

UNDERSTANDING VISION AND ITS ROLE IN HEALTH CARE ENVIRONMENT

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DEDICATION

To My Family

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by

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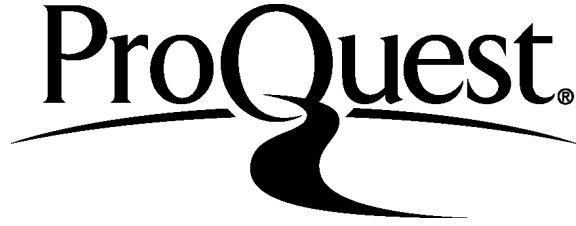
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UNDERSTANDING VISION AND ITS ROLE IN HEALTHCARE ENVIRONMENT

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The organizational mission established by founding members provide organizations with a core purpose - what about vision? Ideally, vision should be providing the future picture of the organization i.e., what and where the organization would like to be in future state. While initial vision is created by the founding members, it must be recreated and renewed to meet the changing needs of the environment. Peter Drucker, a famous management consultant once said that the best way to predict the future is to create it. How do the organizations determine the path to their future? Does our organizational vision play any role in creating our future? Does it impact the organizational performance? Do we practice our vision? Does it guide us in planning and providing direction to the organization? Who should be creating it and how should vision be communicated and implemented? These are some of the important questions we had in our minds while preparing for this project. The research project is an effort to understand the vision construction, communication, and implementation process and to further determine a relationship between organizational vision statement and organizational performance.

This study has used a mixed method approach starting from a thorough review of the theoretical and empirical literature with regards to vision content elements and organizational performance measures. This review was followed by an assessment of vision statements of best ranked healthcare organizations as declared by *US News* and World Report in various regions. A

thematic analysis method was used to assess previously identified vision components in the vision statements. The vision statements were ranked on a scale of 0 to 3, wherein 0 was given to the organizations that did not have vision statement and 3 was given to the organizations that had all of the vision components identified in the ranking criteria. This information was further used to assess a correlation between organizational vision quality and its performance. A statistically significant correlation was found between vision statements for at least one of the financial or growth related performance measures assessed in 9 out of the 17 states studied. The present study re-emphasizes the importance of creating an effective vision statement, provides guidance for vision statement components, and further highlights the relationship of vision statements to organizational performance.

We also performed an exploratory study to assess current practices in the healthcare environment by performing a leadership inquiry. In this study we have discussed various aspects of vision: starting from how literature defines vision, structural components of vision statement, vision communication and implementation process, and the studies that discuss the impact of vision on organizational performance. The survey instrument was created, which was based on the conceptual model developed by the investigator. This survey was electronically sent to the CEOs of 317 acute care hospitals selected from the 17 states of the United States. The response rate was not encouraging as only 7% responses were received. The paper presents a brief summary of the study.

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INTRODUCTION

The US healthcare system is on the verge of transformation. There are regulatory mandates, shifts in funding sources and allocation, and increased demands for transparency and accountability. This requires that healthcare managers interact with, and adapt to the changing healthcare environmental needs and form a clear vision for the organization. Vision is one of the important components of organizational success. It's an influence for strategy creation and implementation; hence, it is very important for growth, improvement, and for creating change in the organization (Hunt, 1991; Kotter, 1990; Prahalad, 1987). Zuckerman (2000), more than a decade before, predicted that the healthcare organizations that will proactively create the future direction would have better chances to survive, grow, and flourish. Furthermore, just adapting to the environmental changes and forming a clear vision is insufficient unless leaders know how to effectively communicate and align the organization to its vision and strategies (Stonestreet, 1997; Baker, 2000, Aaron, 2000).

The vision or vision statement commonly provides a concept of a “destination” for an organization. Where an organization is today (point A), relative to its vision (point B) provides it a direction. Ideally, all the business decisions, plans, and activities should be directed towards the fulfillment of the company's vision, in effect advancing the organization on the path from A to B. Kantabutra (2008), described vision as “mental model” or a “conceptual representation” of an organization's future.

There are different definitions of vision, however amongst all, one idea is common- that vision provides a future picture of the organization and that organizational strategies and critical decisions should be aligned to the vision (Zukerman, 2000). Researchers indicate that the lack of clear vision is a major cause of declining effectiveness in many organizations (Bennis & Nanus, 1985). Multiple theorists have discussed the importance of organizational vision and its relationship to business performance (Isenberg, 1987; Maccoby, 1981; Slater, 1993; Timmon, Amollen, & Dingee, 1995; Westley and Mintzberg, 1989). Researchers have also proposed that in an uncertain environment, vision must be action oriented, innovative, and should be created in consideration of all the environmental factors, including competition (Beckhard and Pritchard, 1992; Kouzes and Posner, 1987; Draft and Weick, 1984). According to Baum et al. (1998), vision is a most essential facet of strategic change; organizations that create a future picture describe it as a proactive reaction for the changing needs of the environment. Despite vision's importance in organizational alignment and organizational performance improvement, there are still limited selections of empirical studies available on this issue; researchers even now are unable to settle on any one agreeable definition (Larwood, 1995). Most of the literature on organizational vision discusses how a vision should be produced and what a vision should achieve, but there is limited literature on vision components and content (Rahimnia, etal. 2011).

In past, some researchers have explored leadership theories and have tried to evaluate the qualitative and quantitative value of vision and vision attributes (Baum et al., 1998; Rahimnia, et al., 2011), yet literature on vision content is sparse (Andrews, Boyne and Walker, 2006). Kantabutra (2008) performed a study reviewing theoretical literature on vision definitions, attributes, and content; however, still, no conclusive research has been performed in the area of organizational vision content. Interestingly, there is some literature available related to the healthcare mission statements and its impact on performance in the healthcare environment of Canada (Bart, 2000), but there is no study available directly relating hospitals' vision statements to organizational performance in the US Healthcare environment.

This research is an effort to understand the vision construction, communication, and implementation process and to further determine a relationship between organizational vision statement and organizational performance. The study has used a mixed method approach starting from a thorough review of the theoretical and empirical literature with regards to vision content elements and organizational performance measures. This review was followed by an assessment of vision statements of *Best Healthcare Organizations* as declared by *US News* in various regions. This information was further used to assess the relationship between organizational vision and its performance. We also performed a study to assess current practices in the healthcare environment by performing a leadership enquiry. Further, the results from vision statement assessment were used to evaluate the impact of vision on organizational performance.

LITERATURE REVIEW

Vision Content

Westley and Mintzberg (1989) suggested that the core of vision content may focus on certain components like products or services, process, market, organization or even current ideals, which will help organizations to create an innovative and informed vision. According to Mintzberg (1994), vision involves the blend of intuition, creativity, personal experiences in the field, and a deep involvement with the organization. He suggests that it requires strategic thinking and innovation to create new perspectives and new combinations. In his view, strategic thinking may require detailed information about the organization, employees, and the environment; yet, it is totally a process of synthesizing new future, while utilizing the old information.

Larwood and colleagues (1993) in a study involving 250 business school deans investigated the ways vision can be classified. They investigated the relationship between deans' vision for school, their backgrounds and their characteristics of the schools. They performed a detailed literature review and created a 26 item list. These items were described as or utilized for the vision creation in various studies. Further, in another study (Larwood and colleagues, 1995), which included various organizations from different industries and from different regions, interpreted and short listed the ten most important and highly rated vision attributes as (starting from highest rating): action-oriented, responsive to competition, long term, purposeful, bottom-line oriented, product of leadership, focused, strategic, flexible, and planned. However it should be noted that this group has used the word vision content and vision attributes interchangeably, for our study we consider them vision attributes as these reflect essential vision characteristics.

Collins and Porras (1996), from their study of fortune 500 companies proposed that there are important components which every vision statement must reflect: company's core ideology and envisioned future. They created a framework for successful vision creation. In their views, core ideology never changes and defines the core purpose and values of an organization. Further, envisioned future is the vision created by the senior leaders that directs the organization towards a positive change and success. They stated that having organizational vision helps the organization to preserve their core purpose and values while focusing on progressive future.

Baum, et al. (1998) reviewed various leadership, business strategy, and entrepreneurship theories and interpreted seven most important attributes of effective vision: brevity, clarity, abstractness, challenge, future orientation, stability, a desirability or ability to inspire. They further also inferred growth related vision content and then tested the relationship between vision attributes and vision content to organizational performance outcomes. From this study they concluded that both vision attributes and vision content are important for organizational performance. Wherein, vision attribute can be viewed as an indicator of vision quality or clarity, vision content can be defined as components, which are associated with organizational growth. According to these researchers, vision is most essential facet of strategic change; organizations that create a future picture called it a proactive reaction for the changing needs of the environment.

Many researchers have proposed that it is very important that leaders have a deep understanding of internal and external stakeholders while creating and implementing organizational vision. They suggested that there can be various possible futures; it depends on the leaders' aptitude and discretion, on how they perceive the environmental constraints, and

opportunities to direct the organization (Harper; Hambrick; Lawrence & Lorsch; Porter). Harper advocated that leaders are living in an era of "rapid or accelerating change," therefore timing is critical to being an effective visionary leader. He insisted that leaders must have four important qualities; "anticipation, speed, agility, and perceptiveness" to create a vision led organization. Wherein, "anticipation" stands for a proactive assessment of the environment to understand and discover the elements that will directly impact the organization. Furthermore, they prepared the organization and employees to deal with the anticipated situation. By doing so, leaders potentially bolster an appreciation and greater acceptance towards change in their organization (Harper, 2001).

Researches in different studies argued that in any organizational environment, vision must agree to values of the organization. Hence, in healthcare environment, vision must be patient centered and must focus on high quality of care. Many times it has been used to enhance the treatment outcomes in healthcare (Atchinson, 2003; Piper, 2005; Mead and Bower, 2000; Michie et al., 2003)

Vision Communication and Implementation

Baum et al. (1998) discovered an indirect positive relationship between vision communication and organizational performance. They concluded this from a longitudinal study performed to examine the impact of vision attributes, vision content, and vision communication on organizational performance in terms of venture growth. Leadership theorists identify vision communication process as leaders' interactions with followers, with a purpose to align them to the organizational vision (Bass & Avolio, 1993; House & Shamir, 1993) According to Kouzes and Posner (1987); leaders must communicate the vision personally as well as through written

statements. They suggested that it's not just about communicating the vision; leaders must also be prepared to teach the vision. They must know the details of the vision, rather than just the statement. Also, they must communicate the vision in a manner that it appears as a shared sense of destination, not just a person's dream.

In our review we couldn't find many studies that focused on assessing the correlation between vision and performance in healthcare environment. However there were some robust studies that mainly focused on assessing the impact of mission on performance. Bart and John (1998, 2001) assessed various aspects of mission's impact on organizational performance. They surveyed almost 500 Canadian hospitals to understand how these healthcare organizations developed their mission statements and the methods of communicating these mission statements. They also examined if certain methods of communicating mission statement impacted the organizational performance. In another study, these researchers explored the relationship between the mission alignment and firms' performance. From this study they concluded that certain organizational components were more aligned to the mission statement, some of these components were: organizational structure, strategic planning system, objectives and targets, operating planning system, and leadership styles. It is further important to reinstate that the above mentioned studies were performed in the area of organizational mission, there is no direct study found that explored organizational vision in a similar manner in healthcare environment.

In a study Drew (1999) affirmed that organizations develop vision and mission statements as a method of communicating organizational identity and to putting forward broad guidelines for strategic decision making, expectations, and control. Hence it is important that vision should be well articulated and leaders must effectively communicate it to followers

through effective speaking (Locke et al., 1991). Top executives frequently communicate their vision to promote changes and extend support of the vision (Bass, 1985; Bennis and Nanus, 1985; Conger and Kanungo, 1987; Kouzes and Posner, 1987; Larwood, 1995; Levin, 2000; Locke et al., 1991; Nanus, 1992; Tichy and Devanna, 1986; Williams-Brinkley, 1999). They align people and processes in support of their vision, which ensures the structural and procedural obstacles are already considered and people are provided all the resources to turn vision in reality (Kantabutra, 2006).

Vision and Organizational Performance

Kaplan and Norton, while presenting their balanced scorecard approach suggested that all the performance objectives and measures should be derived from the organization's mission (Kaplan & Norton, 2001). The managers in healthcare have adopted Balanced Scorecard and it is now been vastly used to develop management strategies revolving around the four major organizational aspects; Finance, Internal Business Processes, Learning & Growth, and Customers. This approach has enabled practice managers to take a holistic or system view of an organization and develop goals, objectives, and strategies around those perspectives. In healthcare, BSC has already been used for many years, it allows integrated work groups to establish integrated goals and targets while also working as a tool to track and measure their performance from several dimensions (Zelman, 2003).

Niven, in his book describes a step by step approach to adapt Balanced Scorecard and achieve financial success in any organization. He suggests that measuring business performance has been based on financial criteria only; the financial measures may have the added advantage of long usage (Niven, 2002; Maltz, Shenhar, and Reilly, 2003). However, financial measures

must be considered as a reflection of leaders past behavior on organizational performance, it has no predictive power in relation to the future. The author further emphasized that if business executives want to see improvement in the financial performance of the organization, they must first work on creating the culture of excellence in their organization. The financial performance is just an outcome of better long term planning and excellent work processes (Niven, 2002).

In a study Jing and colleagues (2014) used a multi-stakeholder and multi-measure approach to assess the relationship between vision communication and performance on 100 Australian retail pharmacies. To get multiple perspectives on the issue, they performed face-to-face interviews with managers, employees, and customers. They evaluated the impact of vision communication on five organizational performance measures: financial assessments, employee and customer satisfaction, productivity, and staff retention. The research concluded that there was a positive correlation between vision communication and financial performance, staff productivity, and staff retention in small professional service firms. The managers that communicated the vision to staff outperformed their counterparts on various performance measures. This study provided some new insights in the area of effective communication and its relationship performance. However the major drawback of this study was that financial data was self-reported and also the study samples belonged to on large city.

Baum, et al. (1998) reviewed various leadership, business strategy, and entrepreneurship theories and interpreted seven most important attributes of effective vision: brevity, clarity, abstractness, challenge, future orientation, stability, a desirability or ability to inspire. They identified some growth related vision content and then tested the relationship between vision attributes/vision content to those growth related organizational performance outcomes. From this

study they concluded that both vision attributes and vision content are important for organizational performance. Wherein vision attribute can be viewed as an indicator of vision quality or clarity, vision content can be defined as components of vision statements- which are associated with organizational growth elements. Similarly, in a study Testa (1999) confirmed that the stakeholders' attitude and satisfaction towards the organizational vision had influential effects on the overall job satisfaction of the employees.

Bart and John (1998) directly focused on association between creation of mission statements and organizational performance in one of their studies. The goal was to determine if there was any relationship between the initial rationale that led to mission creation and organizational performance. In this study they examined the correlation between mission alignment, organizational mission component satisfaction, and six performance measures, which were listed as satisfaction with mission statement, influence on respondents, influence on other employees, commitment to mission, and satisfaction with financial performance. The researchers recommended that some of the rationales for mission creation were more important than others, and had made more impact on organizational performance. They also found that it was even more important that organizations have alignment to the mission to achieve the aspired success. Although this research was performed in the not for profit environment of Canada, most of the variables discussed were quite relevant to the US healthcare environment.

Kantabutra, in a study, suggested a model to investigate the relationship between vision-based leadership and sustainable business performance. In this model the sustainable business performance is defined as the extent to which a corporate leader can sustain employees and customer satisfaction, and financial outcomes in the long run. The author performed intensive

literature review to understand the vision attributes and vision content. He also highlighted vision realization factors in terms of formulating strategies, communicating vision, and aligning people to support the vision. In this study he presented a sustainable business performance model where he related vision attributes, vision content, and vision alignment to employee satisfaction, customer satisfaction, and financial outcomes. He mentioned that it would be hard to directly relate vision attributes and vision content to the performance variable, hence he created an “indirect-effect path” to the outcome variable (Kantabutra, 2006).

According to Gratton (1996), while implementing organizational vision, leaders must focus on bridging current reality to future vision- they must dedicate their efforts towards understanding current processes, which were important and capable of sustaining this bridge. He argued that in most cases, leaders based their vision implementation and strategy creation on a short term operating plan with financial targets and performance standards. Wherein many times, they did not even consider the due alignment and core competencies of the people. In another similar study Kantabutra investigated the relationship between vision-based leadership and sustainable business performance in his study, where he defined sustainable business performance as the extent to which a corporate leader can sustain employee, customer satisfaction, and financial outcomes in the long run.

Public Health Significance

Today’s healthcare organizations are surrounded by new challenges related to healthcare reform, government mandates in regards to technology implementation, and pressures generated by the market. It was long ago when Zuckerman predicted (2000) that the healthcare

organizations that who will proactively create the future direction would have better chances to survive, grow, and flourish, however it has become a reality for us today.

The research will make a significant contribution to the field of healthcare management. This will guide leaders on important vision content elements and also it will determine the relationship between quality of vision statement and organizational performance. This study results will then explore the role of vision communication and implementation in translating vision statements into action. Baum and Locke (1998) have established a relationship between vision communication and venture growth in entrepreneurial firms. This research will bring in industry perspective through survey and add to the current knowledge on how hospital executives perceive their vision and further to it, and whether the vision impacts the financial performance and growth in healthcare organizations.

Healthcare leaders are dealing with varied demands from the internal and external environments. These leaders have duty to manage their scarce resources and responsibility to create a progressive future for the organization and for the community. Levy (1997) in his presidential address mentioned that the “future of public health is not in a crystal ball somewhere; it is not some predetermined fate that we live out. Instead, it needs to be created with public engagement and collaboration.” Needless to say, it is important that leaders in healthcare organizations as well as public health institutes understand their major trends occurring in the environment and then create a vision that creates value for the organization as well as the society.

Hypothesis, Research Question, Specific Aims or Objectives

Study Aims

The specific aims and associated research questions for the research are:

Specific Aim 1- Identify important content elements of vision statements and to assess the presence of these vision content elements in the vision statements of selected healthcare organizations.

- What are the key content elements of vision statements?
- Do selected healthcare organizations' vision statements exhibit the presence of any or all of identified vision content elements?

Specific Aim 2 A - To understand how healthcare organizations define their performance

- How do healthcare organizations define their performance and performance measures?

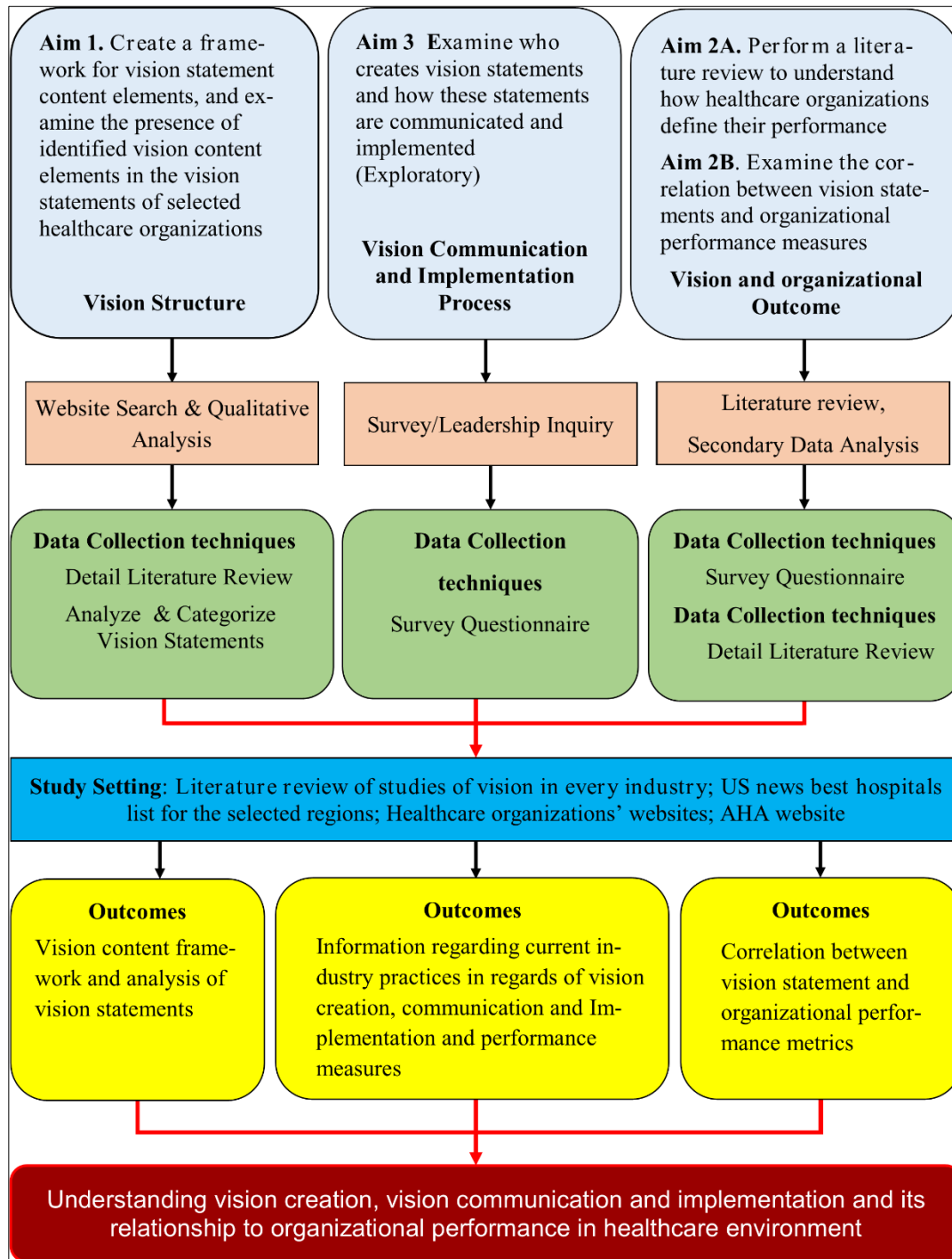
Specific Aim 2 B - To examine the relationship between organizational vision statements and identified performance metrics in selected healthcare organizations.

- Is there a correlation between the quality of the vision statements and organizational performance metrics?

Specific Aim 3 - To examine how healthcare executives created, communicated, and implemented vision statements and if they are able to perceive its impact on organizational performance.

- How do healthcare organizations create, communicate and implement their vision and is there a measurable impact of vision on organizational performance?

Figure 1: Study Model



A model has been created to reflect the study variables. This model and study aims are based on initial literature review and the gaps reflected in the literature. The conceptual model is anchored on the Donabedian quality framework, which has been used for the assessment of healthcare services and quality of care. The three categories of Donabedian model: structure (input), process (relationship), and outcomes (performance improvement) help in evaluation of healthcare performance (Donabedian, 1966). This study focused on identifying organizational factors related to Vision Structure, Vision Communication and Implementation process, and Organizational Performance Outcome

A mixed method approach is employed to achieve the above mentioned aims. This methodology provides an opportunity to perform an in-depth analysis covering various aspects of a concept. In this study, both qualitative and quantitative data is collected to understand the vision content elements, vision creation, vision communication and implementation process, and any subsequent correlation between quality of vision statements and organizational performance. A qualitative analysis technique is used to identify themes and relationships in regards to vision content in organizational vision statements. This framework is used to assess the vision structure, vision communication, and implementation process, and vision's impact on organizational performance in healthcare organizations. To assess the impact of vision on organizational performance a correlation analysis between the vision statement and performance measures was performed using secondary data obtained from the AHD database.

METHODS

Study Design

This study is divided into two main parts. In the first part, the vision statements of the selected hospital group was analyzed and ranked with respect to the first part of the framework. Further, a correlation was assessed between the quality of vision statements and hospital performance. In the second part of the study, a survey was conducted to understand how vision is created, communicated, and implemented in the selected healthcare organizations. This survey questionnaire was sent to the top executives of the selected hospital group.

Study Setting

The first part of the study involved detailed literature review. The studies performed in respect to vision content in any industry setting, nationally or internationally were reviewed. Otherwise, the rest of the research was performed on US healthcare organizations.

Study Subjects

The study hospital sample was collected from the US News ranked Best Regional Hospitals list. The US News rankings were used as they are reliable and well regarded by various industries. Overall 17 regions from the US News and World Report regional list were selected and top 15 - 20 hospitals from each of the selected region were picked. This gave us a list of 300 plus hospitals, which provided a good representation of the highest rated United States hospitals.

Figure 2: Hospitals by Location



The US News has very strong eligibility criteria for this ranking process. To be eligible for consideration, hospitals must be community based and should meet at least one of the four suggested requirements: to be a teaching hospital, be affiliated to a medical school, have at least 200 beds, or have four or more technologies out of eight regarded highly important and advanced for effective patient care. The hospitals that were part of AHA (American Hospital Association, 2015) universe were automatically considered for the US News ranking. Together with the strong eligibility criteria, the US News also has very strict ranking criteria. The hospitals are ranked based on their performance. Wherein, the performance is measured in structure, process, and outcome aspects. The structural aspect includes hospital volume, technology and other

resources. The data related to structural aspects is mainly collected from AHA annual survey and from National Cancer Institute's list of designated cancer centers. The process aspect is evaluated for hospital's reputation of sustaining a system that delivers high quality care. Since patients are considered part of process as well as outcome/ results, indicators of patient safety are assessed in process aspect. Finally, the outcome aspect of performance is evaluated from the patient survival/risk adjusted mortality. The data for quality indicators was collected from the CMS Medicare Provider Analysis and Review (Med. PAR). The details of the US News ranking methodology can be accessed at the US News website (U.S. News and World Report, 2014).

Sample Size

As mentioned before the study sample was selected from the US News Best Regional Hospitals list. A list of 300 plus hospitals was created from the 17 selected regions, wherein 15-20 best hospitals were picked from each region. The regional hospital list was used to extract a study sample as it covers hospitals from all over the US, thus it helped us identify the variability amongst the hospitals in different regions. Additionally, this study sample reflected a broad spectrum of hospitals in the United States, which eventually reduced sample bias and improve the relevance of the result.

Data Collection and Analysis for Specific Aims

Specific Aim 1- Identify important content elements of vision statements and to assess the presence of these vision content elements in the vision statements of selected healthcare organizations.

- What are the key content elements of vision statements?

- Do selected healthcare organizations' vision statements exhibit the presence of any or all of identified vision content elements?

Vision statements of the selected healthcare organizations' was collected from organizational websites and further, these statements were analyzed and ranked with respect to the identified vision content elements.

The literature review was conducted using the most commonly used business, management, and academic databases; some of the shortlisted databases are: Business Source Complete, Business Abstracts, Academic Search Complete, and PysInfo. The key words and word combinations that were used to search the database included: vision structure, vision elements, vision components, and vision content. The studies addressing only leadership attributes were excluded as the focus of this research study was just on vision content. For the same reason, studies which predominantly addressed vision attributes were also be excluded from the analyses.

The US News best hospitals regional list for states and cities for the year 2014-15 was utilized to select the study sample. All of the organizations in this group are community based hospitals. The study group included acute care hospitals from 17 regions: Texas, California, New York, Massachusetts, Tennessee, North Carolina, Ohio, Florida, Pennsylvania, Virginia, Connecticut, Michigan, Wisconsin, Colorado, Georgia, Illinois and Arizona. For each region, the top 15 - 20 hospitals were selected for this study with a cumulative sample size of 300 plus hospitals. The websites of selected hospitals were found using web search, and subsequent navigation to the vision statement. The identified vision statements were assessed for the presence of vision elements.

Vision statements of the selected acute care hospitals were analyzed with respect to the created vision component framework. These statements were assessed for the presence of identified vision content elements: mission components, components related to values, goal statements, and environmental factors. According to literature, mission is defined as a core purpose or identity of the organization. Hence we performed a pilot project to create a list of common mission components in the mission statements of the selected sample. A list of commonly used value components and environment factors was also created. The environmental factors indicated in the list were extracted from the literature. The vision statements were ranked for these vision content elements. Visions that referred directly to these content elements were ranked from 0-3, depending on the presence of the identified elements.

Qualitative Data Analysis software ATLAS was used to search and rank the identified elements in the selected vision statements. ATLAS is a highly structured code system capable of classifying, sorting, and arranging multiple data sources. It also provides assistance with presenting a single theme categories collectively. The ATLAS software also served as a tool in simplifying the analysis process through proper coding, data linking, data display, and graphic mapping of themes identified from vision statements.

A check list was developed to confirm the presence of elements and to evaluate the vision statements.

Specific Aim 2 - To understand how healthcare organizations define their performance and to examine the relationship between organizational vision statements and identified performance metrics in selected healthcare organizations.

- How do healthcare organizations define their performance and performance measures?

- Is there a correlation between vision quality and organizational performance?

A literature review was performed to understand how healthcare organizations define their performance and performance measures. The key performance measure identified from this review was examined in relation to the quality of vision statements in Aim 1. The performance related data was collected from AHD (American Hospital Directory) website. The objective of this analysis was to assess the correlation between the vision statements and selected organizational performance metrics. The percentage change in performance measures from the past 4-5 years was assessed. All the data was calculated in terms of percent change in that time period. The Pearson correlation analysis method was used to determine the linkage between vision statements and performance measures.

Table 1: Analysis Matrix

Region 1	Vision Ranking (AIM 1)	Organizational Performance Measures (AIM 2)			
		Finance (Percent change over last 5 yrs.)		Growth (Percent change over last 5 yrs.)	
		Operating Margin	Return on Assets (ROA)	Change in Net Patient Operating Revenue	Total Discharges
Region 1					
Region 2					
Region 3					
Region 4					
Region 5					

Specific Aim 3

To examine how healthcare executives created, communicated, and implemented vision statements and if they are able to perceive its impact on organizational performance.

- How do healthcare organizations create, communicate and implement their vision, and is there a measurable impact of vision on organizational performance?

The data for leadership inquiry was collected from a web based survey. A survey instrument was developed and disseminated using survey software. To ensure broad representation of the US hospitals, a list of 300 plus best hospitals was created from the US News recognized best regional hospital ranking. The Survey in regards of vision creation, communication, and implementation was sent to Chief Executive Officers or Strategy Officers of the selected not-for-profit healthcare organizations. We chose to send the survey to the top

executives because various research studies indicated that the CEOs of the organizations have the best knowledge and information in respect of strategic positioning of the organization. It is suggested by researchers that top executives play an important role in organizational planning as well as aligning the organization to the vision (Zagac, 1989; and Thomas, 1990). In a study, Proven and colleagues discovered that the hospital CEOs received two times more information than their board members and almost three times the information that hospital medical staff received. (Provan, 1991).

A brief survey instrument was developed. This survey used a combination of 'yes-no' and 4 point Likert scales questions. There were only 12 questions in the survey, a link to this survey was sent electronically to the selected group. A follow-up email was sent to the executives as a reminder to complete the questionnaire. All survey participants were assured for anonymity, and were offered a summary of the results in exchange. The validity of the questionnaire was assessed in advance by conducting a pretest on Houston area acute care hospitals.

The survey questions were organized around the following dimensions-

- Who participates in creating organizational vision statement?
- What are important factors considered while creating vision?
- How do they communicate and implement the vision?
- Do they perceive the impact of their vision on organizational performance?

Since most of the questions had multiple dimensions and multiple choices. A frequency analysis was performed for each question on the basis of different dimensions and choices.

CONCLUSIONS

A mixed method approach was used to achieve the proposed aims. This methodology provided an opportunity to perform an in-depth analysis covering various aspects of a concept. In this study, both qualitative and quantitative data was collected to understand the vision content elements, vision creation, vision communication and implementation process, and any subsequent correlation between quality of vision statement and organizational performance. A qualitative analysis technique was employed to identify themes and relationships in regards to vision content. Using the current literature, a framework was created and was used to assess the vision statements of selected healthcare organizations. Additionally, a correlation analysis between the vision statement and performance measures was performed using secondary data obtained from the AHD database.

The study sample was selected from the US News top hospitals regional list, which helped us reduce the regional bias in the overall sample. However, it is important to acknowledge a limitation that all of these hospitals were recognized as exemplary in quality and they were considered top performers in their respective regions. Thus to reduce the effects of this limitation, we assessed the impact of vision on financial and growth indicators only. We did not assess the quality indicators because these organizations have already proved their good quality by securing place in the *US News* best hospitals list ranking.

Human Subjects and Privacy Consideration

A survey was performed in the acute care hospital setting. The objective of this survey was to collect information about the current industry practices of vision statement creation, communication, and implementation. This survey was sent to Chief Executive Officers or Strategy Officers of the selected not-for-profit healthcare organizations. Although all the survey participants were assured for anonymity, it was further important to seek approval for the study from the Committee for the Protection of Human subjects. Hence the project protocol, introduction email, and the questionnaire were sent for IRB approval. Please refer to the Appendix D for detailed approval letter.

MANUSCRIPT # 1

HEALTHCARE VISION STATEMENT QUALITY AND ORGANIZATION

PERFORMANCE IN THE UNITED STATES

EXECUTIVE SUMMARY

Vision statements are considered to be important for organizational transformation and business success. This paper evaluates the relationship of vision statements to organizational performance in terms of the strength of their content. This is the first study of its kind, i.e. one which evaluates the relationship between vision statements and organizational performance in the United States healthcare environment. The vision statements of 312 acute care hospitals were examined for the quality of their structural components and were ranked accordingly.

Organizational performance related data was collected in order to measure both financial and growth related performance. This data was utilized to assess the correlation between vision statement quality and the percentage change in the performance measures for the past five years. A positive correlation was found between vision statements and at least one of four performance measures for several regions studied. The present study re-emphasizes the importance of creating an effective vision statement, provides guidance for vision statement components, and further highlights the relationship of vision statements to organizational performance.

INTRODUCTION

The vision statement (or vision) commonly provides a concept of a “destination” for an organization. Developing a vision allows leaders to think about their hopes and aspirations for the organization's future. Ideally, all the business decisions, plans, and activities should be directed towards the fulfillment of the company's vision (Swayne, Duncan, & Ginter, 2012).

Kantabutra (2008), described vision as a “mental model” or “conceptual representation” of an organization’s future. There are various definitions of vision, however amongst all, one idea is common - that vision provides a future picture of the organization and that organizational goals and strategies must be directed towards the achievement of that envisioned future (Zukerman, 2000). Researchers indicate that the lack of clear vision is a major cause of declining effectiveness in many organizations (Bennis & Nanus, 1985). Multiple theorists have discussed the importance of organizational vision and its relationship to business performance (Isenberg, 1987; Maccoby, 1981; Slater, 1993; Timmon, Amollen, & Dingee, 1995; Westley and Mintzberg, 1989). Several researchers proposed that vision must be action oriented, innovative, and should be created in consideration of organizational missions and values (Collins and Porras, 1996; Beckhard and Pritchard, 1992; Kouzes and Posner, 1987; Draft and Weick, 1984).

According to Baum et al. (1998), vision is a most essential facet of strategic change, and organizations that create a future picture describe it as a proactive reaction to the changing needs of the environment. Despite vision’s importance in organizational alignment and organizational performance improvement, the number of empirical studies available which actually examine the relationship between vision statement and organizational performance are limited. Bart and colleagues (1999, 2001, & 2004) have performed several studies to improve understanding of the content of mission statements and their role and impact on organizational performance in the Canadian healthcare environment. However, there is no empirical literature available that improves upon the understanding of vision statements of the US hospitals. Similarly, none of the existing vision and performance literature discusses the impact of hospital vision statements on key performance measures in the United States healthcare environment. The purpose of the

research presented in this paper is to examine the quality of vision statements of the United States acute care hospitals and to further assess their impact on their organizational performance. This is the first study performed on acute care, not-for-profit hospitals in the United States that has analyzed the content of vision statements while making an effort to establish a relationship between quality of vision and performance measures related to organizational finance and growth.

THEORETICAL BACKGROUND AND CONCEPTUAL MODEL

Vision Components

Even though strategic management distinguishes between vision and mission statements, many companies confuse them by grouping them together, or defining them as same statements (Sufi & Lyons, 2003). Thus, it is important to first clarify the role of vision, mission, and values in the organization. A vision statement describes a possible desirable future state and long term goals of the organization. However mission works as a backdrop to the company's purpose and corporate strategy, and also affects key priorities and behavioral standards of the organization- as mission statement itself is formed on the basis of the values and beliefs of the founding members of the organization (Falsey, 1989; Collins & Porras, 1991; Ireland & Hitt, 1992; Williams, 2008). Organizational values, which are often included in a vision or mission statement (Hussey, 1998), are “small sets of general and guiding principles that are not to be confused with the specific cultural or operating practices” (Sufi & Lyons, 2003). Williams (2008) adds that values often stem from a company's founders. Sufi and Lyons (2003), relating to their literature analysis, conclude that mission statements include broader elements like purpose, strategy, value and

behavioral standards. Purpose, together with organizational values, determines the philosophy or core ideology of a company, which can be defined as a rich system of values and beliefs, shared by its members that distinguish it from other companies (Mintzberg & Quinn, 1996; Collins and Porras, 1996).

In the past, researchers have explored leadership theories and have tried to evaluate the qualitative and quantitative value of vision and vision attributes (Baum et al., 1998; Rahimnia, et al., 2011), yet literature on vision content is sparse (Andrews et al, 2006). Kantabutra (2008) performed a study reviewing theoretical literature on vision definitions, attributes, and content, however he could not define any specific vision components as a result. Nevertheless, a detailed overview of vision attributes was provided.

Collins and Porras (1996), from their study of fortune 500 companies proposed that there are important components which every vision statement must reflect, specifically the company's core ideology and envisioned future. They created a framework for successful vision creation. In their views, core ideology never changes, and defines the core purpose and values of an organization. Further, the envisioned future is defined as a "big, hairy, audacious goal," or BHAG created by the senior leaders that direct the organization towards positive change and success. They stated that vision helps the organization to preserve its core purpose and values while focusing on a progressive future.

Many researchers have proposed that it is crucial for leaders to have a deep understanding of internal and external stakeholders and their needs while creating and implementing organizational future. They stated that there can be various possible futures; it depends on the

leaders' aptitude and discretion; on how they perceive the environmental constraints and opportunities to direct the organization (Hambrick, 2006; Lawrence & Lorsch, 1967)

Amongst all the discussed theories and models of vision composition, we found the Collins and Porras (1996) model most compelling for the purpose of vision statement analysis; however we added another variable to their model i.e. "Environmental Factor". Collins and Porras (1996) have stated in their vision components model that the mission statements must be created after the proper scanning of the environment. Furthermore, organizations must consider mission and values, which they defined as "core ideology", in the vision creation process. They mentioned that core ideology never changes (static), however envisioned future, which is defined as "big hairy audacious goal" changes with time. We added environmental factor in our study model as we believe that executives continuously assess the environment and environmental needs in the creation and recreation of their organizational vision/ vision statements. Since mission remains static, and vision changes, it is important that executives continuously scan the environmental to be able to establish or create an effective vision. This environmental scanning must be performed to perceive a broader picture of the internal and external environment of the organization (Figure3). The external analysis will help organizations understand the changing needs of the customer, community, economy, governmental mandates, policies, technical and scientific advancements locally, regionally, and globally. Whereas, the internal analysis will provide them a wider view of the current state of the organization and the needs of the employees. It should be noted that this understanding of environment must not be confused with the routine SWOT analysis, which organizations perform for the creation of business strategy and business tactics. Figure 1 depicts our study model; in this model we have improvised the

Collins and Porras's model by adding the environmental factor. We will assess hospital vision statements based on our study components, vision statements that have goals created to address the long term needs of patients, society, community, government policy, technical advancement, or their employees will be scored higher than statements lacking purposeful goal.

Figure 3: Vision Components Conceptual Model



Vision and Organizational Performance

In the past few years, organizational performance has taken central stage in healthcare organizations. There is continuous pressure on healthcare managers towards reducing cost. On the other hand new policy directive demand healthcare executives to improve the quality of care and help the government in improving access to care (Sicotte et al, 1998; Langabeer, 2008; Erwin, 2009). Managers in healthcare organizations in the United States are facing lifetime challenges on improving efficiency and effectiveness of services, while keeping up with medical and technical advancement and maintaining market share and financial stability.

When it comes to measuring performance, healthcare organizations utilize hundreds of performance measures consisting of administrative, financial, process, and clinical outcome measures. The critical question has always been how to prioritize these measures and which ones are more important than others? Li and Benton (1995) in a study discussed crucial healthcare performance measures. From their review of healthcare performance literature they concluded that cost or financial performance and quality related performance are the most valued performance measures in healthcare. Besides, Sadeghi and colleagues (2013) reinforced that organizational performance in healthcare cannot be merely defined as financial performance or financial goal achievement. Similar to other industries, financial viability is equally important to healthcare executives, however it is not at the cost of quality. According to Eccles (1991), there are many instances in the industry where compromising quality for the achievement of financial goals have directed organization towards eventual downturn of financial performance as well as overall business.

When it comes to organizational performance and its alignment to mission, vision, and values, Kaplan and Norton's work is remarkable. In their revolutionary conceptual paper they stipulated that all the performance objectives and measures should be derived from the organization's mission (Kaplan & Norton, 1995). Overtime this concept and approach has enabled practice managers to take a system view of an organization and develop goals, objectives, and strategies around those perspectives. Healthcare managers have also adopted Balanced Scorecard and it is now widely used to develop management strategies revolving around the four major organizational aspects; Finance, Internal Business Processes, Learning and Growth, and Customers. Niven, in his book describes a step by step approach to adapt Balanced

Scorecard and achieve financial success in any organization. He stated that business performance measuring was based on financial criteria only, as the financial measures have the added advantage of long usage (Niven, 2002; Maltz, Shenhar, and Reilly, 2003). Niven further cautioned managers that financial measures must be considered as a reflection of their past organizational performance, they have no predictive power in relation to the future. He emphasized that if business executives want to see an improvement in financial performance, they must first work on creating a culture of excellence in their organization. The financial performance is just an outcome of better long term planning and excellent work processes (Niven, 2002).

There is some literature that discusses a correlation between mission statements and performance in a not-for-profit healthcare environment (Bart & Baetz, 1998; David, 1989; Klemm et al., 1991). However, only very limited empirical literature is available that examines the association between various aspects of vision and organizational performance in a healthcare environment. Furthermore, the findings in most of these cases do not lead to any strong conclusions that can be generalized (Bart & Baetz, 1998; Bart et al., 2001; Peyrefitte & David, 2006). Bart and John in a study performed in a not-for-profit environment in Canada examined a correlation between mission creation, mission alignment, organizational mission component satisfaction, and six performance measures, which were listed as: satisfaction with mission statement, influence on respondents, influence on other employees, commitment to mission and satisfaction with financial performance. The study concluded that some of the rationales for mission creation were more important than others, and had made more of an impact on organizational performance. They also found that it was even more important for organizations

to be aligned to the mission in order to achieve the aspired success. Although this research was focused on mission statements and the study was performed in a not-for-profit environment in Canada, most of the variables discussed were quite relevant to the US healthcare environment (Bart and John, 1998). Testa (1999) from a similar study concluded that the stakeholders' attitude and satisfaction towards the organizational vision had influential effects on the overall job satisfaction of the employees.

Baum and colleagues (1998) in a longitudinal study assessed the relationship between vision and vision communication to promote growth in entrepreneurial firms. The study reviewed various leadership, business strategy, and entrepreneurship theories and identified the seven most important attributes of effective vision: brevity, clarity, abstractness, challenge, future orientation, stability, and a desirability or ability to inspire. They also defined vision content; according to the authors the content of the vision must either be concerned with market share or it should be focused on product quality. Since the study focused on entrepreneurial firms, it was decided to define growth as a dependent variable. Vision statements were assessed and coded (0-10) for the presence of growth components, which were defined as growth of profit, sales, employment, facilities, market share, financial strength, and product offerings. Further, a correlation was examined between vision rating and changes in organizational growth related measures. The study concluded that there is a significant correlation between a vision, its attributes and content to organizational growth related performance.

In a study Jing and colleagues used a multi-stakeholder and multi-measure approach to assess the relationship between vision communication and performance. They performed this work on 100 Australian retail pharmacies. To obtain multiple perspectives on the issue, they

performed face-to-face interviews with managers, employees, and customers. They used five performance measures: financial assessments, employee and customer satisfaction, productivity, and staff retention. The research determined that there was a positive correlation between vision communication and financial performance, staff productivity, and staff retention in small professional service firms. The managers that communicated the vision to staff outperformed their counterparts on various performance measures. The major drawback of this study was that the financial data was self-reported and also the study samples were gathered from one large city only. Hence the results of the study cannot be generalized.

Several studies supported the fact that mission and vision shape behavior and can cultivate a high level of commitment, which eventually impacts employees' performance positively (Mullane, 2002; Collins & Poras, 1991; Daniel, 1992, Klemm et al., 1991). Domm (2001) discussed the importance of vision creation, communication and implementation to the overall operational success of the organization. He interviewed managers from various companies and concluded that managers need to understand the role and linkage between vision and goals, and also between goals and operational performance. Musek Lešnik (2008) in a study performed in Nairobi confirmed that high performing companies have better, clearer and stronger mission and vision statements. Also, these companies in comparison to other companies more often emphasized, communicated, and reinforced organizational values, and again this was found to be related positively to performance.

In another study Kantabutra (2006) suggested a model to investigate the relationship between vision-based leadership and sustainable business performance. They defined sustainable business performance as the extent to which a corporate leader can sustain employees'

satisfaction, customer satisfaction, and financial outcomes in the long run. The author performed an intensive literature review in order to understand vision attributes and vision content. He also highlighted vision realization factors in terms of formulating strategies, communicating vision and aligning people in support of the vision. In this study he presented a sustainable business performance model where he related vision attributes, vision content, and vision alignment to employee satisfaction, customer satisfaction, and financial outcomes. The study, however, failed to prove any direct relationship between vision attributes and vision content to the performance variable.

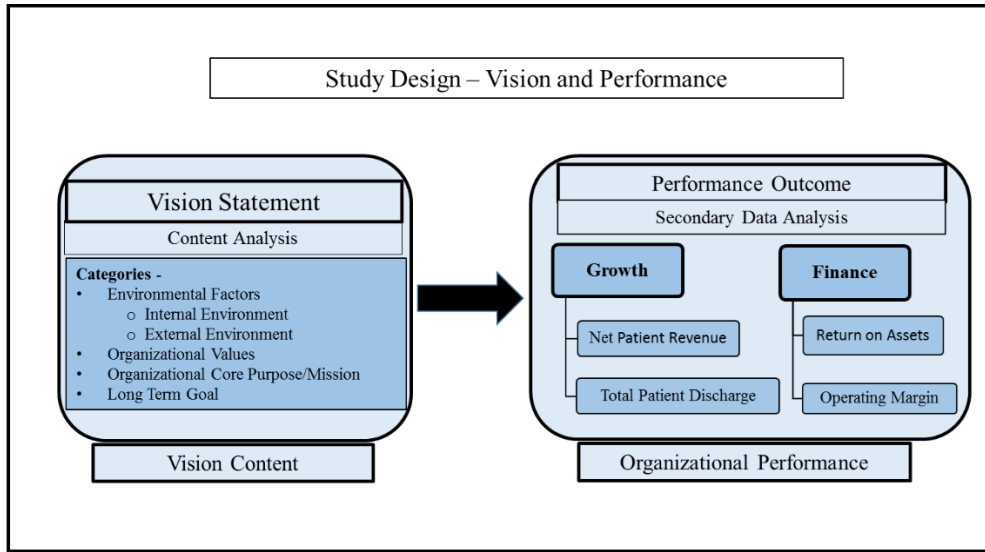
The literature discussed above suggests that there is some evidence of a relationship between organizational vision and performance. However the subject has not been explored to any great extent in a healthcare environment. There is also evidence that it is difficult to assess a direct relationship between vision attributes and content to organizational performance (Bart & Baetz, 1998; Bart et al., 2001; Kantabutra, 2006). Hence it is inferred that it will be more useful if this relationship is explored indirectly, instead of assessing the vision content in direct comparison to organizational performance (Kantabutra, 2006). The objective of this study was to examine the correlation between vision statement quality and organizational performance. As the literature suggested, we first examined the quality of vision statements for their content. Later, we assessed their correlation with organizational performance. The performance measures we included in the present study were the growth related as well as financial. This is the first study to examine the effects of vision on the performance of acute care hospitals in the United States.

METHODS

Study Design

The purpose of this study was first to assess the vision statements of selected acute care hospitals. The vision statements were examined for the presence of identified vision components and were ranked accordingly. These ranked vision statements were further assessed for their relationship to the financial and growth related performance measures of the hospitals. The goal was to examine a correlation between organizational vision statements and identified performance metrics within the selected healthcare organizations (Figure 4).

Figure 4: Study Design



Study Sample

The acute care hospital sample for the study was collected from the *US News* ranked *Best Regional Hospitals* list (U.S. News and World Report, 2014- 2015). The US News is reliable and well regarded by various industries as it utilizes very strong eligibility criteria for this ranking

process. To be eligible for consideration, hospitals must be not-for-profit and should meet at least one of the four suggested requirements: to be a teaching hospital, be affiliated to a medical school, have at least 200 beds, or have four or more technologies out of eight regarded as highly important and advanced for effective patient care.

The hospitals that were part of American Hospital Association (AHA) universe (AHA Data Viewer, 2015) were automatically considered for the US News ranking. Together with the strong eligibility criteria, the US News also has very strict ranking criteria. The hospitals are ranked based on their performance, which is measured in terms of structure, process, and outcome. The structural aspect includes hospital volume, technology and other resources. The data related to structural aspects is mainly collected from the AHA annual survey and from the National Cancer Institute's list of designated cancer centers. The process aspect is evaluated in terms of the hospital's reputation of sustaining a system that delivers high quality care. Since patients are considered part of the process as well as outcomes/results, indicators of patient safety are assessed as part of this process. Finally, the outcome aspect of performance is evaluated from the patient survival/risk-adjusted mortality. The data for quality indicators was collected from the CMS Medicare Provider Analysis and Review (Med. PAR). The details of the US News ranking methodology can be accessed at the US News website (U.S. News and World Report, 2014).

The US News best hospitals regional list for the US states and cities for the year 2014-15 was utilized to select the study sample. We selected 17 regions from the *US News and World Report* best hospitals regional list and chose the top 15-20 hospitals from each of the selected regions. The regions that showed more cities were given priority; this allowed us to address

diversity within the states. A list of 317 hospitals was formed, which provided an impressive representation of the highest rated United States hospitals within different regions as well as states.

Sample Size and Data Collection

This study sample of 317 hospitals covered a broad spectrum of hospitals in the United States, which reduced overall sample bias, improving the relevance of the result and its potential for generalization. All of the organizations in this group were community based hospitals. The study group included acute care hospitals from 17 regions. For each region, the top 15 -20 hospitals were selected depending on the available performance ranking. Some regions had a long list of hospitals that ranked in the list; however others only had 10 - 15 ranking hospitals. The websites of the selected hospitals were located using web search, and subsequent navigation to the vision statement. The vision statement for each hospital was assessed for the presence of identified vision components. Well-structured statements were ranked higher than the statements that merely reinstated the mission statement.

The performance related data was collected from the American Hospital Directory (AHD) database (American Hospital Directory, 2015). The AHD repository contains data and statistics for more than 6,000 hospitals across the United States. It includes data from Medicare claims data, hospital cost reports, and commercial licensors. The data for returns on assets and operating margins was chosen to assess financial performance and change in total patient revenue; total patient discharge was analyzed for the percentage change in performance measures for the past five years. We were able to locate data for 312 hospitals out of the initial 317

selected. The five hospitals with no available data were excluded from the study. The final sample size of the study was 312 hospitals.

Analytical Techniques

Evaluation of Vision Statements

Vision Statements were evaluated for quality using a content analysis methodology. Collins and Porras performed a study on CEOs of fortune 500 companies to get their opinions on vision statement components. As a result they created a framework of vision components. As per this model they suggested that while creating envisioned future/ Big Hairy Audacious Goals (BHAG), executives must consider their core purpose and core values, which they defined as core ideology (Collins and Porras, 1996). In this study, we have added another variable: environmental factors, in addition to the core purpose and core values as we believe that in this uncertain and fast changing environment, it is necessary that leaders take into consideration environmental needs when creating their organizational vision. The vision statements were analyzed for the presence of mission elements, values, long term goals, and environmental factors. According to the literature, a mission is defined as a core purpose or identity of the organization. Hence we performed a pilot project to create a list of common mission components defined by the healthcare organizations. Additionally, a list of common value components in acute care hospital settings was also created. Environmental factors were generally described as the location, community, government, economy, technical advancement, etc. Refer Table 2.

Table 2: Vision Statement Evaluation Criteria

Evaluation Categories			
Mission Elements	Organizational Values	Goals	Environment Factors
<ul style="list-style-type: none"> Core Purpose ○ Advance clinical research ○ Education and training ○ Healing ○ Collaboration ○ Improve health ○ Eliminate Suffering 	<ul style="list-style-type: none"> ○ Excellence ○ Compassion ○ Diversity ○ Innovative ○ Accountability 	<ul style="list-style-type: none"> ○ Be the best, regionally ○ Be on the first 20 list nationally ○ Considered best amongst our customer ○ Making cancer history 	<ul style="list-style-type: none"> ○ Customers' need ○ Societal need ○ Community need ○ Market (Competitors, Economy) ○ Government Regulations ○ Technical Advancement ○ Geographic location

The vision statements were ranked according to the presence of the above-stated vision content elements. Visions that referred directly to these content elements were ranked from 0-3, depending on the presence of the identified vision components. The evaluation criteria for the study were defined as:

Table 3: Vision Statement Ranking

Presence of Vision Components	Rating
Vision Not Present	0
Mission or Value Restated	1
Just a Goal Statement	1
Presence of Mission, Values, & Goals	2
Presence of Mission, Value, Environment Focused Goal	3
Presence of Mission, Value, Environmental Factor, & Goal	3

Performance Measures

Li and Benton (1995) performed a detailed study on the assessment of performance measurement criteria in health care organizations. In their study they discussed that the performance measurement in healthcare involve two dimensions: cost or financial status performance and quality related performance. Wherein, the internal measures of cost and financial performance are utilization and product efficiency and external measures include financial status and market share. On the other hand quality performance can be measured internally as process quality and service quality, and externally it is achieved through customer perceived quality and customer satisfaction. In our study we chose to assess total discharges (TDs) and change in net patient revenue (NPR) as measure of utilization and growth. In addition we also assessed product efficiency using data for operating margins (OM) and return on assets (ROA). Although it is indicated by many researchers that market share is a very good measure of organizational performance (Li and Benton, 1995; Sadeghi, 2013) - we couldn't use market share

in our study due to unavailability of any reliable data source that could provide consistent information for the selected 312 healthcare organizations.

Bart (1998), in a study performed a casual review of some companies' annual financial reports and suggested that return on assets (ROA) is one of the important financial measures for most of the CEOs and company chairmen in many industries. Our initial literature review concluded that other than quality, hospitals value growth and financial measures the most. The accounting measures used were return on investment (Roth and Ricks, 1994) and net operating margins. From the initial review of the literature, it can be interpreted that finance, growth, quality, and customer satisfaction are the major components considered when measuring performance in a healthcare environment (Zelman, 2003).

Another reason we chose to assess operating margins (Operating Margin) with return of asset (ROA) is that we believed that in a not-for-profit healthcare environment earning and profitability is directly aligned with operational efficiency. Prior to finalizing upon the study performance measures, we also conducted personal interviews with five CEOs of large acute care hospitals. They all suggested that net operating margin is one of the crucial performance measures for healthcare organizations. We selected growth as another dependent variable for this study because it is a crucial performance measure in the not-for-profit healthcare environment, where executives largely demonstrate their performance through growth and service expansion. To assess the growth of the organization we selected growth in net patient operating revenue combined with any change in total patient discharges. We decided not to assess the study samples on their quality metrics because the *US News* and *World Report* have already selected

and ranked these hospitals on the basis of their exceptional quality in comparison to other organizations in those regions.

RESULTS AND ANALYSIS

Vision Quality

The analysis of vision ranking indicates that 169 of 312 hospitals have a ranking of “3” i.e., they have all the four vision components: mission, values, goal, and environmental factor in their vision statement. The analysis also indicates that 70 hospitals’ vision statement have a ranking of “2”, and 46 hospitals’ vision statement have a ranking of “1” and remaining about 27 of the hospitals didn’t have any vision statement.

The vision ranking by two independent raters was assessed for association using Spearman's rho and the correlation coefficient of 0.929 was obtained indicating very strong correlation validating the ranking. This was further confirmed by a very high correlation coefficient (R) of 0.9623 with a $p < 0.0001$ as determined by regression analysis. Please note that the data for the study is based on the (2014-15) ranking for best hospital presented from the US News and World Report, hence, it was not feasible to address individual hospital characteristics in this study. Additionally, the overall data set, which is 312 vision statements, is very large to discuss and consider the details of each hospital included.

Table 4: Vision Quality Rating

State	Number of Hospitals				Total
	Vision Rank "0"	Vision Rank "1"	Vision Rank "2"	Vision Rank "3"	
California	1	3	5	10	19
New York	2	2	2	13	19
Massachusetts	2	2	1	14	19
Texas	3	1	7	8	19
Florida	3	6	1	10	20
Ohio	2	2	6	10	20
Pennsylvania	3	2	3	12	20
Tennessee	2	2	4	11	19
North Carolina	0	4	4	12	20
Virginia	0	3	2	14	19
Connecticut	1	3	3	2	9
Michigan	3	1	7	9	20
Wisconsin	0	5	6	6	17
Colorado	1	5	6	5	17
Georgia	3	4	4	8	19
Illinois	1	1	4	15	21
Arizona	0	0	5	10	15
USA	27	46	70	169	312

Vision and Performance

Table 5 indicates the summery statistics for vision and various performance measures. The data indicates that the change in operating margin was mixed across states. But even though total discharges decreased in most states, return on assets and net patient revenue increased in most. The correlation analysis between vision statement ranking and performance measures was performed using secondary data, which was obtained from the American Hospital Directory database. Pearson correlation analysis method was used to determine the linkage between vision statements and performance measures as well as the growth measures. The performance measures considered for analysis were percentage change in operating margin and percentage

change in return on assets over a period of 5 years. The growth measures considered for analysis were percentage change in net patient revenue and percentage change in total discharges over a period of 5 years. A positive correlation was found between vision statements and at least one of the financial performance measures in 13 out of the 17 states studied (Table 6). Wherein a statistically significant correlation was found between vision statements and at least one of the performance measures in 9 out of the 17 states studied (Table 7). However for the aggregated data for all 17 states the analysis indicated no correlation between the vision statements quality and the assessed performance measures (Table 6).

Table 5: Summary Statistics for Vision and Performance Measures

State	AVERAGE					STANDARD DEVIATION				
	Vision	Operating Margin	Return on Assets	Net Patient Revenue	Total Discharges	Vision	Operating Margin	Return on Assets	Net Patient Revenue	Total Discharges
California	2.26	%563.48	%43.27	%111.38	%1.81-	0.93	27.79	0.69	5.90	0.13
New York	2.37	%3.62-	%28.34	%32.30	%17.44-	1.07	1.31	0.13	1.16	0.19
Massachusetts	2.42	%175.54-	%12.62	%28.16	%6.42-	1.07	3.50	0.17	1.09	0.22
Texas	2.05	%14.70-	%7.51	%84.66	%3.54	1.08	1.24	0.38	2.52	0.24
Florida	1.90	%122.17	%9.12	%35.76	%9.91-	1.21	2.72	0.18	1.93	0.18
Ohio	2.20	%23.28-	%10.47	%92.16	%17.47-	1.01	15.41	0.14	4.58	0.09
Pennsylvania	2.20	%87.45-	%13.15	%48.30-	%16.12-	1.15	1.75	0.15	3.27	0.14
Tennessee	2.26	%56.20-	%2.09-	%415.05	%15.02	1.05	1.30	0.34	18.00	0.13
North Carolina	2.40	%39.30-	%18.39	%0.16	%10.81-	0.82	3.70	0.15	0.65	0.11
Virginia	2.58	%245.77	%17.41	%9.41	%0.46	0.77	7.32	0.15	1.49	0.13
Connecticut	1.67	%342.97-	%21.39	%54.17	%5.32-	1.00	9.84	0.23	1.54	0.13
Michigan	2.12	%1.11-	%9.50	%45.41	%13.24-	1.11	1.27	0.13	1.11	0.11
Wisconsin	2.06	%3.19	%179.94	%47.74	%11.16	0.83	0.91	6.51	1.17	0.15
Colorado	1.81	%25.50	%21.75	%0.17-	%3.17-	0.91	0.64	0.18	1.01	0.19
Georgia	1.89	%80.20-	%14.37	%1.98	%3.62-	1.15	1.57	0.31	1.21	0.17
Illinois	2.57	%196.01-	%5.26	%21.14	%10.52-	0.81	15.67	0.30	1.41	0.14
Arizona	2.67	%338.51-	%9.72	%61.02-	%10.21-	0.49	13.04	0.15	4.75	0.19
USA	2.22	%12.25	%23.81	%174.71	%8.50-	0.99	3.58	1.57	20.64	0.17

Table 6: Vision and Performance Combined Correlation

State	Financial Performance		Growth	
	Operating Margin	Return on Assets	Net Patient Revenue	Total Discharges
California	0.159	0.599 *	0.517 **	-0.344
New York	-0.314	0.205	0.323	0.019
Massachusetts	0.111	-0.106	0.251	0.278
Texas	-0.022	-0.194	0.207	0.409 ***
Florida	-0.101	0.002	-0.075	0.106
Ohio	0.001	0.082	-0.091	-0.298
Pennsylvania	0.117	-0.144	-0.056	-0.014
Tennessee	-0.270	-0.088	0.394 ***	0.422 ***
North Carolina	-0.096	0.483 **	-0.131	-0.224
Virginia	0.472 **	0.299	0.244	0.358
Connecticut	0.251	-0.507	0.385	0.427
Michigan	0.104	-0.041	0.245	0.288
Wisconsin	-0.028	-0.110	0.000	0.463 ***
Colorado	0.062	-0.029	-0.063	-0.135
Georgia	-0.158	-0.247	-0.323	0.582 *
Illinois	-0.165	0.076	-0.123	-0.049
Arizona	0.387	-0.203	0.154	-0.274
Aggregate Data	-0.026	0.009	-0.022	-0.004

- * $p < 0.01$
- ** $p < 0.05$
- *** $p < 0.1$

If $r = +.70$ or higher Very strong positive relationship
 $+0.40$ to $+0.69$ Strong positive relationship
 $+0.30$ to $+0.39$ Moderate positive relationship
 $+0.20$ to $+0.29$ weak positive relationship
 $+0.01$ to $+0.19$ No or negligible relationship

Table 7: Vision and Performance Combined Correlation

State	Financial Performance		Growth	
	Operating Margin	Return on Assets	Net Patient Revenue	Total Discharges
California	0.159	0.599 *	0.517 **	-0.344
Texas	-0.022	-0.194	0.207	0.409 ***
Tennessee	-0.270	-0.088	0.394 ***	0.422 ***
North Carolina	-0.096	0.483 **	-0.131	-0.224
Virginia	0.472 **	0.299	0.244	0.358
Wisconsin	-0.028	-0.110	0.000	0.463 ***
Georgia	-0.158	-0.247	-0.323	0.582 *

- * $p < 0.01$
- ** $p < 0.05$
- *** $p < 0.1$

Vision and Financial Performance

Operating Margin

Analysis of calculated correlation coefficients for Financial Performance measures indicates positive relationships for some of the states, however, these significant correlations were scattered. For Operating Margin performance measure the correlation coefficients for one state, Virginia, was statistically significant ($p < 0.05$) Table 8.

Table 8: Operating Margin Correlation for Virginia

Virginia						
<i>Multiple Regression for Operating Margin</i>	Multiple	R-Square	Adjusted	StErr of		
<i>Summary</i>	R		R-Square	Estimate		
	0.4725	0.2232	0.1775	6.634008379		
<i>ANOVA Table</i>	Degrees of Freedom	Sum of Squares	Mean of Squares	F-Ratio	p-Value	
Explained	1	215.0177718	215.0177718	4.8856	0.0411	
Unexplained	17	748.1711418	44.01006717			
<i>Regression Table</i>	Coefficient	Standard Error	t-Value	p-Value	Confidence Interval 95%	
					Lower	Upper
Constant	-14.05561758	5.463370012	-2.5727	0.0198	-25.58232074	-2.52891442
Vision Ranking	4.497159535	2.034591058	2.2104	0.0411	0.204547627	8.789771444

** $p < 0.05$

Return on Assets

For Return on Assets performance measure, significant positive correlation coefficient were obtained for North Carolina ($p < 0.05$) Table 9, and California ($p < 0.05$) Table 10.

Table 9: Return on Assets Correlation for North Carolina

North Carolina						
<i>Multiple Regression for Return on Assets</i>	Multiple	R-Square	Adjusted	StErr of		
<i>Summary</i>	R		R-Square	Estimate		
	0.4834	0.2336	0.1911	0.581021		
<i>ANOVA Table</i>	Degrees of Freedom	Sum of Squares	Mean of Squares	F-Ratio	p-Value	
Explained	1	1.85258509	1.852585	5.4877	0.0308	
Unexplained	18	6.07653996	0.337586			
<i>Regression Table</i>	Coefficient	Standard Error	t-Value	p-Value	Confidence Interval 95%	
					Lower	Upper
Constant	0.914668034	0.41084398	2.2263	0.0390	0.051517	1.777819
Vision Ranking	-0.38043818	0.16240034	-2.3426	0.0308	-0.72163	-0.03925

** $p < 0.05$

Table 10: Return on Assets Correlation for California

California						
Multiple Regression for Return on Assets Summary						
	Multiple R	R-Square	Adjusted R-Square	StErr of Estimate		
	0.5992	0.3590	0.3213	4.856941874		
ANOVA Table						
	Degrees of Freedom	Sum of Squares	Mean of Squares	F-Ratio	p-Value	
Explained	1	224.6119885	224.6119885	9.5215	0.0067	
Unexplained	17	401.0280343	23.58988437			
Regression Table						
	Coefficient	Standard Error	t-Value	p-Value	Confidence Interval 95%	
					Lower	Upper
Constant	-9.678265109	2.990845616	-3.2360	0.0049	-15.98839778	-3.368132438
Vision Ranking	3.784296315	1.226398398	3.0857	0.0067	1.19682187	6.371770759

* $p < 0.01$

Vision and Growth

Growth in Net Patient Revenue

As with the Financial performance measures, our correlation coefficients for Growth Performance measures also indicates positive relationships for some of the states. For Net Patient Revenue performance measure the results for Tennessee show a positive, but marginally statistically significant relationship ($p < 0.1$) Table 11. However, regression analysis for California indicated a positive statistically significant correlation coefficient ($p < 0.05$) Table 12.

Table 11: Net Patient Revenue Correlation for Tennessee

Tennessee						
Multiple Regression for Net Patient Revenue Summary	Multiple R	R-Square	Adjusted R-Square	StErr of Estimate		
	0.3941	0.1553	0.1056	0.317068		
ANOVA Table	Degrees of Freedom	Sum of Squares	Mean of Squares	F-Ratio	p-Value	
Explained	1	0.314189	0.314189	3.1253	0.0950	
Unexplained	17	1.70905	0.100532			
Regression Table	Coefficient	Standard Error	t-Value	p-Value	Confidence Interval 95%	
					Lower	Upper
Constant	0.265006	0.177341	1.4943	0.1534	-0.10915	0.639163
Vision Ranking	-0.12634	0.071465	-1.7678	0.0950	-0.27712	0.024439

*** $p < 0.1$

Table 12: Net Patient Revenue Correlation for California

California						
Multiple Regression for Net Patient Revenue Summary	Multiple R	R-Square	Adjusted R-Square	StErr of Estimate		
	0.5168	0.2671	0.2240	0.609822218		
ANOVA Table	Degrees of Freedom	Sum of Squares	Mean of Squares	F-Ratio	p-Value	
Explained	1	2.303792426	2.303792426	6.1949	0.0235	
Unexplained	17	6.322013344	0.371883138			
Regression Table	Coefficient	Standard Error	t-Value	p-Value	Confidence Interval 95%	
					Lower	Upper
Constant	1.300043194	0.37552109	3.4620	0.0030	0.507762948	2.09232344
Vision Ranking	-0.383257217	0.153982693	-2.4890	0.0235	-0.708132302	-0.058382132

** $p < 0.05$

Total Discharges

For Total Discharges performance measure, a marginally significant positive correlation coefficient was found between vision and total discharges for Tennessee ($p < 0.1$) Table 13,

Wisconsin ($p < 0.1$) Table 14, and Texas ($p < 0.1$) Table 16, and a highly significant positive relationship was indicated for Georgia ($p < 0.01$) Table 15.

Table 13: Total Discharges Correlation for Tennessee

Tennessee						
<i>Multiple Regression for Total Discharges</i>	Multiple	R-Square	Adjusted	StErr of		
<i>Summary</i>	R		R-Square	Estimate		
	0.4216	0.1778	0.1294	0.124896		
<i>ANOVA Table</i>	Degrees of Freedom	Sum of Squares	Mean of Squares	F-Ratio	p-Value	
Explained	1	0.057327	0.057327	3.6751	0.0722	
Unexplained	17	0.265182	0.015599			
<i>Regression Table</i>	Coefficient	Standard Error	t-Value	p-Value	Confidence Interval 95%	
					Lower	Upper
Constant	-0.02802	0.069856	-0.4011	0.6933	-0.17541	0.119362
Vision Ranking	-0.05397	0.028151	-1.9170	0.0722	-0.11336	0.005427

*** $p < 0.1$

Table 14: Total Discharges Correlation for Wisconsin

Wisconsin						
<i>Multiple Regression for Total Discharges</i>	Multiple	R-Square	Adjusted	StErr of		
<i>Summary</i>	R		R-Square	Estimate		
	0.4631	0.2145	0.1621	0.132851		
<i>ANOVA Table</i>	Degrees of Freedom	Sum of Squares	Mean of Squares	F-Ratio	p-Value	
Explained	1	0.072295	0.072295	4.0962	0.0612	
Unexplained	15	0.264741	0.017649			
<i>Regression Table</i>	Coefficient	Standard Error	t-Value	p-Value	Confidence Interval 95%	
					Lower	Upper
Constant	-0.27892	0.088746	-3.1429	0.0067	-0.46807	-0.08976
Vision Ranking	0.081287	0.040164	2.0239	0.0612	-0.00432	0.166894

*** $p < 0.1$

Table 15: Total Discharges Correlation for Georgia

Georgia						
<i>Multiple Regression for Total Discharges</i>						
<i>Summary</i>						
	Multiple R	R-Square	Adjusted R-Square	StErr of Estimate		
	0.5821	0.3388	0.2999	0.140684		
<i>ANOVA Table</i>						
	Degrees of Freedom	Sum of Squares	Mean of Squares	F-Ratio	p-Value	
Explained	1	0.17242	0.17242	8.7116	0.0089	
Unexplained	17	0.336462	0.019792			
<i>Regression Table</i>						
	Coefficient	Standard Error	t-Value	p-Value	Confidence Interval 95%	
Constant	0.125058	0.06347	1.9703	0.0653	-0.00885	0.258968
Vision Ranking	-0.08513	0.028844	-2.9515	0.0089	-0.14599	-0.02428

* $p < 0.01$

Table 16: Total Discharges Correlation for Texas

Texas						
<i>Multiple Regression for Total Discharges</i>						
<i>Summary</i>						
	Multiple R	R-Square	Adjusted R-Square	StErr of Estimate		
	0.4089	0.1672	0.1182	0.221647		
<i>ANOVA Table</i>						
	Degrees of Freedom	Sum of Squares	Mean of Squares	F-Ratio	p-Value	
Explained	1	0.16763	0.16763	3.4122	0.0822	
Unexplained	17	0.835165	0.049127			
<i>Regression Table</i>						
	Coefficient	Standard Error	t-Value	p-Value	Confidence Interval 95%	
Constant	-0.14821	0.111656	-1.3274	0.2019	-0.38378	0.087361
Vision Ranking	0.089456	0.048428	1.8472	0.0822	-0.01272	0.191631

*** $p < 0.1$

DISCUSSION

The correlation between vision ranking and the selected performance parameters is determined to be in positive direction in 13 regions for at least one of the performance measures. There was a statistically significant correlation found between vision statements and at least one of the performance measures in 9 out of the 17 states studied. However, this relationship was not consistent for any particular one or two performance measures, it was spread between all four measures. It is worth noting that all of our significant correlations were positive. However, given the number of tests conducted, the low number of significant correlations constitutes only weak evidence that an association between vision quality and hospital performance might exist. This is understandable as in this study we were unable to collect the information about who created the vision and if the vision in these hospitals was effectively communication and implementation. Kantabutra (2006) found a positive indirect correlation between vision content, and vision alignment to employee satisfaction, customer satisfaction, and financial outcomes, suggesting that it is hard to directly relate vision attributes and contents to performance measures. In another study, Jing and colleagues (2014) established a positive correlation between vision, vision communication, and financial performance, staff productivity, and staff retention in small professional service firms. From this study they concluded that the managers those communicated the vision to staff outperformed their counterparts on various performance measures.

Furthermore, this correlation between vision and performance could also be weak depending on how the organization's vision was created and who was involved in its creation. If the vision was created by hired consultants without involvement of leadership, it might have all assessed components however it is less likely to be aligned with leadership's vision and thus it is unlikely to have any relationship with organizations goal or performance. Vision in such cases is symbolic and might simply be present on website. However if vision is created by the leadership, they will have its ownership. As a minimum it will reflect the direction and goals of the leadership for the organization though it may still not result in impact on organizational performance. Besides, it also depends on how these organizations' vision was communicated and implemented. Even if the vision is created by leadership, unless it is communicated and implemented, it is unlikely to have an impact on organizational performance. Vision developed by organizational leadership or with involvement of organizational leadership can positively impact the organization if vision is effectively communicated to the employees and it is used to formulate the organizational goals. This presents an opportunity that another study must be planned to assess the vision communication and implement process in these hospitals and how hospitals leadership perceived its impact on organizational performance measures. The communication also needs to effectively galvanize and motivate employees to align their efforts to achieving the goals and help realize the vision. It is very challenging for any organization to be able to successfully achieve high levels of employee involvement (Baum and Locke, 1998).

Besides vision communication being issue, it is possible that many of the selected healthcare organizations gave priority to quality wherein growth and financial targets weren't part of their plan. Li and Benton (1995) suggested from a study that healthcare organizations

prime importance is provide best quality customer care, which they presume as route to financial success. All of the organizations were ranked best in quality in their regions/states, hence it can be inferred that financial viability and service expansion were not on their top priority.

Organizational performance is significantly affected by regions economic and social factors. The social factors such as an increase in number of uninsured can adversely impact organizational performance. A recession in economy and resulting increase in unemployment also adversely impacts the performance of health organizations. The data considered for this study is from 2009 to 2013, a period of economic downturn and this could have adversely impacted the performance of healthcare organizations. The effect of external factors may have been strong enough that, even for organizations with the highest quality vision and most effective implementation, organizational performance would have suffered.

Health care reform has cut payments to hospitals impacting performance of many hospitals. Many hospitals have a larger share of Medicaid and Medicare patients as compared to private insurance and the performance of such hospitals is in particular adversely impacted by new federal law. Many states have not expanded Medicaid eligibility and uninsured in these states are still seeking care at hospitals. Thus, while costs from uninsured payments have not dropped, the decreased Medicare payments have resulted in reduced revenue and significant drop in margins.

There are studies that have made an effort to successfully compare vision to performance in some other industries (Bart 1998, 1999, 2000, 2004; Kantabutra 2006), however it is difficult to truly justify the results until you have information related to vision communication and implementation (Baum, 1998). In the future, another study can be planned, which focuses on

inquiring leadership of these hospitals about the vision creation in their organizations and how they communicated and implemented their vision. The information on effectiveness of vision communication was not available for this study. Even in organizations where vision is communicated, the degree of communication effectiveness may significantly vary. It is possible that most organizations may not have measures or KPI's to monitor the effectiveness of vision communication and the annual goals setting process may not align it with the vision. Additionally this information is not typically disclosed by the organizations.

Finally, the distribution of our vision quality scores was somewhat skewed towards high scores. It is also possible that this restriction of range in our quality scores reduced our power for detecting associations between vision quality and hospital performance. Another limitation of the study is that this study has only considered limited performance factors and it is feasible that some of the organizations performance could have in other areas e.g., employee morale, patient satisfaction, time to recovery etc., however it may not have yet significantly impacted the factors considered in this study. Further it is feasible that some organizations may not create a formal vision but have good management practices in place resulting in good performance. Further these organizations were selected on the basis of their excellent performance rank in U.S. News and it is likely that these organizations have little or no focus on financial performance as well as growth.

CONCLUSION

Overall the results indicated only marginal correlation between vision statements and organizational performance parameters. However, it should be noted that this correlation was in positive direction for all of the statistically significant relationships between vision quality and

the performance parameters. While the results did not indicate a strong relationship, the relationship cannot be ignored as it is likely that the studied measures could have been impacted by multiple internal or external factors as noted in discussion section. Also, some of the states had a strong performance to begin with and thus the incremental increase in performance was relatively small as compared to other states that started on journey of performance improvement in response to impending changes due to healthcare reform etc. The scope of the study also was limited to only measures and the focus of performance for many organizations could have been different. All of these organizations excelled in quality in their respective regions and hence the study did not focus on measures of quality. It is quite possible that these organizations focused mainly on improving their quality in last few years.

MANUSCRIPT #2

UNDERSTANDING VISION CREATION, COMMUNICATION, AND IMPLEMENTATION IN THE UNITED STATES NOT FOR PROFIT HEALTHCARE ENVIRONMENT

EXECUTIVE SUMMARY

Organizational vision is a guiding force behind all management decisions concerning growth and development. There are many studies that discuss the vision, and vision statements in general, as well as the importance of vision communication and implementation. However, there is a marked lack of literature regarding the creation of organizational vision statements and how that vision is communicated and implemented within an organization. The purpose of this paper was to improve understanding of vision creation, communication, and implementation process in healthcare environment. In this study we have discussed various aspects of vision: starting from how literature defines vision, structural components of vision statement, vision communication and implementation process, and the studies that discusses the impact of vision on organizational performance. A conceptual model was created and tested through a survey. The survey instrument was created and it is based on the conceptual model presented. This survey was electronically sent to the CEOs of 317 acute care hospitals selected from the 17 states of the United States. The response was not encouraging as only 7% of the CEOs responded to the survey. The paper presents a brief summary of the responses received from the study.

INTRODUCTION

The literature on vision development is divided into two streams of thought. The first favors creativity, innovation, and strategic thinking over analytic processes. The other is skewed solely towards the analytical and mechanistic process. According to Mintzberg, vision involves the blend of intuition, creativity derived from personal experiences in the field, and deep involvement with the organization. He suggests that strategic thinking and innovation are required to create new perspectives and combinations. In addition, he posed that strategic thinking may require detailed information about the organization, its employees, and the environment. Even then it is, in essence, a process of synthesizing new future while utilizing the old information. On the other hand, Shoemaker (1992) presents a "resource-based" approach, which suggests that creating a vision is a purely analytical process and it should be created by closely analyzing the organization's current operations and competitive situations. He argues that vision can be developed by thoroughly analyzing the current organizational situation, core capabilities, and competitor information. He emphasizes that the future can be assessed by analyzing these components. Hence, these steps can be very effective in creating an organizational vision. Also, a vision created in this manner would be much more realistic, achievable, and measurable.

Lawrence and Lorsch (1967) argue that different environments place differing requirements on organizations. Specifically, environments characterized by uncertainty and rapid rates of change in market conditions or technologies present both constraints and opportunities. Furthermore, from the contingency theory perspective, in a rapidly changing environment, successful companies and leaders continuously interact with the environment. They proactively

work on assessing the changes and new needs of the environment and accordingly create a new vision for their organization. The vision is further adapted by creating effective strategies, and further changes are made in the internal features/processes of the organization to best match the future demands. Wilson (1992) suggests that vision plays an important role in a rapidly changing environment. Wherein he says, "vision describes the shape of the future business, set specific goals and derives strategy."

According to Harper, being "perspective, nimble, and innovative" in their actions and approaches provides an extra advantage for the organization because these leaders assess a variety of perspectives after identifying areas of potential improvement. These leaders pose hypothetical scenarios in order to prepare for a variety of eventualities. By creating an action plan for unfavorable circumstances, the leader maintains a superior position in even the most trying situations. Sashkin (1992) from a study of visionary leaders concluded that visionary leaders are well aware of key situational factors that guide them through the right actions and approaches. The purpose of this study was to explore how vision statements are created, communicated, and implemented and determine whether healthcare executives perceive the impact of vision on organizational performance. The study provides insight into the importance of vision statement creation, its communication, its implementation process, and its subsequent impact on organizational performance.

BACKGROUND

Vision Creation

A brief literature review was performed to identify who is involved in creating vision statements and what factors were considered while creating these statements. Several studies indicated that there has been limited employee involvement in the process (Bart, 1997). Collins and Porras (1991), in their study of visionary organizations, suggested that it is not just the CEOs' responsibility to set a vision. Middle management involvement can boost the communication and implementation of vision. Since vision plays a vital role in establishing a direction within organizations, it is important that vision statements provide unanimity of purpose within the organization and serve as a focal point from the top to the bottom (Sidhu, 2003; King and Cleland, 1979). Frederick and colleagues (2010) from a study concluded a very strong correlation between the employees' and managers' commitment to the corporate vision and the attainment of vision outcomes.

Another important question we had in mind while performing this literature review was what factors must be considered in the process of vision creation. Several studies indicate that missions and values should be an integral part of vision creation (Collins and Porras, 1996; Kotter, 2009; Nanus, 1992). Besides, there are some studies that also pointed out a positive relationship between organizational values and the corporate performance (Bart et al., 2001; Kantabutra & Avery, 2002). Collin and Porras concluded from interviews with CEOs of fortune 500 companies that there must be an envisioned future, which they defined as 'BHAG', a Big, Hefty, Audacious, Goal, as part of every vision. Nanus (1992) further discussed the role of environment in the conceptual interpretation of the visioning process.

Vision Communication and Implementation

There is some evidence that suggested a positive relationship between the effective communication of business strategy and high organizational performance (Marzec, 2007). It indicated that the companies that communicated key organizational issues to their employees showed improvement in their market value. Conversely, a study performed by Voss and colleagues (2006) indicated poor performance and lower sales results in an environment where there were disagreements about the central issues of a company.

Baum et al. (1998) discovered an indirect positive relationship between vision communication and organizational performance. They concluded this from a longitudinal study performed to examine the impact of vision attributes, vision content, and vision communication on organizational performance in terms of venture growth. Leadership theorists identify the vision communication process as the leaders' interactions with followers with the purpose of aligning them to the organizational vision (Bass & Avolio, 1993; House & Shamir, 1993). According to Kouzes and Posner (1987, page-143), leaders must communicate the vision personally as well as through written statements. They suggested that it's not just about communicating the vision; leaders must be prepared to teach the vision. They must know the details of the vision, rather than just the statement. Also, they must communicate the vision in such a manner that it appears to be a shared sense of destination, not just one person's dream.

There is very limited literature available regarding visions communicated in the healthcare environment. Bart and John (2000) performed a study on mission statement communication and its impact on organizational performance. They surveyed almost 500 Canadian hospitals to understand how these healthcare organizations developed their mission

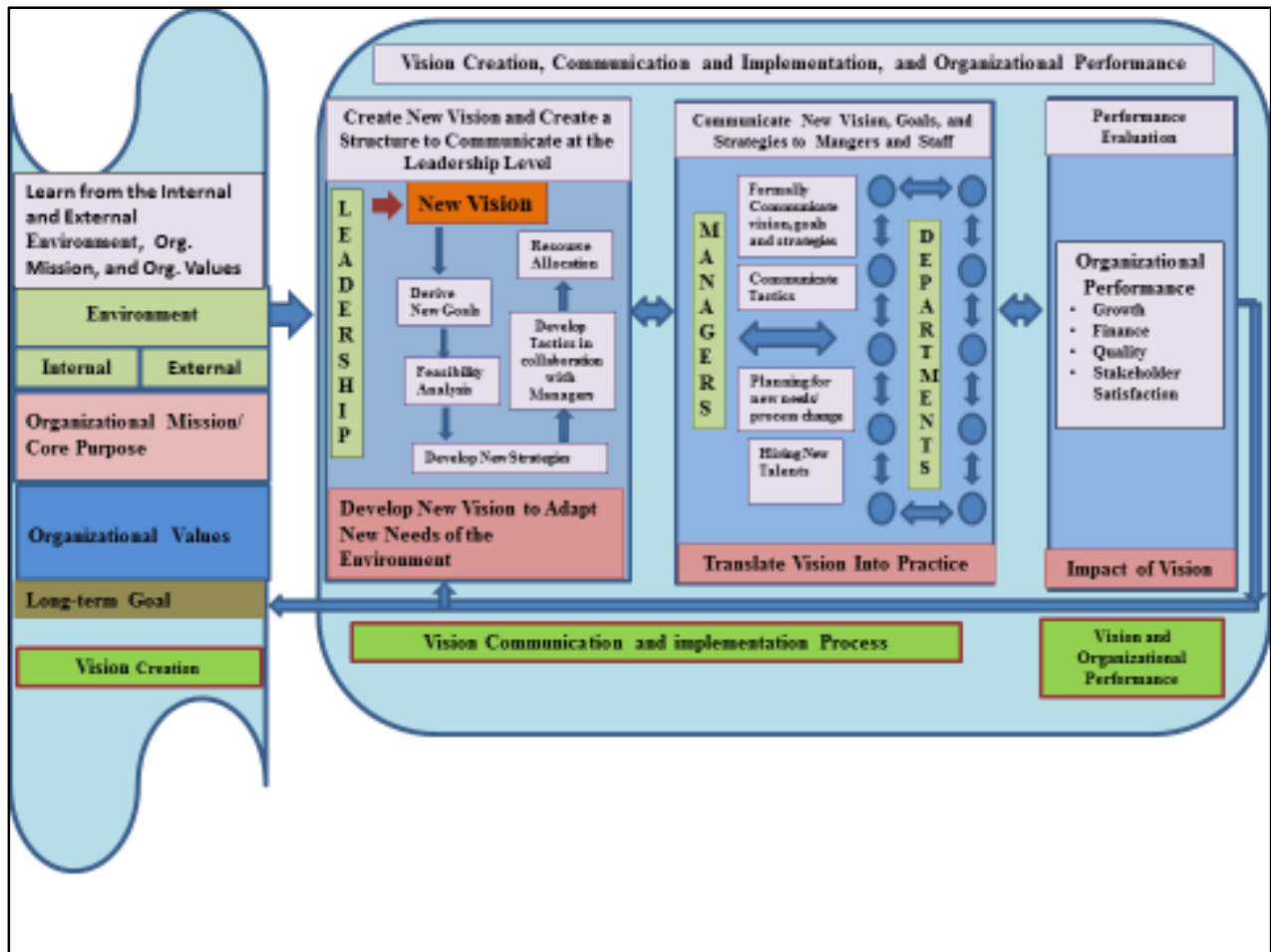
statements, the methods of communicating these mission statements, and to which stakeholders these mission statements were communicated. They also examined whether certain methods of communicating mission statements impacted the organizational performance. In another study, these researchers explored the relationship between mission alignment and the firms' performance. The research concluded that the information about the key structural elements of an organization must align to the mission. They interpreted that certain organizational components were more aligned to the mission statement; some of these components were: organizational structure, strategic planning systems, objectives and targets, operating planning systems, and leadership styles (Bart and John, 1998). The above mentioned studies were performed in the area of organizational mission. There is no study that specifically explored organizational vision in a similar manner within the healthcare environment.

According to Drew (1999), organizations develop vision and mission statements as a method of communicating organizational identity and to put forward broad guidelines for strategic decision making, expectations, and control. Locke et al. (1991) suggested that vision should be well articulated and leaders must effectively communicate it to followers through effective speaking. Top executives communicate their vision to promote changes and extend the support of the vision (Bass, 1985; Bennis and Nanus, 1985; Conger and Kanungo, 1987; Kouzes and Posner, 1987; Larwood, 1995; Levin, 2000; Locke et al., 1991; Nanus, 1992; Tichy and Devanna, 1986; Williams-Brinkley, 1999). They align people and processes in support of their vision, which ensures that the structural and procedural obstacles are already considered and that people are provided all the resources needed to turn vision into reality (Kantabutra, 2006).

CONCEPTUAL MODEL

A conceptual model has been created to reflect important aspects of vision; vision creation, vision communication, and implementation, and to further understand its relationship to the important performance outcome categories. This model is unique as it links the vision creation to vision communication and implementation. This model provides the framework for leaders to fully benefit from creating vision for organization. According to this model, just creation of the vision is not enough as unless it is effectively communicated and implemented, it is unlikely that organization will be able to accomplish it. The vision communication and implementation enables its buy-in by employees and setting up of goals, strategies, and allocation of resources, which eventually is likely to result in vision achievement. Thus leaders can use this model to establish a framework in their organizations to enables realization and achievement of the organizational vision.

Figure 5: Vision Model



The model is divided into two main sections; first section reflects organizational and environment factors related to vision creation, second section is divided into three parts; vision communication and implementation process, and relationship of vision to the important organizational performance measure categories. The vision creation includes the important vision statement components. These vision components can be categorized as; environmental factors (internal and external), organizational mission, organizational values, and long term goal.

This conceptual model is distinctive from all of the models, as it hypothesizes that the “environmental factors” are one of the key determinants of the organizational vision. It is theorized that organizations must consider environmental factor while creating or recreating their vision. This environmental assessment must be performed to obtain a broader picture of the internal and external environment of the organization. The external environment assessment enables organizations to understand the changing needs of the customer, community, economy, governmental mandates, policies, and technical and scientific advancements in local, regional, and global context whereas, the internal analysis provides them a wider view of the current state of the organization and the needs of the employees. Organizational mission and values are another important aspect of organizational vision creation. The organizational mission statement reflects core purpose of the organization, whereas values reflect the behavioral and cultural expectations of the organization. Further creating a long term goal in view of mission, values, and environmental factors is an important aspect of vision creation. Corporate leaders must assure that this long term goal somehow aligns with the needs and expectations of internal and /or external stakeholders. These aspects do overlap with the environmental factor assessment.

The second section of the model portrays vision communication, implementation and its impact on organizational performance measures. Vision communication includes organizational goals creation process, and strategy formulation process. The two sided arrows indicate that the communication should be both ways. Many times leaders provide the goals, feasibility analysis, and strategies formulation and resource allocation. In the vision

communication process, it is important that the leaders continuously communicate about their

vision, goals, and strategy, and also focus on attaining feedback from the staff. The Vision implementation process includes organizational alignment to organizational goals, this includes; competency assessment, hiring new talent, and process design or process change. The last part of the model shows the important performance measure categories where executives expect to see overall impact of their vision. These performance measures are mainly categorized as growth, finance, quality, and stakeholders' satisfaction.

A survey instrument was created based on the above model. As reflected in the model, the questionnaire was also divided into three parts; first part encompassed vision creation process and included questions relating to vision creation and who all were involved in vision creation, and what elements were considered in vision creation; second part of the questionnaire was oriented around the vision communication, organizational goals, and strategy creation; while third part focused on the performance categories where executive wanted to observe the impact of their vision.

METHODS

The primary purpose of the study was to understand how healthcare executives create, communicate, and implement vision statements and determine whether they are able to perceive an impact on organizational performance. The data for leadership inquiry was collected from a web-based survey. To ensure a broad representation of the US hospitals, a list of 300+ hospitals was created from the *US News* recognized best 17 regional hospitals. An online search was conducted to identify CEOs of the selected hospitals. We chose to send the survey to the top

executives because various research studies indicated that the CEOs of the organizations have the best knowledge and information in regards to the strategic positioning of their organizations. Further, it is suggested that top executives play an important role in organizational planning as well as aligning the organization to the vision (Zagac, 1989; and Thomas, 1990). In another study, Proven and colleagues (1991) discovered that the hospital CEOs receive two times more information than their board members and almost three times the information that hospital medical staff receives.

Survey Creation

To assess the vision creation, communication, and implementation process in acute care hospital setting a brief survey questionnaire was created. The questionnaire was guided by and based on the conceptual model presented before. In order to validate this survey questionnaire, the chief executive officers of five healthcare organizations in the Houston area were interviewed. These CEOs provided guidance on their current practice regarding vision creation, vision communication and implementation/alignment, and the relationship to performance. Since the survey instrument was prepared by the primary investigator and was based on her vision creation, communication, and implementation model, it was important to validate the questionnaire. Hence, the validity of the instrument was assessed by conducting a pretest on Houston area acute care hospitals. The principle investigator personally met the CEOs of 4 large hospitals in the Houston area to get their feedback in response to the survey instrument.

The survey used a combination of 'yes-no' and 4-point Likert scale questions. There were only 12 questions in the survey, a link to this survey was sent to the selected group electronically. As indicated in the model, the survey questions covered three major aspects of

vision: vision creation, vision communication and implementation, and vision's impact on performance

The survey instrument was designed based on the following theme -

- Who participates in creating organizational vision statement?
- What are important factors considered while creating vision?
- How do they communicate and implement the vision?
- Do they perceive the impact of their vision on organizational performance?

Survey Administration

Once the survey instrument got validated through a pilot performed at Houston area executives, the study protocol was sent for IRB approval. Besides study protocol, it was also required to get IRB approval on the survey instrument, introductory email, and concluding email (Appendix B & C). The study was approved by IRB under the exempt status according to 45 CFR 46.101 (b) (Appendix A). The survey questionnaire was disseminated using Qualtrics online survey software. For details, please visit <http://www.qualtrics.com/>. Survey links were created for each hospital and were sent them to the hospital CEO's email addresses. The email addresses of these CEOs were located using hospital websites, public web search engines, social media sites, such as LinkedIn, etc. All survey participants were assured anonymity and were offered a summary of the results in exchange. A reminder follow-up emails were sent to after 20 days gap just to the nonrespondents.

Data Analysis

The responses in regards to vision creation, communication and the implementation process variables were analyzed using frequency analysis. Different aspects of vision were

assessed to understand the current practices in the United States healthcare environment. Three to four questions were assigned to each aspect of vision. For example, the vision creation process was assessed through the first three questions, which required respondents to indicate the degree of involvement of various stakeholders in vision creation. Also, in the following questions they were asked to rate the various components considered in vision creation. In the second part, which was related to vision communication, they rated the mode and targets of vision communication. Furthermore, we also had questions regarding vision implementation and its perceived impact on various performance measures.

RESULTS SUMMARY

The survey was sent to approximately 317 hospital CEOs in 17 regions of the United States. There were around 30 emails that bounced back due to either a system problem or an email address being incorrect. Some of them came back with 'out of town' automated messages. Subsequently, out of the 17 regions we only received responses from 13 regions. Wherein, from 8 regions we received only 1 response from each region, from 4 regions we received 2 responses from each region, and from 1 region we received 3 responses. The response was not encouraging as only 7% responses were received from this survey. Overall, we received 19 responses from 13 states. Due to the very low response rate, and the risk of violating confidentiality, the characteristics of the responding hospitals are not presented here. The data received for vision creation, communication, and implementation are summarized below.

Vision Creation

The four opening questions of the survey focused on the creation of vision in an organization. The first question related to the involvement of various levels of employees in vision creation. The responses indicate that in 61% of the organizations, the board of directors was highly involved, whereas 33% of the organizations moderately involved their boards in the creation of the vision. In 6% of the cases they were somewhat involved (Figure 6). The management team was always (100% of the responses) involved in the creation of vision. The participation of department directors in vision creation varied significantly, as in 17% of the organizations they are highly involved, moderately involved in 45% of the cases, somewhat involved in 28% of the organizations, and not involved in 11% of the cases. The participation of managers in vision creation varied significantly, as in 11% of organizations, they were highly involved, moderately involved in 28% of the cases, somewhat involved in 28% of the organizations, and not involved in 11% of the cases. The consultants also varied significantly, as in 11% of the organizations they are highly involved, somewhat involved in 24% of the organizations, and not involved in 65% of the cases (Table 14).

Figure 6: Degree of Stakeholder Involvement

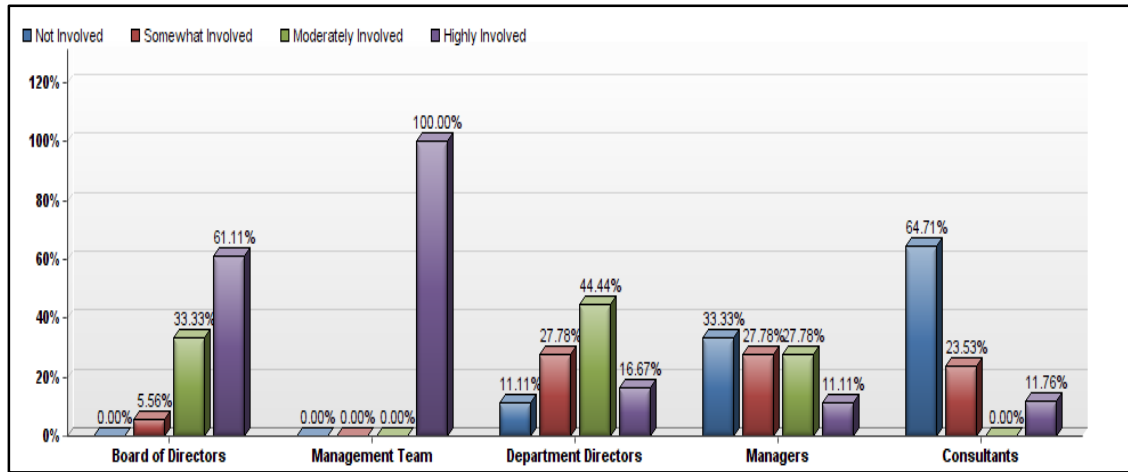


Table 17: Participation in Vision Creation

Participants	Highly Considered
Board of Directors	61%
Management Team	100%
Department Directors	16%
Managers	11%
Consultants	11%

The survey data indicates that in 16% of the organizations the vision has never been changed, whereas in 37% of the organization, the vision has not been changed in last 10 years. Thus in about 47% of the organizations, the vision is revised within five years. In 21% of those organizations the vision is revisited and updated every three years, and in 26% of those organizations it is revised and updated every 5 years. Table 15 & Figure 7 indicates the

data for specifying elements that were considered while creating or recreating organizational visions. 78-98% of the CEOs indicated that they highly considered mission statement and environmental factors when they created their vision statements. However, 84.2% indicated that they also highly considered organizational values when they were creating their vision. The results indicate that CEOs in the healthcare environment highly regarded organizational missions and values. Additionally, they do understand the role of the changing environment on organizational vision creation.

Figure 7: Vision Statement Elements

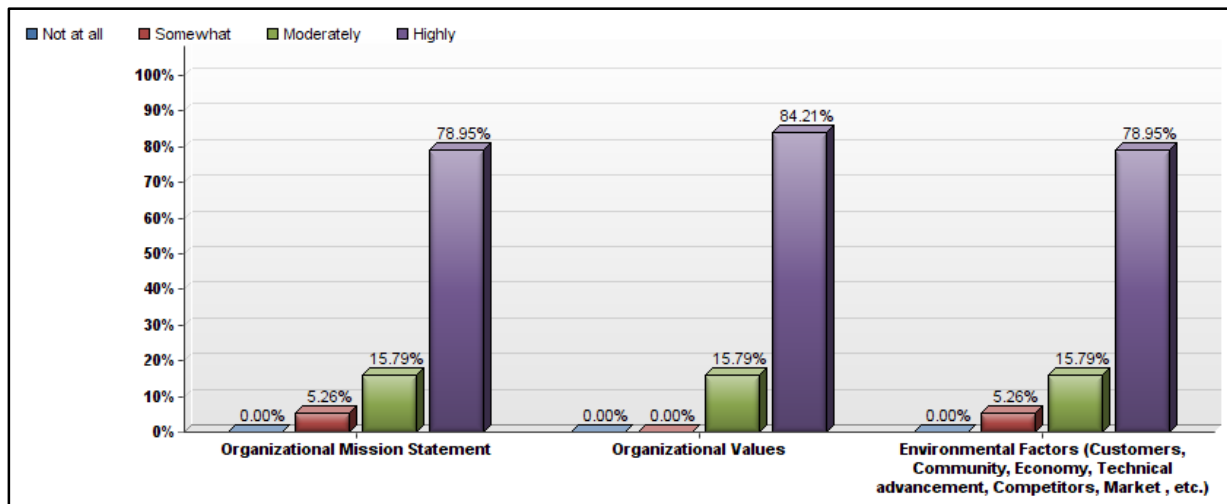


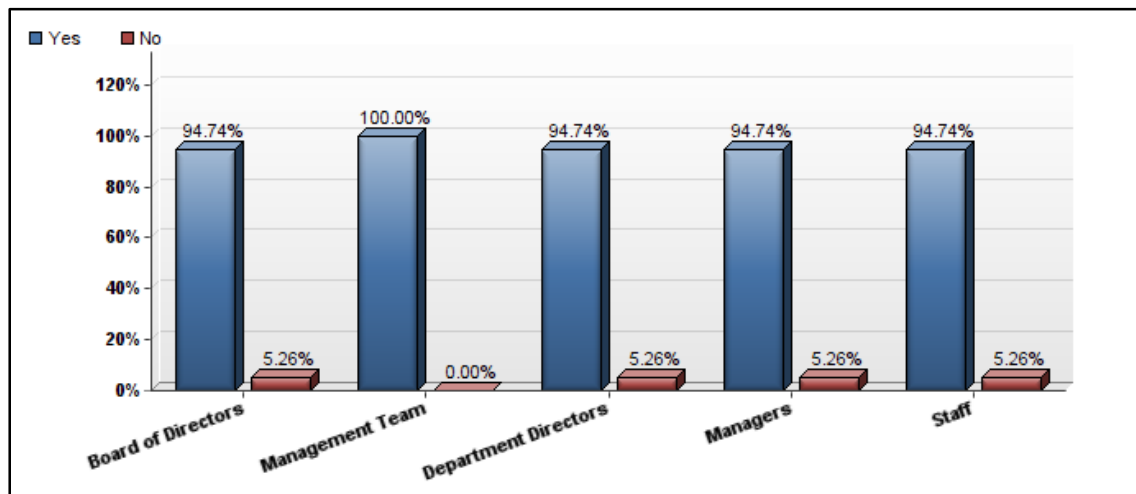
Table 18: Vision Statement Elements

Vision Components	Highly Considered
Environmental Factors	79%
Mission Statement	79%
Values	84%

Vision Communication and Implementation

There were only two questions asked to learn about the vision communication process in selected acute care hospitals. The goal was to understand to which stakeholder group the vision is communicated. The information from the figure 8 shows that 95–100 percent of the CEOs indicated that they communicated the vision to all of the stakeholder groups. In the next question, these CEOs were asked to select the methods they used to communicate their vision.

Figure 8: Vision Communication to various stakeholders



Amongst the various suggested communication methods, new employee orientation was highly rated by respondents (Figure 9 & Table 16). Organizational websites and newsletters were also selected by many CEOs; 64% indicated that they always use a website to communicate their vision, and 47% marked newsletters as a regular mode of communication.

Figure 9: Modes of Communication

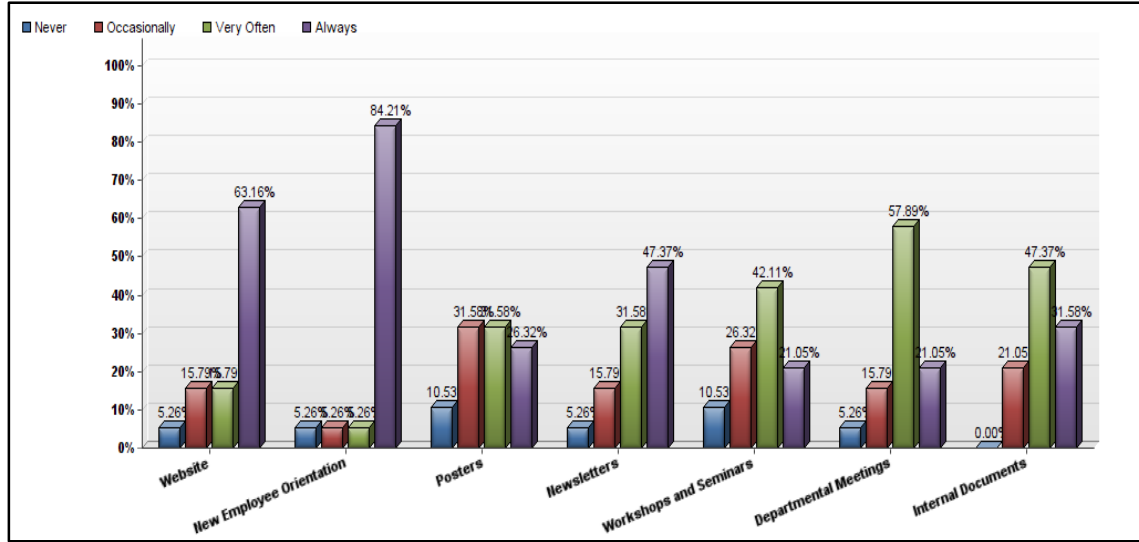


Table 19: Vision Communication

Modes of Communication	Highly Used
Website	63%
New Employee Orientation	84%
Posters	26%
Newsletters	47%
Workshops and Seminars	21%
Departmental Meetings	21%
Internal Documents	47%

The CEOs from hospitals located in different United States regions rated new employee orientation and websites as the tool most commonly used to communicate vision statements.

However, literature suggests that new employee orientation and newsletters are not very effective methods to communicate vision. It is suggested that vision must be communicated by

leaders and managers at various levels. The middle manager involvement in vision communication has indicated improved employee commitment to vision and has resulted in improved overall organizational performance (Frederick and colleagues, 2010).

Vision Implementation

The results of our findings in regards to vision implementation are presented in Table-20.

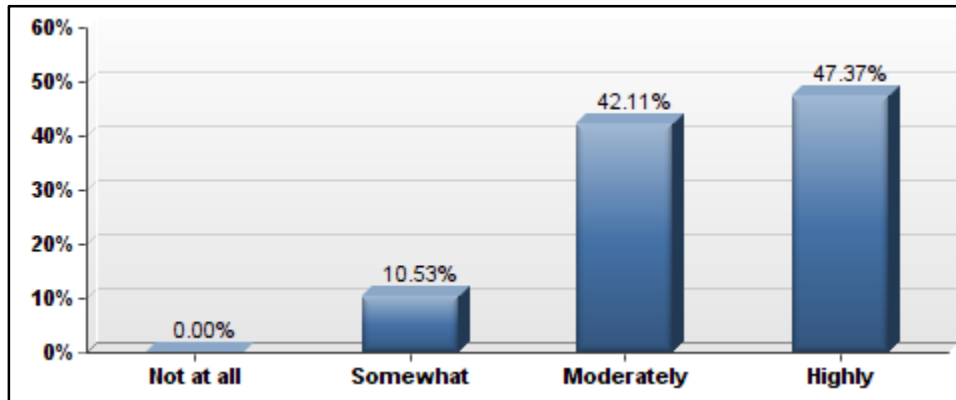
Table 20: Vision Implementation

Vision Implementation	Highly Considered
Organizational Goals	84%
Organizational Strategic Planning	89%
Budget Allocation	73%
Process Change	47%

In the first question regarding the implementation process, CEOs were asked if they derive organizational goals from their vision. 84% respondents answered that they highly considered vision, and the remaining 16% rated it as having moderate importance. There weren't any respondents who stated that the role of vision in organizational goal creation is insignificant. The next question was regarding the role of vision in the planning process. Wherein, 89% highly agreed on a vision's role in planning, the remaining 11% moderately agreed on considering vision in their strategic planning process. When asked for budget allocation in regards to vision implementation 74% agreed and 26% denied allocating budget for vision implementation. The last question regarding vision implementation inquired whether executives changed organizational processes because of their new vision or changes in the old vision. There were mixed responses on the organizational process change. Only 47% of the CEOs rated process

change highly, another 42% rated process change moderately, and rest of the executives responded that process was somewhat important (Figure 10). There were no respondents that disagreed with the need to change process in response to changes in vision.

Figure 10: Vision and Process Change



The participants were also asked questions to understand if they perceived the impact of their organizational vision on performance. Wherein the data indicated that 79% of respondents rated “highly” when asked if they perceived a relationship between vision and performance. Only 21% perceived a moderate relationship; however no respondent disagreed with the vision’s relationship and impact on organizational performance. Another question was asked to determine which performance measures were important to them (Figure 11 & Table 21).

Figure 11: Vision and Important Performance Measures

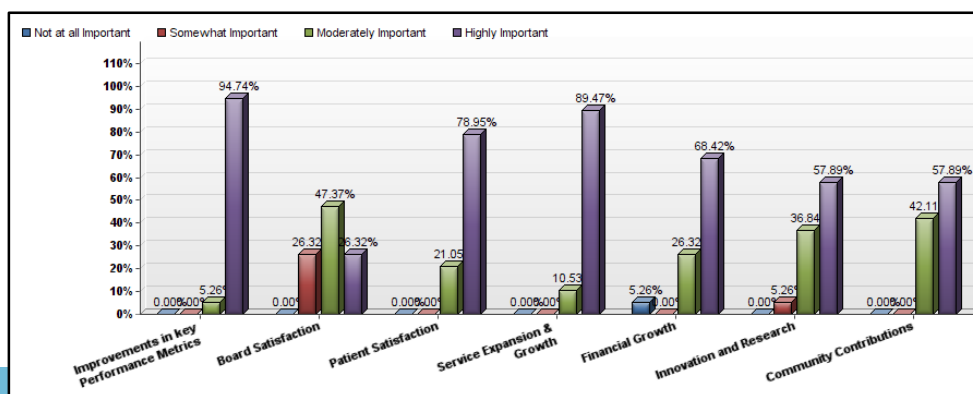


Table 21: Vision and Important Performance Measures

Performance Measures Categories	Highly Important
Improvement in Key Performance Metrics	94%
Board Satisfaction	26%
Patient Satisfaction	79%
Service Expansion & Growth	89%
Financial Growth	68%
Innovation and Research	58%
Community Contribution	58%

The results indicated that ‘improvements in key performance metrics’ was the most important category of their performance. It is understandable that, in the healthcare environment, quality and patient safety would be of prime importance to any executive. Other than that, it is most important for not-for-profit institutes to maintain their financial stability so that they continue to serve the community with the most innovative treatments and technologies. After key performance metrics, these executives rated service expansion and growth as 89% and patient satisfaction as 79%. Financial growth (69%) was the next most important aspect indicated by these executives.

Limitations

The study design, sample selection, and overall sample size was strong as 300+ acute care hospitals were included from different regions of the United States. However, it would be inappropriate to strongly validate the results as the response rate was very low and will be considered insufficient.

Recommendations

In future research similar research can be performed using mixed-mode survey methods. The survey could be disseminated using various other methods, such as mail and telephone interviews. Dillman and colleague (2014) suggest that researchers who utilize more than one mode of survey data collection have greater potential response rates. Further, if it is feasible the survey can be performed in collaboration with some governing agency or professional association, such as, the Center for Medicare and Medicaid Services, the American Hospital Associations, or Baldrige.

CONCLUSION

Vision is considered important for the growth and improvement of any organization. Healthcare is no different than other businesses when it comes to growth and performance. Even being in a not-for-profit environment, the results indicate that this limited sample of executives in the healthcare organizations have a progressive attitude and are equally aware of the importance of vision. They considered important vision components; 79% highly considered environmental factors and mission statement and 84% also highly considered organizational values while creating their vision. They used various methods of communication, however amongst all the most preferred methods were new employee orientation (84%) and organizational website (63%). Also, there were very positive feedback in regards of vision implementation, almost 82% highly agreed with deriving organizational goals from their vision and 89% indicated they considered vision in strategic planning. When questions asked for budget allocation and process change because of vision, 73% highly agreed on allocating budget for their new vision, whereas only 47% highly agreed on process change. When asked for important performance measures categories, they gave high importance to 'improvement in key performance metrics' (94%) and service expansion & growth (89%).

SUMMARY OF FINDINGS

This research sought to understand the vision construction, communication, and implementation process and to further determine a relationship between organizational vision statement and organizational performance. The study used a mixed method approach starting from a thorough review of the theoretical and empirical literature with regards to vision, vision content elements, and organizational performance measures. This review was followed by an assessment of vision statements of Best Healthcare Organizations (2014-15) as declared by US News and World Report in various regions. This information was further used to assess the relationship between organizational vision and its performance measures. A study to assess current practices in the healthcare environment in regards of vision creation, communication and implementation and its perceived impact on performance was performed using a leadership enquiry.

Summary of Aim 1 Findings

Aim 1- To Identify important content elements of vision statements and to assess the presence of these vision content elements in the vision statements of selected healthcare organizations.

The literature review was performed using the most commonly used business, management, and academic databases; some of the shortlisted databases are: Business Source Complete, Business Abstracts, Academic Search Complete, and PysInfo. The key words and word combinations that were used to search the database included: vision structure, vision elements, vision components, and vision content. The studies addressing only leadership

attributes were excluded since the focus of this research study is on vision content. For the same reason, studies which predominantly addressed vision attributes were also excluded from the analyses.

Amongst all the discussed theories and models of vision composition, we found the Collins and Porras (1996) model most compelling for the purpose of vision statement analysis; however we added another variable to their model i.e. “Environmental Factors”. They created a framework for successful vision creation. In their views, core ideology never changes, and defines the core purpose and values of an organization. Further, the envisioned future is defined as a “big, hairy, audacious goal,” or BHAG created by the senior leaders that direct the organization towards positive change and success. They stated that vision helps the organization to preserve its core purpose and values while focusing on a progressive future.

A vision statement evaluation criteria was created to assess the presence of these identified vision components (Refer Table 3 in the text). Using this criteria an analysis was performed, the result indicated that amongst the 312 selected hospitals assessed, 54% received the ranking of 3, more than 22% of the hospitals vision have a ranking of “2”, and 14% hospitals vision have a ranking of “1”. The 8% of the hospitals those didn’t have a vision and thus received a ranking of “0”.

Summary of Aim 2 Findings

Aim 2 A - To understand how healthcare organizations define their performance and performance measures. A literature review was performed to understand key performance measures in healthcare.

A review of studies indicated that cost or financial performance and quality related performance are the most valued performance measures in the United States not for profit healthcare environment. The performance measurement system in healthcare involved two dimensions: cost or financial status performance and quality related performance. Wherein, the internal measures of cost and financial performance are utilization and product efficiency and external measures include financial status and market share. On the other hand quality performance can be measured internally as process quality and service quality, and externally it is achieved through customer perceived quality and customer satisfaction.

Aim 2 B - To examine the relationship between organizational vision statements and identified performance metrics in selected healthcare organizations. A correlation analysis between the quality of the vision statements and organizational performance metrics was performed.

A correlation analysis between the vision statement ranking and performance measures was performed using secondary data, which was obtained from the American Hospital database. The correlation between vision ranking and selected financial measures and growth measures indicated a statistically significant correlation between vision statements and at least one of the performance measures in 9 out of the 17 states studied. However for the aggregated data for all

17 states the analysis indicated no correlation between the vision statements quality and the assessed performance measures. This is understandable as in this study we were unable to collect the information about if the vision in these hospitals was effectively communicated and implemented.

Summary of Aim 3 Findings

Aim 3 - To create a vision framework and to further examine it to understand how healthcare executives created, communicated, and implemented vision statements and if they are able to perceive its impact on organizational performance.

In this study different aspects of vision were assessed to understand the current practices in the United States healthcare environment. A survey questionnaire was sent out to 317 not for profit acute care hospitals. This survey was directly sent to the Chief Executive Officers of these hospitals. The Qualtrics survey tool was used to the dissemination and analysis of this survey. Subsequently, out of the 17 regions of the selected United States regions, we only received responses from 13 regions. The response rate was not encouraging as only 7% of the CEOs responded to the survey. Overall, we received 19 responses from 13 states. The data received for vision creation, communication, and implementation and their perceived impact of vision on performance measures. The result indicated that these CEOs of acute care hospitals have very good understanding of vision components. The results also indicated that in most of the organizations only board of directors and management team participated in vision creation. However, vision was communicated to every level of employees in the organization. The results also suggested that most of the organizations derive their organizational goals from their vision statements. Also, these hospitals highly considered their vision statements while creating

strategic plan for the organization. However when asked whether they changed their processes because of their new vision, only 47% highly agreed to it. Furthermore most of these CEOs indicated that improving key performance indicators and service expansion and growth are on their highest priority when asked about the important performance measures categories.

STUDY LIMITATIONS

There were limitations identified in the vision and performance correlation study was that this study had only considered limited performance measures and it is possible that many of these hospitals focused the impact of their vision either on quality or stakeholders' satisfaction.

Wherein growth and finance wasn't of top priority in their vision.

Additionally the survey responses from the leadership enquiry were very limited, hence it is difficult to generalize the results. There was only 7 % responses received from the study, which is insufficient to conclude any strong findings.

Another study limitation is that the sample is selected from the US News top hospitals regional list, which helps us reduce the regional bias in the study sample. However, it should not be forgotten that all of these hospitals are recognized as exemplary in quality in their respective regions. To reduce the effects of this limitation, we only assessed the impact of vision on financial and growth indicators. Hence quality indicators were not assessed in this study.

CONCLUSION

Vision statement is one of the important components of organizational success. It is an influencer for strategy creation and implementation; hence, it is very important for growth, improvement, and for creating change in the organization (Hunt, 1991; Kotter, 1990; Prahalad, 1987). The study reemphasize on the importance and role of vision statement. The study identified important vision components and assessed the presence of these components in the vision statements of acute care hospitals. This information was further used to examine correlation between vision and performance of selected hospitals. The results indicated a weak however positive correlation between organizational vision and selected performance measures. In addition to this a survey study was performed, the study included a detailed literature review, a conceptual model creation, and creation of a survey instrument. Only 7% results were received from this survey. The results indicated that the industry leaders cared about their vision and they do understand the important of vision communication and implementation. Overall this research adds to the knowledge of vision creation, implementation and its impact on organizational performance. Future leaders can learn from this study about the important vision components, and how having an effective vision can impact the performance. The survey results further add to the knowledge on vision communication and implementation process.

APPENDICES

Appendix A: Introductory Email

Dear ____

We at the University of Texas School of Public Health wish to perform a research on understanding how organizational vision is created, communicated, and implemented in the healthcare environment. Since senior leaders are instrumental in vision creation, we are requesting key industry executives in the United States to give their input and feedback. We have prepared a survey questionnaire, which uses a combination of 'yes-no' and 4 point Likert scales questions. The project as well as the survey is IRB approved and all the information is to be kept confidential. This questionnaire has been prepared to get responses from the US News Best Hospitals' executives on their current practices on vision creation and communication. There are only 12 questions in this survey and the questions are mainly focused on organizational vision creation, communication, and implementation process.

The survey questions are organized around the following dimensions-

- Who participates in creating organizational vision statement?
- What are important factors considered while creating vision?
- How do you communicate and implement your vision?
- Do you think your vision impacts organizational performance?

I request you to participate in this survey. The survey is prepared in the guidance of top Houston area industry leaders. I believe that your feedback and guidance will be of great help in the success of this research project and development of knowledge and criteria for effective vision creation, communication, and implementation.

If you are willing to participate in the survey, please click on the link below. This survey will take a maximum of 15 minutes. All participants will receive a summary of the results in exchange.

Best Regards,
Rachna Gulati (PI)
PhD Candidate Healthcare Management
UT School of Public Health

Appendix B: Thanks Email

Dear Sir/ Madam

I sincerely thank you for participating in my research and completing the survey, which I sent to you earlier as part of my research work. The objective of this research was to understanding how organizational vision is created, communicated, and implemented in the healthcare environment.

As promised, I want to share the results obtained from the survey. See the attached survey result sheet for your kind information.

Best Regards,
Rachna

Appendix C: Survey Questionnaire

Survey Questionnaire

Structure of vision development

Q1. Who was involved in the organizational vision development and to what extent?

- Board of Directors
(1) Not Involved; (2) Somewhat involved; (3) Moderately Involved; (4) Highly Involved
- Management Team (C-Suite Members)
(1) Not Involved; (2) Somewhat involved; (3) Moderately Involved; (4) Highly Involved
- Department Administrators/Directors
(1) Not Involved; (2) Somewhat involved; (3) Moderately Involved; (4) Highly Involved
- Managers
(1) Not Involved; (2) Somewhat involved; (3) Moderately Involved; (4) Highly Involved
- Consultants
(1) Not Involved; (2) Somewhat involved; (3) Moderately Involved; (4) Highly Involved

Q2 a. Has organizational vision ever changed or been recreated since the establishment of the organization?

(0) No; (1) Yes

Q2 b. If yes, how often do you change or recreate the vision?

(1) 1 Year; (2) 3 years; (3) 5 years; (4) 10 years

Q3. What elements were considered while creating the organizational vision?

- Mission Statement (Example - Core Purpose)
(1) Not at all; (2) Somewhat; (3) Moderately; (4) Highly
- Organizational Values (Examples- Profitability, Quality improvement, Cost reduction, Community service, Growth/expansion, Innovation)
(1) Not at all; (2) Somewhat; (3) Moderately; (4) Highly
- Environmental Factors (Examples- Customers' needs, Government mandates, Technical advancement, Competitors, Market, Society/Community)
(1) Not at all; (2) Somewhat; (3) Moderately; (4) Highly

Process of vision communication and Implementation

Q4. With which stakeholder group was vision communicated?

- Board of Directors
(0) No; (1) Yes

- Management Team (C-Suite Members)
(0) No; (1) Yes
- Department Directors
(0) No; (1) Yes
- Managers
(0) No; (1) Yes
- Staff
(0) No; (1) Yes

Q5. How often are the following methods used to formally communicate organizational vision?

- Website
(0) No; (1) Yes
- New employee orientation training
(0) No; (1) Yes
- Posters
(0) No; (1) Yes
- News letters
(0) No; (1) Yes
- Workshops and seminars
(0) No; (1) Yes
- Departmental meetings
(0) No; (1) Yes
- Internal Document
(0) No; (1) Yes

Q6. Is vision considered in the formulation of organizational goals?

(1) Not at all; (2) Somewhat; (3) Moderately; (4) Highly

Q7. Do you consider vision while creating your strategic plan or strategies?

(1) Not at all; (2) Somewhat; (3) Moderately; (4) Highly

Q8. Is budget allocated for vision implementation?

(0) No; (1) Yes

Q9. Did you ever reevaluate/ redesign/ change your processes due to your new vision?
(0) No; (1) Yes

Relationship to the organizational performance outcomes

Q10. How does the organization define its performance?

Financial

- Net Margin/ Margin Growth
(1) Not at all; (2) Somewhat; (3) Moderately; (4) Highly
- Market Share
(1) Not at all; (2) Somewhat; (3) Moderately; (4) Highly

Customer/ People

- Patient/Customer Satisfaction
(1) Not at all; (2) Somewhat; (3) Moderately; (4) Highly
- Employee Satisfaction
(1) Not at all; (2) Somewhat; (3) Moderately; (4) Highly

Growth

- Increase in number of patients/ Sales growth
(1) Not at all; (2) Somewhat; (3) Moderately; (4) Highly
- Patient Volume
(1) Not at all; (2) Somewhat; (3) Moderately; (4) Highly

Services

- Technical advancement
(1) Not at all; (2) Somewhat; (3) Moderately; (4) Highly
- Start of new service(s)
(1) Not at all; (2) Somewhat; (3) Moderately; (4) Highly
- Facility development
(1) Not at all; (2) Somewhat; (3) Moderately; (4) Highly

Q11. Do you think your vision affects Organizational Performance?

(1) Not at all; (2) Somewhat; (3) Moderately; (4) Highly

Q12. In which area would you like to see the overall impact of your current vision?

- Improvement in Score Cards for key Performance Metrics
(1) Not at all; (2) Somewhat; (3) Moderately; (4) Highly

- Board Satisfaction and Stakeholder or Stockholder Satisfaction
(1) Not at all; (2) Somewhat; (3) Moderately; (4) Highly
- Community Contributions/Improvement
(1) Not at all; (2) Somewhat; (3) Moderately; (4) Highly
- Organizational Advancement/Growth
(1) Not at all; (2) Somewhat; (3) Moderately; (4) Highly
- Innovation and Research
(1) Not at all; (2) Somewhat; (3) Moderately; (4) Highly

Appendix D: IRB Outcome Letter



Committee for the Protection of Human Subjects

6410 Fannin Street, Suite 1100
Houston, Texas 77030

Rachna Gulati
UT-H - SPH - Mgmt, Policy and Comm Health

March 11, 2015

HSC-SPH-15-0102 - UNDERSTANDING VISION AND ITS ROLE IN HEALTHCARE ORGANIZATIONS

The above named project is determined to qualify for exempt status according to 45 CFR 46.101(b) **CATEGORY #2** : *Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless:*

- a. information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; AND ,*
- b. any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.*

(NOTE: The exemption under Category 2 DOES NOT APPLY to research involving survey or interview procedures or observation of public behavior when individuals under the age of 18 are subjects of the activity except for research involving observations of public behavior when the investigator(s) do not participate in the activities being observed.)

Health Insurance Portability and Accountability Act:

Exempt from HIPAA

CHANGES: Should you choose to make any changes to the protocol that would involve the inclusion of human subjects or identified data from humans, please submit the change via iRIS to the Committee for the Protection of Human Subjects for review.

STUDY CLOSURES: Upon completion of your project, submission of a study closure report is required. The study closure report should be submitted once all data has been collected and analyzed.

Should you have any questions, please contact the Office of Research Support Committees at 713-500-7943.

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