. Taking ownership of continuous improvement needed to be considered for the mission to be maintained in the future

At times issues would arise in workplace areas that needed to be assessed. Participants suggested that mission integration allowed staff a way of being „empowered to look at their own problems.’ Staff specified the possibility of working out a system for example, at ward level that would provide a point of reference to solve problems in the context of mission integration.

The outcome for SJCC of staff taking ownership and leadership in mission integration would be that the mission would be continued and preserved, resulting in values-based care for people in the future. This idea is considered further in the next section, in relation to the third sub-theme, They’ll be cared for.

4.6.3. Sub-theme 3: They'll be cared for

The sub-theme, They'll be cared for, described how participants held the view that all who were associated with SJCC needed to be cared for in a responsive manner, and these people were patients, staff and members of the wider community. The categories for this sub-theme were 'being responsive and caring' and that SJCC was 'an organisation that has values' so that SJCC mission and values would be upheld both now and in the future.

Patient care at SJCC required acknowledgement that 'it's not just about their physical well being, but their mental well being', about the nurturing side of care. Participants suggested this approach to ensure that integration of mission would be part of the service provided for all patients, and:

To educate the public and community so that it would assist us with the patients when they are coming into the organisation ... so that the community is aware of what we are about. (Gp4)

An important aspect of SJCC care is delivered through the pastoral care team. Pastoral care was 'for everybody (patients of different religions)'. Staff understood that pastoral care was integral to SJCC mission and were very supportive of this service. A participant remarked:

Anyone who wants to see the pastoral care team would know about the values of SJCC. (Gp4)

It was suggested that staff at SJCC needed to be validated. Validation referred more specifically to recognition and acknowledgement of staff in all areas of hospital activities. Participants emphasised the importance of recognising staff as people, that is for staff to know that at SJCC, 'it's not just work for people ... it is to be thought of ... as a person as well.' Some staff would know that colleagues needed to be listened to in particular situations. Provision of time for this to happen validated that mission 'isn't just about others, (it's about) you too.'

A recommendation by participants was to have a mission project caring for our staff. It was realised on some occasions, staff needed extra support, in particular when coping with organisational changes.

SJCC was recognised by participants as a healthcare organisation with a keen interest in the wider community. SJCC pursued integration with the community and had a firm belief in being responsive to this community.

The volunteer group at SJCC for example, parts of their orientation and probationary period certainly includes education around SJCC. They are the one group that I think epitomises the values. (Gp4)

Participants discussed that as an organisation SJCC demonstrated values in action. Examples of patient care given by participants depicted the integration of the SJCC values. Staff reviewed aspects of case scenarios whereby the values were demonstrated from an all inclusive approach.

Mission integration as described by participants required people who were comfortable in working within a mission and values driven organisation, a commitment which was vital even when the sisters were not there. One participant suggested the values in the organisation underpinned all provision of care. Indeed, acknowledgement needed to be given by others in the hospital.

They (staff would) actually realise then that they are actually doing what is the hospital mission and values, and that it is actually part of their work, rather than putting another layer on top. (Gp4)

Participants' awareness from this perspective highlighted the need to support SJCC mission and values, so it would be enduring in the coming years.

Appreciation was given for SJCC having a mission and values-based culture. Participants said the values-based culture reminded all those associated with SJCC that there was an expectation for behaviours to be reflective of this culture. It was thought that this was needed both now and in the future life of the organisation. Then continuity of the SJCC mission would ensure that all were cared for, consistent with the values. This assurance was felt by some people who had been associated with SJCC. As one participant reflected:

Some of the letters and some of the comments, especially from the older people are, “oh, I wouldn’t go anywhere else but SJCC, I’ve always come to SJCC, and SJCC’s my hospital”. (Gp2)

The account of the themes and sub-themes in the findings is now complete.

In conclusion, the findings described under each of the themes and sub-themes demonstrate the rich qualitative information in the text data provided by participants. Each of the research questions were addressed in the findings, and provide varied and relevant information for consideration in regard to mission integration and sustainability as SJCC. The following chapter discusses the findings, and relates them to relevant literature.

Chapter 5

Discussion

5.1. Introduction

This chapter discusses the findings of the study in light of the current literature. Strengths and limitations of the study, implications for Catholic health care and recommendations for future research will be presented.

5.2. Discussion of findings

The three main themes that emerged from the data will be discussed in detail in the following section.

5.2.1. Theme 1: Having a shared vision

The theme of *Having a shared vision* captured meanings that addressed research question one in regard to employees' knowledge and experience of mission integration at SJCC. While participants were not asked to reiterate or comment on the SJCC mission statement, their data indicated that this was the main thrust for knowledge and experience of mission integration at SJCC. Within this theme there were three sub-themes which together elucidated its meanings: *It's about compassionate care*, *Living the values*, and *Where we've come from*.

The shared vision of staff captured meanings within the SJCC mission and values, and the heritage and tradition of the founding religious sisters. The knowledge and experience of staff of mission and mission integration involved recognition that the mission was about giving the highest standard of care to all who came to the hospital. This care was compassionate care, consistent with the values and tradition of the founding story.

It's about compassionate care was that care was to be given with compassion, and reflective of staff being there for others, their knowledge and understanding of the healing ministry and their commitment to caring.

Being there for others highlighted the importance of having a presence to care for the sick, dying, suffering and those who would become well and go home. This presence necessitated staff listening to patients in their time of need. It was important for staff to be there for others, especially the patients, but also for each other when needed. A readiness to give of one's self to assist and support people was an aspect of compassionate care. As the Christian ethos was integral to the life of SJCC, this finding is consistent with research regarding the public life of Jesus in attending to the sick and suffering. For example, Shannon (2001) depicted how personal relationships are integral to Catholicism, that Catholic health care has a role in caring for the sick, homeless, imprisoned and marginalised in society, and how these aspects are reflected through the gospel passage of Matthew 25: 34, as part of the healing ministry.

For the ongoing development of the healing ministry at SJCC, it necessitated knowing that the religious sisters were part of the Catholic Church. They were committed to the teachings of the Church. Maddix and Savard, (1999) placed specific emphasis on the need to have an awareness of the founding story of the congregation. Knowing the founding story was agreed to be essential for staff in Catholic health care as it provided part of the foundation in understanding the healing ministry of Jesus Christ.

The healing ministry at SJCC was understood as caring for the sick and dying and this was carried out in the context of knowing the Calvary story whereby Mary, Mother of God cared for her dying Son. This understanding occurred through an awareness of the Calvary scene, Mary as mother, as a woman who cared for Jesus in a compassionate way. Previous research showed that care of the sick was a primary concern for those who attended to patient needs in Catholic health care facilities. This was highlighted as most important for Catholic hospitals and was the reason for their existence (O'Rourke, 2001; Taylor, 2001).

Provision of care entailed a holistic approach in caring for all aspects of patients' needs, i.e. physical, social, emotional, psychological and spiritual needs. Spiritual care, for example, through pastoral care, could be provided, to promote individual healing from a holistic perspective. Pastoral care is about recognising that there are "connections that form an important part of all the relationships of all human persons" (McArdle & Tuohy, 2007, p. 5).

Care, and indeed compassionate care, in this study was based on the mission and values of the congregation of religious sisters. Care of the patient was described by staff as having a caring commitment, and demonstrating a passion for providing the best possible standard of care. Provision of care given by staff was part of who they were, as they believed in doing things well. Care given at SJCC was delivered in an empathetic, warm, friendly and professional way. It was part of the fabric of the organisation, thus putting the mission in action. This finding was congruent with other research which identified the importance of having compassion for the sick (Putney, 2004) and compassionate care as integral to the mission in Catholic health care (O'Rourke, 2001; Taylor, 2001).

Living the values of SJCC was another aspect of staff having a shared vision in their knowledge and experience of the mission and mission integration. By integrating the SJCC values into their work, staff were guided in their actions and decisions by the mission. They shared in the philosophy of care, acknowledged spirituality, and recognised a cultural feel in the hospital. Therefore it is recommended that all staff participate in a values-based performance appraisal as part of their workplace agreement. The values-based performance appraisal would highlight continued understanding the need for having high stand of patient care.

The SJCC mission was considered to be the guiding force in the organisation. Emphasis was placed on the importance of knowing the mission as a staff member of SJCC and to have an understanding as to what it meant. The importance of mission in the workplace was highlighted by Smink (2005) who stated that mission involves everyone in the workplace, and whilst this may be a significant challenge for Catholic health care, it is important that all those associated with the health care facility sense a presence of healing relationships.

At SJCC mission and values gave a way of life in providing patient care, and participants were committed to this particular philosophy of care. It was argued that as the mission became part of the life of staff, it encouraged them to reflect on their behaviour in both the workplace and in outside situations.

Spirituality, as part of the Christian story, was viewed as part of life at SJCC. It was expressed as being an awareness that was linked with living the values. This finding

was emphasised in other research, which highlighted spirituality as integral to life in Catholic health care organisations. Bouchard (1999) depicted the importance of having an understanding of spirituality in relation to the identity of the Catholic hospital.

SJCC was described as a good place to work. There was an awareness of the need for the values, philosophy and mission to be integrated with all services provided. There was a cultural feel that was said to be like no other culture experienced in previous employment. The culture was described as friendly, agreeable, satisfying and caring. This finding was supported by Sinclair (2000) who argued that where there is a Catholic culture, which is distinctive, an organisation will recruit employees whose individual beliefs are reflective of the importance of values, stewardship, spirituality and the dignity of the human person.

Where we've come from was an important aspect of staff having a shared vision that acknowledged the history and tradition of the founding religious order and the importance of raising awareness of the founding story.

Knowledge of the history and heritage of the religious sisters and recognising them as the leaders and owners of SJCC was important for staff if they were to have a shared vision in their approach to work. Knowing the founding story, including the early Australian story of the religious sisters, was important for understanding of where SJCC had come from. This finding was in agreement with literature that stressed the importance of having a clear understanding of the mission, and this includes employees having knowledge of the founding story when discussing mission integration (Maddix & Savard, 1999; Terrance, McGuire & Tabbut, 2000; Wroblewski, 2003).

It was highlighted that the story should be imparted not only to staff, but also to patients, relatives, stakeholders, volunteers and all those associated with SJCC. There was belief in the pleasant and positive effect of visual resources being displayed in prominent areas of SJCC, and that these served to raise awareness of the story and customs of the religious sisters. It was suggested that the wider community should also know SJCC mission and values and the reason for the existence of the organisation. These findings were similar to Duignan et al (2006) who found that an

important aspect was raising awareness in the community, for example, by poster displays of the history of the founding sisters. Community awareness was expected to improve the impact of mission.

Overall, having a shared vision entailed staff knowing and experiencing the mission of SJCC as one of providing compassionate care through having commitment to the mission, values and the philosophy of care, and knowing and raising awareness of the founding story of the religious sisters.

Since staff highlighted the importance of knowing the founding SJCC story as they commented that to understand the mission statement they would need to be able to have some detailed explanation of the SJCC heritage. Therefore, it is recommended that all staff have opportunities to gain knowledge and understanding of the mission statement.

Following this discussion of findings in relation to the theme, *Having a shared vision*, the second theme, *It's a changing world*, will now be discussed.

5.2.2. Theme 2: It's a changing world

The theme, *It's a changing world*, addressed the issues, barriers and problems to mission integration pertaining to research question two. Within this theme there were three sub-themes which together elucidated its meaning: *Dealing with periods of growth*, *There's never enough* and *We're in survival mode*.

The presence of the religious sisters had diminished significantly and lay personnel were being employed in administration positions, yet SJCC was still growing. The belief developed that growth at SJCC and related pressures resulted in the organisation and staff having to function in a rapidly changing world. The changes had resulted in perceptions of there never being enough resources and the related belief that staff were functioning in survival mode, rather than being able to fulfil the mission of SJCC as they understood it to be.

Regularly staff suggested the need for funding in resourcing mission integration, as there was a need to have access to materials which gave themselves an educated stance. Therefore, it is recommended that adequate funding to resource SJCC mission integration be allocated to the Director of Mission for mission integration activities.

Dealing with periods of growth was one aspect of the perception that staff were in a changing world at SJCC. This involved recognition of what it would mean if SJCC did not grow to meet community needs and also recognition that this growth presented a big challenge.

The need for SJCC to expand and develop services to improve patient care was acknowledged, and so staff needed to find ways to deal with periods of growth. If SJCC did not to grow it would not be providing required services to the community consistent with its mission. The SJCC mission statement reflects the purpose as to provide health care services for all those in need. Given recent growth in the population of the city where SJCC was located, staff were aware of increasing demands on the delivery of care. This finding emphasised the purpose of SJCC and the need for its growth to be aligned with the SJCC mission statement. Alignment of organisational goals with mission statements was important for organisational achievement, public image and how service provision responded to the need of the customer (Bart & Baetz, 1998; David & David, 2003; Pearce & David, 1987).

Staff were aware of the need to make adjustments in order to accommodate change, and its challenges in relation to provision of patient care services. Participants described staff as indicating that there were more patients to be cared for, thereby increasing their workloads. Everything was changing and growing at a rapid rate and staff needed to know how to deal with the situation. This finding revealed that there was a climate of uncertainty at SJCC. Ryan and Belt (2000) discussed these aspects in relation to balancing mission-focused activities, growth and the allocation of finances in organisations. They highlighted the necessity of sufficient funding to provide care for patients that was integrated with the mission and values of the organisation.

There's never enough was another aspect that indicated to staff that they were in a changing world which hindered mission integration. The situation described included inadequate financial resources which impacted on the perceived adequacy of human and physical resources. There was also a perception of insufficient time to do the work required, and there were issues in the effectiveness or timeliness of communication that impacted on service delivery.

There was an understanding that SJCC had received significant reduction in financial resources and this had impacted on life in the workplace for staff. The impact was said to have led to a situation of having to do more with less and had affected staff morale. The perceived lack of resources was said to have affected the way staff related to each other in the workplace. There was a sense of not being cared for by others in the organisation. This finding is consistent with some of the literature reviewed by Day, Minichiello and Madison (2006) regarding reduced resources and staff morale.

There was concern about the need for staff to keep up to date with new trends in patient care and the need for training in the use of new equipment and technology. This situation presented challenges and created anxiety for staff who found it difficult to keep up to date with new technologies. This finding is consistent with the literature (Ryan & Belt, 2000; Catholic Health Australia, 2001).

Given increased numbers of patients, staff were of the view that they had insufficient time, within expected timeframes, to do everything required of them, for example, in service provision for patients. This was especially evident when there were staff shortages. This finding was consistent with research which challenged aligning business processes with mission integration and the increased pressure this placed on staffing organisations, especially with time management problems (Numerof, Abrams & Ott, 2004).

A further issue raised was that of insufficient communication, for example, between wards and departments. Staff were aware of the difficulties in providing patient care when there were staff shortages with support services and communication was disrupted. A perceived lack of timely communication was not consistent with the mission, given that it could affect service delivery and patient care. This finding was supported by Desmidt et al (2007) who highlighted the need for good communication strategies as part of achieving effectiveness of the mission.

We're in survival mode was another aspect of the apparently changing world at SJCC. This perception by staff was linked with feelings of dissatisfaction and the impression that everyone's busy. This situation was attributed to inadequate resources and increased work pressures.

At times there was frustration with budget reductions and it was said that staff felt that they could not continue to provide a high level of patient care. Participants explained that staff felt disgruntled and disappointed when they felt that they were unable to meet high standards of patient care. For example, staff shortages in ward and departmental areas due to staff illness impacted on present staff. They knew that in being short staffed they would need to manage their patient care differently and this created feelings of anxiety and frustration. This finding was consistent with that of Numerof et al (2004) regarding cost cutting and possible effects on the excellence of patient care. However, in a study in the United Kingdom it was found that whilst nurses believed that they provided a high level of care, their morale appeared to be affected due to lower levels of staffing, workload increase and shortage of resources (Grant et al, 1994, as cited by Day et al, 2006).

A perception that everyone's busy was also linked with being in survival mode in this changing world. It was said that staff were too busy to think about the mission. As changes continued to occur in the workplace, for example, due to growth or lack of resources, the experience that everyone's busy was exacerbated. It was argued that this impacted not only on the work life but also affected family life for various staff members. Other research described these situations as often resulting with employees leaving the organisation, and costs would increase due to the need to replace staff. Numerof et al (2004) reported that once significant changes occur in the culture of the organisation through cost reduction methods, then staff in the organisation can be requested to do more, for example, as a necessary as part of cost cutting exercises.

Overall, the experience of being in a changing world meant that staff needed to meet the challenge of developing new ways to accommodate the changes associated with the growth of SJCC, and to deal with pressure related to reduced resources, time management, communication and issues linked with staff morale. These matters were perceived as barriers to mission integration.

Following this discussion on findings for the theme, *It's a changing world*, the theme, *If we look after it now*, will now be addressed.

5.2.3. Theme 3: If we look after it now

The third theme, *If we look after it now*, was related to research question three which sought to identify strategies for mission integration and to promote its sustainability for the future. There were three sub-themes that altogether elucidated its meaning: *It's a matter of connecting*, *Taking ownership and leadership* and *They'll be cared for*.

Mission integration would require that staff were connected with the mission and with each other by taking ownership and leadership of mission integration, thereby fostering achievement and continuation of the mission in the future. The expected outcome of effectively achieving mission integration, and ensuring its sustainability, would be that all would receive care at SJCC consistent with the mission, and hence they would be cared for in the future.

Ownership and leadership of the mission would be integrated into staff work roles and daily work activities. This integration would occur through SJCC mission and values leadership programs and related activities and staff participation in them as part of their professional development. Therefore, it is recommended that staff have the opportunity to participate in the establishment of leadership programs.

It's a matter of connecting was an essential aspect of looking after the mission and mission integration now. By staff connecting with the mission and with each other in the process of mission integration, they would keep the founding story alive at SJCC and be embracing the mission.

SJCC staff now and in the future needed to have knowledge of the religious sisters' founding story, and in particular, the Australian founding story, in order to ensure the story of SJCC would remain vital and vibrant for the future. This needed to occur in comfortable ways, in that the mission needed to be integral to the work life of staff and the way they did their jobs. Then they would be part of contributing to and living the story as it continued to evolve.

In order to gain this knowledge staff would need to have adequate opportunity to participate in education sessions for mission integration. Therefore, it is recommended that relevant mission-focused education programs be offered on a regular basis.

Staff were concerned that the mission needed to be well known. They believed the mission had a positive influence on life in the organisation and that often in critical times it was what held life in the workplace together. They had a distinct awareness that the mission was not just about religion. Mission was something that, once it was known and accepted, it created a way of being with relationships, behaviours and actions that were consistent with the values.

Embracing the mission meant that SJCC values were important and staff were strong in their conviction that all people throughout the organisation would have an understanding and acknowledgment of the values. The values were articulated in the hospital mission statement and were communicated at all levels throughout SJCC. This finding is consistent with the literature regarding the importance of values being integral to organisational missions, expressed in mission statements, and integral to the delivery of service (Bart & Tabone, 1999; Collins & Porras, 2001; Desmidt & Heene, 2007; Desmidt et al, 2007; Dust, 1996; Ireland & Hitt, 1992; Morrissey, 1999).

Staff were aware that the mission integration team promoted activities to support the integration of SJCC mission. This finding is consistent with prior research on the importance of mission integration through activities which embrace the mission and keep it alive in organisations (Desmidt et al, 2007; Ryan & Belt, 2000; Terrance et al, 2000). Desmidt et al (2007), in particular, revealed in their study of usage of organisational mission statements that communicating the mission to employees was necessary if they were to relate to it in their work practices. A mission integration team would be needed in the future to foster and achieve mission integration, to keep the story alive and to have staff embrace the mission.

Taking ownership and leadership was another aspect integral to looking after the mission now. This process involved staff providing leadership, team building and being involved in mission activities

Staff recognised the importance of providing leadership in mission integration at SJCC. They were supportive of more staff being able to have some responsibility in doing so. This finding was similar to Kelly and Mollison's (2005) description of a formation program to prepare mission leaders to lead mission integration into the

future. In a similar vein, Arbuckle (2001) referred to the importance of mission leaders, and those entrusted with leading the mission in the postmodern era, being able to take effectively the mission into the future. He highlighted the need for reflection based on gospel values, discussions regarding core values, as well as the need for awareness of the perceived gap between mission and business in the organisation.

In this study it was the responsibility of the participants as members of the mission integration team to ensure that mission information was communicated effectively to their areas of responsibility throughout the organisation. They noted that staff were pleased to receive information or feedback from team members and indicated that the information gave a clear understanding and knowledge associated with mission. Being informed gave staff a sense of involvement, and this was expected to enhance team building, ownership and opportunities for reflection on mission, values and their roles in the organisation. Reflection on mission and values gave staff a way of evaluating various situations to ensure best outcomes. This finding is congruent with aspects of integrating mission identified by Wrobelski (2003).

Ownership of the SJCC mission was to be fostered by a variety of mission activities being implemented at all levels throughout the organisation. It was important for as many people as possible to be part of mission activities and programs. This finding is consistent with the literature (Maddix & Savard, 1999; Ryan & Belt, 2000) whereby programs and activities need to be organisation wide, and supported financially in order to support the effectiveness and viability of mission integration

By having a raised awareness of mission information participants believed that all staff associated with SJCC would know that the mission and values needed to be integrated with all aspects of life in the organisation. Once mission and values were understood as part of the life of SJCC they would be part of all that happened, and would be viewed as what needed to happen, and as integral to care provided at SJCC. In addition, leaders of SJCC mission would need to care for those people who were willing to contribute to mission integration. Role modelling would be important to integrate and sustain mission for the future. These findings placed emphasis on the responsibility for leadership of mission integration for the future with lay employees of SJCC. In his research, Arbuckle (2000) identified the importance of lay leaders

having responsibility of leading the mission with particular emphasis on the Catholic identity of a Catholic hospital.

Leadership programs would need to be established whereby mission is highlighted as being integrated with everything that occurs at SJCC. Therefore, it is recommended that selected staff participate in the leadership program in order to develop their skills and competence which are reflective of the integration of mission.

They'll be cared for was a third aspect of looking after the mission now, for the future. It was the goal and expected outcome of staff being connected with the mission and of them taking ownership and leadership in mission integration. This would mean that staff would be responsive and caring and that SJCC would be known as an organisation that has values.

It was understood that achieving the goal of caring for people in the future through sustaining the mission and values of SJCC, those cared for would be patients, staff, and all associated with the hospital. In addition, information regarding the SJCC mission and available services needed to be communicated to the wider community. Emphasis was placed on making known to the community that SJCC was responsive and caring for people from all parts of society. Mission projects needed to be developed to communicate the mission, for example, by staff creating posters which displayed the core values in their workplace. This finding was consistent with the literature in that it showed that mission integration needs to happen through various forms of effective communication (O'Rourke, 2001; Duignan et al, 2006).

SJCC was described as an organisation that has values. It was considered a place where the values were enlivening for the organisation and the people therein. Its mission and values gave SJCC a culture that people had learned about and wanted to be part of both now and for the future. This finding was aligned with most of the literature reviewed regarding mission and values integration pertaining to leadership for the future. In particular, Morrissey (1999) showed the importance of values criteria to portray an all inclusive approach for all those associated with a mission and values driven organisation.

Overall, strategies to enhance mission integration and strengthen its sustainability in the future placed an emphasis on staff involvement, including connecting with the

mission and values, and with each other, and by taking ownership and leadership in mission integration. Then it was expected that the mission would be fulfilled, in that all associated with SJCC would be cared for as needed.

This concludes discussion of the findings in relation to the literature for the three themes.

5.2.4. Summary

In summary, the three themes that emerged from the data highlighted the participants' views of mission integration and problems and barriers associated with it. Importantly, possible strategies for mission integration and sustainability for the future were identified. Many findings were consistent with the literature. The importance of having a shared vision in relation to SJCC mission and mission integration, and the need to overcome barriers associated with a changing health care context were articulated. Ways to enhance mission integration and strengthen a mission focused approach, consistent with the religious heritage and tradition of the founding congregation of religious sisters, was emphasised. Strategies to achieve these goals highlighted the need for staff involvement, by connecting with and contributing to mission integration. By staff taking ownership of and providing leadership in mission integration, SJCC would continue to fulfil its mission of providing care to people in need of its services in the future.

5.3. Limitations of the study

Limitations of the study included the size of the sample (i.e. a small group of participants) and the use of a purposeful sample. Although the members of the mission integration team were expected to be the most informed staff at SJCC for the purpose of the study, it was a surprise to find, through the demographic data, that a number of them were unclear regarding their team membership status. This was probably due to an informal approach taken by SJCC management in relation to confirmation of membership. Nevertheless, participants all demonstrated, on another section of the demographic form, that they had an understanding of the SJCC and issues with mission integration. The study may have been strengthened by involving more staff across SJCC to increase sample size, and ensuring that team membership, where relevant, was clarified beforehand.

At the time of the focus group sessions only one sister of the congregation was working in a part time voluntary capacity at SJCC. This religious sister was unavailable to present in a focus group session. It remains to be known if a religious sisters had been part of a focus group session, if her presence would have impacted on the rich information and meaning of the data. As the participants explained their knowledge and understanding in response to the three research questions, it seems unlikely the data collected would have been any different. Focus group participants had been at SJCC for one to twelve years and had knowledge of the mission.

Although focus group sessions were originally planned, the study also necessitated individual interviews due to the difficulty of arranging suitable times for all participants. There were four individual interviews carried out, but it was not possible to compare the richness of data with individual interview data due to the small number. Using identical questions, the focus group discussions generated similar qualitative content and conclusions to the individual interviews.

Other researchers who also used focus groups and individual interviews have asserted that what is appropriate method under what conditions should be considered to answer what type of research question rather than what is the best method (Kitzinger, 1994; Seal, Bogart & Ehrhardt, 1998).

As the research was a case study of one not-for-profit Catholic hospital, this limitation disallowed generalisation of the findings to other hospitals in the national SJCC health care system, or to other not-for-profit hospitals.

5.4. Recommendations

The findings of this study have led to a number of recommendations, some for SJCC and some in regard to future research on mission integration and sustainability.

5.4.1. Recommendations for SJCC

For the SJCC mission to be integrated for the future it is recommended that:

- ❖ all staff have a knowledge and understanding of the mission statement. The process for this to happen would need to be actioned by the Executive Management Group

- ❖ all staff be able to participate in a values-based performance appraisal supported by the Executive Management Group
- ❖ there be adequate funding to resource SJCC mission integration. This approach to be initiated by Director of Mission and actioned by the Executive Management Group.
- ❖ staff have adequate opportunity to participate in education sessions for mission integration. These sessions to be organised by the Director of Mission and supported by the Executive Management Group.
- ❖ staff are encouraged and supported by colleagues and the Executive Management Group to take ownership and leadership of the mission. This is to occur through staff participation in leadership programs pertaining to mission integration.
- ❖ leadership programs are established whereby mission is highlighted as being integrated with everything that occurs at SJCC. This approach would address situations whereby mission is perceived as another layer on top.

These recommendations for SJCC are reflective of the conclusion, study findings and review of the literature.

5.4.2. Recommendations for future research

It is recommended that future research include all hospitals in the St Johannes Care Centre national system and other hospitals in denominational health care. A mixed methods approach, i.e. using qualitative and quantitative approaches, for a study design would give a broader range of data and important information with a larger sample, so as to ascertain employees' perceptions of mission and mission integration issues and strategies for the national system. The design could incorporate an action research approach for producing desired and effective changes in organisations.

These recommendations could allow for the continued sustainability of mission integration for Australian Catholic health care systems.

5.5. Conclusion

This study used a qualitative exploratory descriptive research design. Focus group interviews were used to collect the data to answer the research questions which revealed three major themes: (1) Having a shared vision, (2) It's a changing world, and (3) If we look after it now.

In conclusion, the study highlights the importance of staff having knowledge and understanding of the organisational mission, and the need for resources and strategies to support mission integration for a sustainable future. Resources need to be allocated to fund mission integration. Staff involvement in mission needs to be encouraged and supported through a mission leadership program. The mission of SJCC, through its mission statement, needs to be known by all staff, and promoted in the wider community. Mission and values need to be integral to all services and activities, in order to preserve and protect, for the future, the mission heritage and focus that is characteristic of and valued by staff in the organisation. Mission integration and sustainability are important issues for SJCC, and the employees' perspectives through the findings of this study, with the recommendations, may be a useful guide for further SJCC mission development, integration and sustainability in the future.

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APPENDIX A:

Development of focus group questions –

Stage One: Set of six questions

**MISSION LEADERSHIP FOR THE FUTURE
MISSION INTEGRATION THROUGHOUT
IMPLICATIONS FOR CATHOLIC HEALTH
PILOT STUDY – JULY – AUGUST 2003**

1. What is the mission implemented here in this organisation?
2. What systems do you or others implement to enhance Mission Integration in your care of the individuals?
3. What evidence articulates Mission Integration in your organisation?
4. How does Mission Integration enhance quality care? Can you give some examples?
5. What are the problems you face in your day to day caring dilemmas in the organisation? Can you give some examples?
6. In your opinion, what are the major challenges that need to be addressed by future Mission Leaders?

Survey implemented by Sr Monica Whelan LCM – i

Date: _____
Signature: _____

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APPENDIX B:

Development of focus group questions –

Stage Two: Set of ten questions

**MISSION LEADERSHIP FOR THE FUTURE
MISSION INTEGRATION THROUGHOUT THE
IMPLICATIONS FOR CATHOLIC HEALTH
PILOT STUDY – JULY – AUGUST 2003**

1. What is the mission implemented here in this organisation?
2. What systems do you or others implement to enhance Mission Integration in your care of the individuals?
3. What evidence articulates Mission Integration in your organisation?
4. How does Mission Integration enhance quality care? Can you give some examples?
5. What are the problems you face in your day to day caring dilemmas in the organisation? Can you give some examples?
6. In your opinion, what are the major challenges that need to be addressed by future Mission Leaders?
7. Where there is tension in the organisation could the ongoing implementation of Mission Integration assist with addressing the needs?
8. Describe a case scenario whereby Mission Integration has been effectively implemented?
9. What other aspects need to be further discussed from your perspective that we have not already highlighted?
10. Could you describe your interpretation of Mission Integration when observing behaviours that demonstrate the Mission and Values of the organisation?

Survey implemented by
Sr Monica Whelan

Date: _____

Signature: _____

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APPENDIX C:

Development of focus group questions –

Stage Three: Set of eight questions

**MISSION LEADERSHIP THROUGHOUT THE 1
IMPLICATIONS FOR CATHOLIC HEALTH
MAIN STUDY – MAY 2004**

1. Do people in the organisation need a clearer understanding of the history of the _____? How would this benefit **STAFF/PATIENTS/STAKEHOLDERS?**
2. What words would you use to describe what is the Mission of the _____? Where is this happening? Can you tell me where this is not happening? Describe an example.
3. List what you think are the important issues and problems of the _____ Hospital from the perspective of the following different groups:
 - A) Doctors
 - B) Nursing Staff
 - C) Support Staff
 - D) Patients
 - E) Other Groups
4. How do you think the _____ Hospital Mission can be developed for the future?

The following questions look at the relationship between spirituality and mission and the future of _____ Mission.

5. What is to your **EXPERIENCE** of Spirituality, in our organisation? **CAN YOU GIVE ME SOME EXAMPLES THAT YOU KNOW OF, OR HAVE HEARD ABOUT?**
6. On a day to day basis, what are the barriers that you face as _____ which hinder the mission?
7. **WHAT STRATEGIES CAN WE USE TOGETHER TO** best solve the problems that currently exist in the hospital?
8. What do you **CONSIDER IS YOUR ROLE, AS LEADER, FOR STRATEGIC MISSION DEVELOPMENT, FOR FUTURE IMPROVEMENT AND OWNERSHIP BY ALL?**

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APPENDIX D:

Information letter to participants

INFORMATION LETTER TO PARTICIPANTS

TITLE OF PROJECT: Mission Leadership for the Future – Mission Integration
throughout the Organisation: Implications for
Catholic Health.

NAMES OF STAFF INVESTIGATORS SUPERVISORS:

Dr Lyn Coulon
Associate Professor

&

Dr Graham English
Senior Lecturer

NAME OF STUDENT RESEARCHER: Monica Whelan

CURRENT ENROLMENT PROGRAMME: Master of Philosophy

Dear Participant,

You are invited to participate in a focus group which will explore your experiences with the understanding of the Mission Integration at :

The purpose of the study is to gain a clearer understanding of the existence and usefulness of Mission Integration, the problems or any gaps concerning how to pass to future generations the story of the "

There is a possibility that you could feel emotionally upset when recalling experiences of your involvement with Mission Integration. If this should occur, you can request to speak with a counselor.

The focus group interview will probably take up to one hour (1) of your time and could be conducted out of work hours, if this is more convenient for you.

Sharing of your experiences about Mission Integration may provide an opportunity for reflection on your perspective of the Mission and Values of the organisation. Insights gained from the study may be used to enhance all staff understanding of Mission Integration as being a conscious awareness raising approach. This may assist in the expanded delivery of a quality patient care in the organisation.

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If you feel that you do not wish to consent to this study, or that you need to withdraw your consent and discontinue participation in the study at any time without giving a reason, you are free to do so.

There will be no disclosure of identity of any participant as each participant will be given a study number. No names will be used in the study and the organisation will also be given a pseudonym. However, some participants will know the identity of other participants due to their attendance at the focus group.

The measures to be taken to ensure the confidentiality of the participant are aligned with the hospital confidentiality policy. All information is locked in a secure filing cabinet in a secure area.

The results from the study maybe summarized and appear in publications or maybe provided to other researchers in a form that does not identify the participants in any way.

Any questions regarding this project should be directed to the Principal Researcher on telephone number (W) 02 6201 6106 or mobile phone number 041 88 62 093 and /or to the Supervisor: Dr Lyn Coulon, Associate Professor Australian Catholic University School of Nursing Ph.No: W (02) 9739 2335.

If you would like feedback with regards to this project's findings, arrangements will be made to provide this to you.

This study has been approved by the Human Research Ethics Committee at Australian Catholic University and the Medico Moral Ethics and Human Research Committee

In the event that you have a complaint or concern about the study, or if you have a query that the investigator or Supervisor and Student Researcher has (have) not been able to satisfy, you may write to the chair of the Human Research Ethics Committee of the nearest branch of the Research Services unit. The address as follows: Chair, HREC – c/o Research Services, Australian Catholic University Locked Bag 2002 Strathfield NSW 2135 Ph.No: (02) 9701 4159.

Any complaint or concern will be treated in confidence and fully investigated. The participant will be informed of the outcome.

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www.acu.edu.au

If you agree to participate in this project, you should sign both copies of the Consent Form. retain one copy for your records and return the other copy to the Investigator or Student Researcher. Sr Monica Whelan.

Yours Sincerely,



Signature of Principal Investigator
(or Supervisor)

28 2 03

Date



Signature of Student
Researcher

28 2 03

Date

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APPENDIX E:
Participant consent form

CONSENT FORM

TITLE OF PROJECT: Mission Leadership for the Future - Mission Integration
throughout Li mplications
for Catholic Health.

Names of Staff Investigator: Dr Lyn Coulon

Name of Student Researcher: Monica Whelan

I _____ have read and understood the information provided in the Letter to Participants. Any questions I have asked have been answered to my satisfaction. I agree to participate in this activity, realising that I can withdraw at any time. I agree that research data collected for the study may be published or may be provided to other researchers in a form that does not identify me in any way.

NAME OF PARTICIPANT: _____

SIGNATURE: _____ (block letters) DATE: _____

SIGNATURE OF PRINCIPAL INVESTIGATOR: Arlene Whelan

DATE: 28.7.03

SIGNATURE OF STUDENT RESEARCHER: Monica Whelan

DATE: 28.7.03

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APPENDIX F:
Participant demographic form

APPENDIX G:

Australian Catholic University

ACU National

Human Research Ethics Committee

Ethics approval

Human Research Ethics Committee

HREC Expedited Review Panel Approval Form

Principal Investigator/Supervisor: Assoc. Prof. Lyn Coulon, Nth Sydney Campus

Co-Investigators: Dr Graham English, Sydney Campus

Student Researcher: Sr Monica Whelan Nth Sydney Campus

Ethics approval has been granted for the following project:

Mission Leadership for the Future - Mission integration throughout | : Implications for Catholic Health.

for the period: July 2003 to December 2003.

Human Research Ethics Committee (HREC) Register Number: N2003.04-6 (formerly N2002.03-42)

The following standard conditions as stipulated in the *National Statement on Ethical Conduct in Research Involving Humans* (1999) apply:

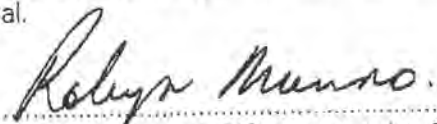
- (i) that Principal Investigators / Supervisors provide, on the form supplied by the Human Research Ethics Committee, annual reports on matters such as:
 - security of records
 - compliance with approved consent procedures and documentation
 - compliance with special conditions, and
- (ii) that researchers report to the HREC immediately any matter that might affect the ethical acceptability of the protocol, such as:
 - proposed changes to the protocol
 - unforeseen circumstances or events
 - adverse effects on participants

The HREC will conduct an audit each year of all projects deemed to be of more than minimum risk. There will also be random audits of a sample of projects considered to be of minimum risk on all campuses each year.

Within one month of the conclusion of the project, researchers are required to complete a *Final Report Form* and submit it to the local Research Services Officer.

If the project continues for more than one year, researchers are required to complete an *Annual Progress Report Form* and submit it to the local Research Services Officer within one month of the anniversary date of the ethics approval.

Signed:


(Research Services Officer, McAuley Campus)

Date:

6.08.03

APPENDIX H:
Hospital Human Research and Ethics Committee

Letter of approval

FILE COPY

Thursday, 22nd May 2003

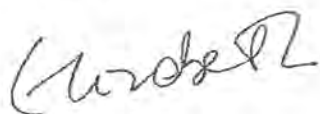
Sister Monica Whelan

Dear Sr Monica

I am pleased to advise that the Executive Management Group has approved the case study Proposal "*Mission Leadership for the Future – Mission Integration Throughout and the Implications for Catholic Health*" on the recommendation of the Human Research and Ethics Committee, which met on Wednesday, 7th May 2003.

The Committee would appreciate a regular update and a report on completion of the study. Should you wish to publish your project and C. is in any way identified, the Committee wishes to approve the paper prior to publication.

Sincerely



Dr Elizabeth O'Leary
Deputy Director of Medical Services