SHARING GOD'S LOVE:
A STUDY OF MISSION IN FAITH-BASED HEALTH CARE

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A Thesis

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Department of Communication Studies
Abstract

of

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In the last two decades, organizational communication, management and psychology scholars have begun to focus their attention on growing trends of incorporating spirituality in the workplace. At the same time, faith-based organizations have taken up the question of how to maintain unique spiritual environments. For these institutions, communicating their religious mission becomes the primary feature of organizational identity. For researchers, the religious communication becomes a prime avenue for understanding the implications of spirituality in organizations. This study explores mission in a faith-based health care system to examine the ways in which communicating a spiritual mission enhances and restrains both organizations and their members. Following the tenets of grounded theory and using participant observation, textual analysis and in-depth interviews, the research found that employees make sense of mission in two primary ways: by enacting or ignoring it.
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Chapter 1

INTRODUCTION

Attention to the spiritual dimension of being human enlivens the potential of communication theory to deepen our understanding of what being human means in many important ways. (Rodriguez, 2001, p. 146)

As the landscape of modern commerce evolves, many organizations struggle to maintain their effectiveness. Advancing technology, political volatility, economic fragility and a constantly changing workforce contribute to this struggle (Buzzanell, 2001; McLeod, 2006). Increasingly, organizations must seek new strategies to maintain their identity and thrive. One perhaps surprising area of focus is spirituality, which scholars across disciplines recently have begun to address.

Concern about workplace spirituality has become a salient topic for researchers (Giacalone & Jurkiewicz, 2003), particularly since the popular press has brought it to the forefront of national consciousness (see Barrett, 1998; Benefiel, 2005; Jones, 1995) and Americans have become more accepting of spirituality both inside and out of specific religious traditions. But the focus of scholarly research, particularly in Communication Studies, has been fairly shallow (Goodier & Eisenberg, 2006; Sass, 2000). A wide variety of topics have been covered but little consensus has been reached. However, through the literature, it is apparent that modern organizations—both secular and religious—must face questions about organizational spirituality and how it affects their business, their employees and the bottom line.

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1 Nadesan (1999) attributes this to the acceptance of “new age” or Eastern philosophies that focus on self-improvement and spiritual connection outside the bounds of Christianity or other formalized religions.
In *Spirit at Work*, Conger (1994) cautioned that individuals and organizations that ignore the soul and spirituality put themselves at risk of depleting their creativity, losing their momentum and decreasing their effectiveness. Though working from flawed logic to build his argument, Conger raised interesting questions about the role of spirituality in the workplace. Should religious organizations—places that value spirituality—be less affected by these risks? Should they be more creative and effective if considering their employees from a holistic perspective that incorporates the soul and spiritual predilections? If operating under a service orientation, one that affords a competitive edge and more satisfied employees (Berry, 1999; Neal, 2000), perhaps. But, how do religious organizations maintain their unique spiritual identity and focus? How do they attract spiritually minded employees? Often, by communicating a specific spiritual or religious mission.

The conversations surrounding religious mission typically relate to the process of introducing spirituality into organizational practice (Feldner, 2006). While most studies in organizational communication have focused on mission in a secular context, the term itself implies both secular and spiritual meanings. Mission can be understood as a guiding statement in an organization, or with spiritual connotations, as a personal quest or undertaking. In some faith-based organizations, the phrase can take on both meanings.

Mission statements are very common features in organizations—focusing statements that many companies expend great effort developing and communicating with varying degrees of success (Feldner, 2006). Their place in organizational communication
literature is well-documented: mission statements describe an organization’s mission, vision, and values including its specific purpose (Fairhurst, 1993) or core functions (Bergquist, 1993), and work to provide a reference point for organizational members (Fairhurst, Jordan, & Neuwirth, 1997). Some scholars suggest mission statements should connote inspirational, emotional and meaningful aspects (Cochran & David, 1986; Cochran, David, & Gibson, 1985; Frederickson & Mitchell, 1984). “An effective mission statement defines the fundamental, unique purpose that sets a business apart from other firms of its type and identifies the scope of its operations in product and market terms” (Cochran & David, 1986, p. 109). However, while many organizations employ mission statements to guide their business activities, religious organizations (with a spiritual base) put an even greater emphasis on mission as it not only guides their work, but also creates and sustains it. To understand mission in the context of faith-based organizations, a “more complex conceptual framework” (Feldner, 2006, p. 70) is required, one that takes into account the unique spiritual environment of that organization.

The study of mission in religious organizations contributes to our understanding of how organizational practice is affected by spiritually based discourse. Considering the vast number of people impacted by faith-based organizations, particularly through health care and educational systems, it is vital to consider how religious mission is constructed and how it affects organizational members. Specifically, it is important to determine how those members make sense of an organization’s mission in the context of their work.
In the following pages, I investigate how faith-based organizations communicate their mission to organizational members and how that mission is reflected in organizational practice. By focusing on a faith-based health care system with a unique religious mission, this study hopes to extend the conversation of spirituality in organizations by identifying and discussing the conflict and concerns that surface as employees contend with the dichotomy of a human organization communicating a spiritual mission.

I begin by examining the literature surrounding organizational spirituality, starting with an overview of religious communication and continuing through relevant research relating to organizational spirituality, organizational mission and organizational tension/paradox. Additionally, literature regarding methods of inquiry in organizational spirituality research and sensemaking will be covered. Following that review, I discuss the research questions followed by methods and procedures. Results, discussion, implications, limitations and conclusions follow the methodology.
Chapter 2

REVIEW OF LITERATURE

Religion has been undertheorized by communication scholars, yet I contend that it is as important as gender or race in terms of influencing our individual and collective identities. (Scott, 2007, p. 262)

Introduction

To provide a comprehensive background for the study, Chapter 2 reviews relevant literature and concepts pertaining to subject area. As the study combines two distinct research areas—organizational communication and religious communication—both are reviewed in turn. I begin by giving an overview of religious communication and spirituality, and continuing through relevant research relating to organizational spirituality (including methods of inquiry), organizational mission and organizational tension/paradox. Finally, I describe the two research questions that guided this study.

Religious Communication Study

Discussion of religious communication dates back thousands of years to Biblical writers and “modern” scholars such as Saint Augustine and his treatise on faith, Confessions (Augustine, 1991). Scholars throughout history have continued the discussion, focusing on the relationship of rhetoric and religion. In modern times, that focus has evolved and expanded to include any number of topics from religious freedom (Chalaby, 2000) to specific religious groups (Littlefield, 1992) as well as religion and the media (Stout & Buddenbaum, 2002). In the last two decades, the focus has also expanded to include organizations.
When religious communication became a field as we know it today in the early 20th century, the conversation surrounded the study of abolitionist religious rhetoric taking the form of homilies and sermons (Dr. Mark Williams, personal communication, February 7, 2007). That study evolved to include the examination of specific communicative practices of religious groups. For example, Littlefield (1992) studied the public communication of the Shakers using fantasy-theme analysis to determine how they persuaded converts into their controversial religion. Today, the study of religious communication is incredibly diverse, though until recently, firmly rooted in the rhetorical tradition.

In a comprehensive review of the field, D. Ray Heisey (1998) showed how religious communication scholarship has evolved as a discipline, moving from the outskirts of communication studies to the mainstream with designated conferences and publications. Through time, a transition in the religious scholarship can be seen from historical commentary and analysis, to contributions to the theory about religious communication (p. 94) versus secular communication. Heisey also noted the first integration of faith and learning, writing, “Faith is part of our epistemology. Why shouldn’t we incorporate it in our research and in our teaching of how humans communicate?” (p. 97).

Heisey (1998) appeared to write a justification for religious communication scholarship to which many scholars have contributed their voice. Tukey (1990), for example, wrote that spirituality is a dimension “on par” with sciences such as biology,
sociology and psychology (p. 66). In his writing, he presented a framework for including spirituality in the study of rhetoric based upon the elements of “perennial philosophy” (Tukey, 1990, pp. 66-67) found in philosophy and religious frameworks. Tukey’s focus was mainly on the rhetorical, however, and his framework did not include a detailed discussion of other research areas in communication.

While justifications for the study of religion have been made, religious communication studies often contend with controversy and tension. One question is validity. Schultze (2005) talked about the “God-problem” of communication studies and debates the speech agency of God. He wrote that religious communication study assumes a belief in a higher power, which, as Biberman and Whitty (1997) put it, is a valid problem in this “post-modern world.” Schultze addressed that notion saying, “Human beings bring to their communication—their listening, studying, thinking, knowing, and all other symbolic action—various assumptions, many of which cannot be factually proven” (p. 15). As 95% of Americans (Baylor University, 2005) purport to believe in God (or a higher power beyond themselves), this epistemological question is not addressed in this study. Rather, the existence of “God” will be assumed and the communication about faith/spirituality that accompanies that assumption will be explored.

Another tension related to this scholarly discussion is more pragmatic, revolving around the lack of diversity in religious communication scholarship. According to a review of nearly a decade of the Journal of Communication and Religion, Em Griffin
(1998) categorized the research, citing an unbalanced research agenda that focused primarily on discovery research, though with a "lack of theoretical grounding, absence of a research program, scarcity of argument and paucity of praxis" (Griffin, 1998, pp. 114-116). Although this particular discussion could be considered outdated, many, if not all current scholars in the arena of organizational spirituality concur with Griffin—at least on the point that research is scarce. My study attempts to address gaps in the literature to develop the already expanding conversation of spirituality and organizations.

What began as the study of how religion is communicated and the effects of religious communication has now expanded further to include one of the main facets of modern life—the organization. In 2006, Communication Studies devoted an entire issue of their publication to "spirituality and organizing" as the vast majority of research in organizational communication remains secular. Authors Buzzanell and Harter (2006) stated the special edition's purpose as seeking to "disrupt the 'secular hegemony' of organizational communication theory and research" (p. 1) to expand the knowledge of organizational life. As Arnett (2006) called the story of faith a conversation with myriad points of welcome, "from church history, to questions and implications about organization structures in the Church, media and religious life, church growth, and countless other forays into religious communication" (p. 12), it would seem that an investigation of spirituality in organizations would be a valid point of entry into that conversation.
Spirituality versus Religion

Before such an investigation takes place, it is necessary to clarify terms. Two that may cause confusion are “spirituality” and “religion.” Generally, religion refers to the tenets and practices of a particular faith tradition. Spirituality is not synonymous with religion but it can be difficult for some to separate the two concepts (Giacalone & Jurkiewicz, 2003). The term spirituality alone conjures a range of impressions, many contradictory to each other and the array of definitions is vast. As one scholar defined spirituality as the search or desire for meaning at work (Ashmos & Duchon, 2000; Mitroff & Denton, 1999), another attributed pantheistic or deistic elements (Mohamed, Hassan, & Wisnieski, 2001). To others, spirituality is simply an inherent human characteristic that does not intrinsically infer any religious meaning (Griffin, 1988). In management and psychology literature, scholars have identified more than 15 dimensions relating to the definition of spirituality (see Giacalone & Jurkiewicz, 2003). Those dimensions, not always complementary, shed light on the controversial discussion of spirituality.

The lack of a cogent definition creates tension among scholars. Some find fault with the term itself. Kirkwood (1994) railed against the over-use of the term “spirituality,” calling it an imprecise term used by researchers. He said the restriction of its use would lead to better research on the part of scholars by forcing them to better describe the phenomena they study—inquiry that can only include an investigation of “communication about spirituality” or “the spiritual consequences of communication”
He suggested, "Using 'spirituality' to denote an individual's or community's ultimate existential aspirations and the means of achieving those aspirations" (p. 16). However, Tukey (1995) rebutted this argument, calling Kirkwood's definition vague and useless, while reiterating a framework for researching the effects of spirituality on communication.

As some find fault with terminology, others are concerned with the global shift in meaning surrounding the use of the term spirituality. For example, Heinemann (1997) was among the first to note a transition from religious spirituality to a "secular spirituality" (p. 54). He cited three sources still present today—transpersonal "New Age" psychologies, gender spirituality and Eastern religions—that contribute to the new spirituality (p. 55). Though he discussed the concept in relation to strategies of evangelicals, one of his main concerns is that when everything is called "spiritual," the true meaning is diluted. Nevertheless, new research shows that despite the vocabulary or even apparent meaning, the concept is still significant (see Oliveira, 2004). One takeaway is that scholars should make note of this controversy and develop a working definition of "spirituality" in their research. One of the goals of this study is to define "spirituality" based upon the conceptions of the research participants.

Controversy of phraseology aside, many scholars struggle over the potential moral and ethical dilemmas of studying spirituality connected to religion in the workplace such as religious fear-mongering, dogma and proselytizing. As Giacalone & Jurkiewicz (2003) stated, "Translating religion ... into workplace spirituality can foster
zealotry at the expense of organizational goals, offend constituents and customers, and decrease morale and job satisfaction for employees” (p. 5). One particular concern is that when workplace spirituality is studied in relation to a specific religion, those voices not involved in the religion might become eclipsed or discriminated against (Nadesan, 1999). That said, those dilemmas must be overcome because for some organizations, spirituality is directly connected to a specific religion and that religion brings a unique doctrine, dogma and organizational structure (McCormick, 1994) with which to contend.

For example, faith-based organizations are, by definition, associated with a formal religion. They operate like any regular business but maintain a distinct spiritual identity through their faith and mission. Feldner (2006) maintained, “Although distinctions between spirituality within secular and faith-based organizations are important, the parallels suggest that faith-based organizations can benefit from and contribute to a larger understanding of spirituality in organizations” (p. 70). It is in this context that my research takes place—within the community and the confines of a faith-based organization.

Spirituality in Organizations

Despite the absence of definition and the concern about terminology and implied meaning, organizational communication scholars seem to agree that spirituality/religion in organizations is worthy of study (see Giacalone & Jurkiewicz, 2003; Sass, 2000). Oliveira (2004) supported this idea when he said, “Spirituality should not be neglected as a legitimate topic of study… Corporate culture should make a place for spiritual
expression, which may take many different forms, resulting in benefits such as a better workplace, an improved quality of products and services, and a satisfied workforce” (p. 20). But, as there are many reasons for study, there are also myriad approaches, including addressing spirituality as it relates to individual employees, leaders/management, organizations, strategic plans, decision-making, communities and regions. Currently, most research is conducted in psychology and business management, though gradually the spiritual research agenda is being pursued in Communication Studies as well.

One area of focus is spirituality in secular organizations (Mitroff & Denton, 1999; Smith, Arendt, Lahan, Lahan, & Duff, 2006). In a frequently cited, comprehensive study, Mitroff and Denton (1999) conducted interviews and surveys that examined how managers and executives define spirituality, how they differentiate between spirituality and religion, and how spirituality plays a role in organizations. They determined that spirituality is essential to humanity and therefore essential to organizational culture made up of human beings. Furthermore, they argued that when employees compartmentalize their spirituality in the office, they are put in a detrimental situation and are kept from reaching their full potential. Though Mitroff and Denton’s study remains among the most comprehensive in regard to the number of participants and types of organizations surveyed, it fits squarely into the business/management arena and does not consider the communicative aspects that relate to spirituality such as how spiritually based communication affects organizations and their members. For example, the study did not specifically address the effects of spiritually based discourse (or lack thereof) in the
organization or what function spiritual or religious messages took in the organization or with stakeholders. Many scholars in the communication discipline have begun to address these gaps in the literature.

James Sass (2000) was among the first to study organizational spirituality and communication. In his research, Sass identified three central characteristics of organizational spirituality: value alignment, personal spirituality and relationship-based organizing. He argues that these concepts are moved forward by multiple approaches in organizational literature (p. 199). For example, scholars may look at individual spirituality and how it relates to organizations. Or, they may focus on the collective spirituality of groups. Further still, they may study the spirituality in organizations as a whole.

To supplement his literature review, Sass (2000) conducted field research, interviews and document analysis in a Roman Catholic nursing home and analyzed his data using Bantz’ organizational communication culture method. Through his work, he corroborated the central characteristics of organizational spirituality (as he defined by the literature) and identified significant areas for future study—culture, time and leadership.

Also considering the relationship between culture, leadership and spirituality was a study conducted by Goodier and Eisenberg (2006). In this piece, researchers carried out ethnographic exploration in a Midwest hospital system that was transitioning from a traditional corporate structure to an “avowedly spiritual” business model. Giddens’ (as cited in Goodier & Eisenberg, 2006) structuration theory was used to evaluate the
"spiritual organizing" (p. 47) by observing the role of language, narrative, and behavior in the construction of a "spiritual reality" (p. 48). The company’s emphasis on the spiritual came from the incorporation of "spirit and values at work" (Goodier & Eisenberg, 2006, p. 50) known as Higher Ground Leadership (see Secretan, 2004).

By exploring the conception of spiritual and values, Goodier and Eisenberg (2006) developed a group definition for spirituality through the data gathering, including a model for implementing and maintaining a spiritual workplace. According to the authors, most subjects conceived spirituality as "broader, more inclusive than religion," using words such as "love, wholeness, and purpose" to describe their conception (p. 52). They defined a spiritual workplace as guided by "honesty, sacred communication, fairness, excellence and celebration" (p. 52). Significantly, the research showed that despite indications that spirituality and commitment to the organizational mission had the propensity to be used as a covert or unobtrusive mechanism to control employees, more often than not, employees were found to experience freedom as a result of mission. "We find indications that spirituality has opened possibilities for many" (p. 61, emphasis in original).

Goodier and Eisenberg’s (2006) findings are particularly interesting because while they recognized the potential for exploitation in the name of spirituality, they found indications that the spirituality in the organization they studied had more positive effects than negative (p. 61). Employees said they were less stressed, more engaged and more satisfied in their work, and lowered turnover rates seemed to confirm those findings.
Unfortunately, the research was not without limitations. For one thing, the study was conducted during the introduction of the new spiritually based management style. While their preliminary results were positive, the findings could be attributed to the honeymoon period that often accompanies major positive change. Also, their research took place among the executive ranks of the organizations with people more likely to be committed to the vision than rank-and-file employees.

Organizational Tension and Paradox

Of the modest amount of Communication Studies research devoted to organizations and spirituality, much of it has taken place in religious non-profit organizations. Hoffman and Medlock-Klyukovski (2004) were among the first to examine organizational tension, paradox and conflict in regard to organizations and spirituality in this context. Their research focused on the Catholic Church, specifically the communication practices of Benedictine women negotiating their place within the organization. Citing the absence of research on the topic of ritual use in negotiating paradox, they used ethnographic research to show how the Benedictine women adapted rituals as a strategy to “negotiate conflict demands” (p. 407) and maintain ties to their organization. Using organizational culture research as a foundation, the authors examined their data with a critical-interpretative lens, an approach that is fairly unique to the research at present.

This discussion provides a great platform for future studies in organizational culture, particularly since the researchers identified such a prominent gap in the literature
regarding the negotiation of paradox and tension. While their site of study was especially unique, the findings offer implications that extend beyond the organization they examined and apply to other organizations that incorporate ritual into daily practice. For example, it may be reasonable to assume that minority groups in other organizations could use rituals as a way of negotiating conflict or that organizational culture is a universal factor in evaluating paradox in organizations. According to Hoffman & Medlock-Klyukovski (2004), “If organizations are best understood as sites of paradox, then it is important that scholars understand how communication practices are used to negotiate those demands and encourage cultural transformation” (p. 407). It seems especially pertinent to expand understanding of these practices in regard to organizations predicated on paradox—those with spiritual missions and unique corporate cultures.

Continuing the investigation of paradox and tension, Kirby, McBride, Shuler, Birkholt, Danielson, and Pawlowski (2006) used concepts of social construction and narrative to investigate the tensions between organization and spirituality at a Jesuit university campus. Their study presented data gathered by “co-constructed narrative,” interview and “philosophical conversation” about the tensions in the organization (p. 87). Through their research, the authors raised excellent questions about spirituality in religious, non-church organizations and how employees negotiate tensions in their work and personal lives. Specifically, the researchers studied three tensions—embracing/resisting, inclusion/exclusion and proclamation/silence—that appeared in the face of “organizational irrationality surrounding the competing discourses of spiritual
values and secular practices” (Kirby et al., 2006, p. 102). Echoing Hoffman and Medlock-Klyukovski’s (2004) work, the research showed that staff members dealt with those tensions in multiple ways while constructing their identities within the organization, specifically using narrative, conversation and self-reflection. While these methods of coping might not directly translate to other organizational settings, they are nevertheless significant because of the direct relationship to personal identity and how these organizational tensions may have the potential to create identity crisis (p. 103).

Feldner (2006), yet another scholar who researched organizational tension, examined mission building in Catholic education using the organizational communication theory of mission, specifically Rothenbuhler’s theoretical frame, which emphasizes organizational ritual. Through in-depth interviews, she found that religious mission creates a tension for both individuals and organizations. According to Feldner, religious organizations put themselves into an unstable position: they must live out the mission they promote if they want employees to buy into it, but still maintain a sound business, often seemingly at odds with the mission. At the same time, employees must accept the dichotomy of an idealized spiritual mission and a very human administration leading the cause. Feldner (2006) indicates that as a pervasive feature of organizations, “Paradox is an important construct for considering the implications of the infusion of spirituality in organizations” (p. 82). As these concepts have become of interest to communication scholars in the last decade, research in that arena is helping shape organizational theory and practice (Tracy, 2004; Tretheway & Ashcraft, 2004). This research is of particular
importance for the study of spirituality in organizations, a context laden with
tension/paradox due to the relationship between human and divine, and how that
relationship manifests within organizations.

Methods of Inquiry

Not unlike the communication discipline itself, scholars of organizational
spirituality seem to disagree about the proper methodology for studying spirituality in the
workplace. While some claim “scientific” i.e., quantitative methods are impossible and
“[prevent] spirituality, religion, and work researchers from accurately detailing both
theoretical and behavioral understanding” (Fornaciari & Dean, 2001, p. 338) others
contend that decades of research in other disciplines such as psychology undermine that
opinion. On this point, some management scholars argue that “precise measurement,
using validated instruments are needed” to effectively study organizational spirituality
(Giacalone & Jurkiewicz, 2003, p. 9).

However, some scholars (Krahnke, Giacalone, & Jurkiewicz, 2003) offered a
multiple-perspective discussion of appropriate methodologies for measuring or
researching spirituality in the workplace. Interestingly, the discussion is more of a debate
about quantitative versus qualitative methodologies (and accompanying worldviews) than
a discussion of what methods would work best to evaluate spirituality in the workplace.
Still, their dialogue offers varying perspectives that are valuable to consider when
developing a spiritual research methodology. In a review of research surrounding
spirituality and religion in the work place, business professors Dean, Forniciari, and
McGee (2003) noted challenges and research quandaries in the field specifically surrounding methodology. Posing many questions, they raise methodological as well as ethical considerations for the researcher on topics including providing detailed informed consent for participants, maintaining confidentiality/anonymity, defining terminology and processes clearly, and keeping accurate data (p. 383). It is essential for researchers to keep these considerations in mind to maintain the highest standard of ethics and to portray the data fairly.

Neal and Biberman (2003) also discussed research regarding spirituality in the workplace. The authors offered business/management related resources that examine the topic and pose a detailed list of questions that may provide guidance for future research. Examples of those questions include the following:

1. “Is there such a thing as organizational spirituality and if so, what are key organizational outcomes related to it?”
2. “What impact does the researcher’s own spirituality have on the outcomes of the research?”
3. “By attempting to measure organizational outcome related to spirituality, are we providing ammunition for organizations to use spirituality for instrumental means?” (p. 364)

These questions are particularly germane to research in organizational spirituality because they raise pertinent issues that need to be addressed before, during and after
research in this subject area (see Methods and Procedures section for a discussion of these issues in relation to my study).

In communication studies, much of the analysis about spirituality in the workplace is evocative, the result of fieldwork, interviews and participant observation. Mostly, the emphasis of the work has been an attempt to define spirituality and give a rationale for including spirituality in organizational life (Feldner, 2006). Beyond studies that establish spirituality as a mechanism for organizational change (see Biberman & Whitty, 2000), more research is needed to explore how organizations foster a culture of spirituality and what implications that culture brings. Buzzanell (2001) joins Konz and Ryan (1999) in showcasing the idea that those organizations that identify themselves as spiritual must find methods to communicate their spirituality in ways that have meaning for all organizational members. Particularly in businesses such as religious not-for-profits where many, if not most, employees may be unaffiliated with the associated faith culture, the communication of spirituality is paramount for cultivating a cohesive spiritual culture in the organization.

Mission Statements

Current discussions of spirituality focus on organizational mission as a primary means for accomplishing the cultivation of a spiritual culture within an organization (Feldner, 2006). For this study, a background on mission statement research helps to establish the connection between organizational spirituality and organizational
communication, describing how mission can be both secular and spiritual, and illustrating how those concepts are exemplified in organizational practice.

Conceptualized from the upper echelons of the organization, mission statements express assumed common interests of organizational members (Bergquist, 1993). Also, mission statements attempt to foster commitment to the organization as well as develop member identification with the organization (Cheney & Christensen, 2001; Swales & Rogers, 1995). Because a mission statement is closely bound to an organization’s culture, the mission statement gives meaning to the organization itself (Feldner, 2006). As such, these artifacts provide an excellent element of organizational life to study.

Mission statements are indicators of the cultures and ideologies that make up organizations (Swales & Rogers, 1995) and influence how they communicate. In turn, the manner in which organizations communicate directly relates to the well-being of their employees. As Ashforth and Pratt (2003) stated, “An organization’s vision of the individual tends to be strongly conditioned by the mission that enables its existence, the corporate culture that evolves to facilitate the mission, the necessarily localized perspective from which the organization operates” (p. 95). With this in mind, researchers have studied mission in various organizational contexts.

In the era when mission statement study was prevalent, Cochran and David (1986) attempted to discern the effectiveness of mission statements by utilizing content analysis. Positing that mission statements are effective tools of communication by virtue of their “declaration of attitude and outlook” and “inspiring tone,” (p. 108) the authors
discussed how effectiveness is increased by upbeat tone and easy readability. In their study of 135 mission statements, they showed that differences exist in mission statement tone according to industry (university versus corporate mission statements) and that corporate mission statements (versus university mission statements) are more readable. The authors stated their findings are “important because they offer some empirical evidence regarding the communication effectiveness of corporate” and university mission statements (Cochran & David, 1986, p. 116).

Following this work, in a pivotal review of mission statement research, Fairhurst, Jordan, and Neuwirth (1997) conducted one of the more substantive communicative studies of mission. Beginning with two general conclusions of past research, the researchers said mission statements generally suffer from lack of communication, and that debate over how to make missions meaningful “comes from a symbolic, or management of meaning, perspective on leadership, which holds that leadership is realized in the process of framing and defining reality for others” (p. 245). With research questions relating to factors that may influence the meaning of missions (work unit commitment, information environment, trust in upper management, etc.) they worked to “identify the influences that drive individuals to actively manage the meaning of a company Mission Statement” (p. 255).

Related to the management of meaning, Brown and Yoshioka (2003) addressed mission as it related to employee attitude, satisfaction and retention. Using survey methodology, their research showed that three basic principles impact how employees
conceptualize mission: awareness, agreement, and alignment. The authors said employees must first be aware of the mission statement and the organization’s purpose. Second, they must agree with the values/purpose of the organization. Third, they must perceive that their work is related to the mission in order to derive fulfillment from it. In their survey of 991 employees of a non-profit youth and recreation services organization, the authors found that “mission attachment appears to be a valid consideration for younger, part-time employees, but the intrinsic motivations run thin as full-time employees earn salaries that appear noncompetitive compared to other organizations” (p. 14). Notably, they indicated that those employees who do make pay sacrifices for the organization and its mission “will expect management to uphold the mission” as well (p. 15). This concept seems an important consideration for any scholar conducting research about mission and spirituality in organizations, particularly those studying tension and paradox.

Taking a different tack, educational scholars Morphew and Hartley (2006) approached mission statements from the context of higher education and conducted a thematic analysis of statements from across various institutions. Specifically, they addressed contrasting views of mission statements: “what institutions actually say in their missions and the relationships between these rhetorical elements and institutional type” (p. 456). After selecting 300 mission statements from the 2000 Carnegie Classification list, the authors analyzed the missions to answer this question: “How do college and university mission statements differ in content and are any differences reflective of recognized differences between institutional types?” (p. 460). Among other things, the
authors found that “mission statements have important legitimizing roles, both normatively and politically” (p. 468) and that while they may be considered “rhetorical pyrotechnics” (p. 456) by some, considering the amount of time and effort that goes into creating them, mission statements are worthy of further research.

Sensemaking

In this study, it is not only a mission statement that is under scrutiny, but also how organizational members understand and make sense of that mission. Using Weick’s (1995) concept of sensemaking, which addresses how organizational members understand, interpret and react to their environment, I explore how organizational members make sense of messages about mission. “Sensemaking involves turning circumstances into a situation that is comprehended explicitly in words and that serves as a springboard into action” (Weick, Sutcliffe, & Obstfeld, 2005, p. 409). In particular, I pay attention to the central characteristics of sensemaking, which generate the following questions: “How does something come to be an event for organizational members... What does an event mean?” (p. 410). In my research, I look at how concepts of mission (the communication or enactment of, for example) become events or elements of significance for organizational members. Additionally, following Weick et al., I probe participants to be reflective about their experiences in the company while examining how those experiences influence identity construction and social structures within the organization.
Research Questions

Though mission in organizational communication is a paradigm typically looked at through a secular lens, some organizations view it in a more active, spiritual capacity. For example, many faith-based organizations use their mission as a tool to bring their unique spirituality into practice. In this sense, mission goes beyond stereotypical corporate jargon to provide a substantial base for understanding spirituality in organizations.

Although it is clear from the preceding review of literature that identity, spirituality, and mission are key concerns for scholars, little focused research has investigated how the communication of a particular mission is meaningful to organizational members, or the ways in which those members react to the mission. This study supplements current research by asking the following research questions:

RQ1: How do faith-based organizations communicate spiritual mission to employees?

RQ2: How do members of faith-based organizations make sense of spiritual mission in the context of their work?

Summary

As a means of providing background for the study, this chapter reviewed relevant research related to religious communication and spirituality, organizational spirituality research (including methods of inquiry), mission statements, organizational tension/paradox, and sensemaking. In addition to providing context for my research, this
review creates a framework with which to compare my analysis and tie conclusions. To conclude the chapter, I described my study’s research questions.
Chapter 3

METHODS AND PROCEDURES

This is an exciting time for the new field of spirituality in organizations as it defines its territory and charts its course. Pioneering researchers play an important role in blazing the trails that will lead theorists and practitioners into the spirituality in organizations terrain. (Benefiel, 2003, p. 375).

Introduction

The study consisted of two phases of research including textual analysis, participant observation and in-depth interviews, taking place in a Seventh-day Adventist health care system, Adventist Health.

Site of Study

Adventist Health is a not-for-profit, faith-based health care system with 18 hospitals and various other health care agencies throughout the West Coast. With hospitals in four states, its corporate headquarters are located in geographically centric Roseville, California. Affiliated with the Seventh-day Adventist Church, Adventist Health is a conservative organization, politically and professionally. Its organizational structure follows a classical hierarchy with top-down decision-making and communication. The hospital system, which employs nearly 18,000 people, is operated with a great amount of infrastructure, led by a president/CEO, four senior vice presidents, vice presidents, assistant vice presidents and a network of directors and managers, with oversight by a volunteer board of directors. Additionally, each hospital maintains its own leadership team, including separate administrators and boards of directors.
Within that corporate infrastructure is a unique department responsible primarily for the planning, communicating and enactment of mission. Entrusted with the corporate mission statement—"To Share God’s Love by Providing Physical, Mental and Spiritual Healing"—the Mission and Planning department has the dedicated task of tending to the mission in all facets of the organization’s operations. Led by an assistant vice president with oversight from the executive vice president, the department provides education, training and mission events for corporate departments and hospitals. Additionally, it gives guidance and support to the chaplaincy departments throughout the system. More than anything else though, it tries to make the mission pervasive in every element of the organization’s work. In this sense, the mission is taken beyond a mere platitude and embodies a serious role in the organization, one privileged by the senior management.

This context is particularly relevant not only because Seventh-day Adventist churches maintain a distinct culture within Christianity but because their organizational presence is seen throughout the world. In addition to operating humanitarian, evangelical and media organizations, the church sponsors 5,500 schools and colleges in 100 countries, and more than 100 hospitals in approximately\(^2\) 15 countries (Seventh-day Adventist Church, 2008).

Phase One—Textual Analysis

The initial phase of research focused on RQ1 and sought to discover how Adventist Health communicates and frames its mission for employees. I performed a

\(^2\) These numbers change depending upon political climates in respective countries. For example, the church used to operate hospitals and schools in Iran and Afghanistan but they were lost during conflicts.
textual analysis of the mission, vision and values statement of the company, reading closely and evaluating the language used in the document. At the same time, I took into account how the document’s contents were communicated to employees (e.g., posters, placards, web sites and newsletters). To address the research question, several specific procedures were employed. Using a case-study approach, I sought to answer the research question through participant observation, textual analysis of internal documents and informal interviews. According to Yin (1984), “A case study is an empirical inquiry that: investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used” (p. 23). As an employee and full-time participant-observer, a careful analysis was conducted to evaluate messages and language use related to mission.

According to Taylor and Van Every (2000), language “Furnishes both the constructive instrumentality and the conceptual frame to make and understand organization” (p. 72). It is language, talk and text, which organizational members use to communicate and create shared meaning with each other. Through language, organizations are realized (Boden, 1994). It is also language, specifically within and about mission statements, that helps establish organizational identity (Ran & Duimering, 2007). It was Adventist Health’s identity-making and communication through mission that was evaluated in this study. Information gleaned from the textual analysis was used to inform and guide the subsequent interview process.
Phase Two—In-Depth Interviews

Context and Participants

The second phase and primary focus of my study consisted of interviews with 24 members of Adventist Health (both the corporate office and hospitals). I collected a purposive sample, meaning that I personally selected members from throughout the organization in an attempt to get representation from all levels of the company. This strategy was consistent with Berg’s (1989) description of purposive sampling where "Researchers use their special knowledge or expertise about some group to select subjects who represent this population" (p. 110). In addition to the corporate office, I included representation from six of 18 hospitals—including at least one from each geographic region of the company (Pacific Northwest/Hawaii and Northern, Central and Southern California). I conducted several interviews with hospital staff as they visited the corporate office in Roseville, California, for meetings and contacted several by phone. Additionally, I traveled to three facilities for on-site interviews—one in the Pacific Northwest, one in Northern California, and one in Southern California. While specific identities and roles were kept private, I obtained participation from the following hospital departments: Administration, Administrative Support, Chaplaincy, Clinical Support, Employee Health, Finance, Housekeeping, Infection Control, Information Technology, Marketing, Medical Staff, Mission & Planning, Nursing, Plant Services, Recruiting and Rehab Services. Participants were assigned categorical identifications that referenced their role within the organization. In instances where the identity would be recognizable
(for instance, there is only one president and CEO of the company), a generalized moniker was given e.g. Corporate Executive 1 (see Appendix A for a chart of all categorical identifications used).

Data Collection

After receiving written permission to complete the study from the President and CEO of Adventist Health, and after receiving IRB approval from the CSUS Human Subjects Committee, participants were invited to participate in the study by phone, e-mail and in face-to-face interactions during hospital visits. Everyone who volunteered was interviewed. All interviewees read and signed a Statement of Informed Consent (see Appendix B) and agreed to be digitally recorded.

Interview protocol was based upon my background research on organizational mission and spirituality in organizations, and followed the tenets of grounded theory (Charmaz, 2006) which consist of “systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories ‘grounded’ in the data themselves... data form the foundation of our theory and our analysis of these data generates the concepts we construct” (p. 2). Interviews focused on the participants’ general thoughts about the mission of their institution (Adventist Health, n.d.), how that mission is communicated to them, how they manage conflicting messages about mission in their organization, and how they manage organizational tension and paradox as a result. A specific interview guide was created to direct interviews (see Appendix C), although clarifying questions were asked and participants were invited to add additional information and expound as
they wish. Additionally, follow-up questions were used to probe for explanation or specific examples. Throughout the study, the terms mission statement with regard to Adventist Health utilize the reference of Adventist Health (n.d.).

The interviews ranged from just under 10 minutes to more than an hour, with an average of 24 minutes. All interviews were recorded with two digital voice recorders—one primary and one for back up in case of technical problems. Recordings were then uploaded to computer and sent off for professional transcription. Transcripts were double-checked by me and errors (such as grammar, spelling or tense) were corrected. Transcription techniques followed Tracy and Baratz (1993) in which the analysis focused on content rather than the details of interaction, e.g., pauses, verbal fillers. To supplement the transcripts, detailed notes of each interview were taken. To safeguard participant confidentiality, all identifying information was changed including names, formal titles and specific institutions.

Data Analysis

To analyze the data, I used the constant comparative method developed by Glaser and Strauss (1967) that includes the steps of open coding, axial coding and selective coding. The interview transcripts and field notes were coded using a systematic procedure for every line of the transcript looking for themes and recurring issues that organized around the specific focus of the study. I then reread the transcripts to identify relationships and patterns within the themes. Finally, I compared specific incidents within the same theme to determine “goodness of fit” (Lindlof, 1995, p. 223).
Open coding is defined by Corbin and Strauss (1990) as the interpretive process by which data are processed through analysis. To accomplish this, I read the transcripts through once without writing notes. Then I read the transcripts again, making margin notes to capture the themes that emerged. This process “marks the overt emergence of a theoretical sensibility” (Lindlof, 1995, p. 223) as categories are assigned and reassigned.

After open coding was complete, categories were integrated and linked to their subcategories in a process called axial coding (Corbin & Strauss, 1990). To complete this step, all of the themes that emerged during open coding were assigned a unique color. The transcripts were read again to verify the themes, then statements were highlighted according to the appropriate color and the text was flagged with a corresponding colored tab. In addition, personal observations from extensive field notes were noted, where appropriate, in the margins of each transcript. Overarching categories were collapsed and reframed several times during this process of analysis in alignment with the step of axial coding. According to Lindlof and Taylor (2002), this integration “changes the nature of categories from mere collections of incidents into theoretical constructs” (p. 222) while still grounding categories in the data.

In the last step, selective coding, the identified categories were refined and delimited. These categories were collapsed and integrated into five main themes so that I could “discover underlying uniformities in the original set of categories… and formulate the theory with a smaller set of higher level concepts” (Glasser & Strauss, 1967, p. 110). Finally, the transcripts were reviewed again to confirm the refined categories. The
procedure of interpreting data and refining coding schemes ended when theoretical saturation was reached (Glasser & Strauss, 1967; Lindlof, 1995) or when new incidents added nominal value, if any, to the conceptual content (Lindlof, 1995, p. 224).

As coding is an “emergent process” according to Charmaz (2006, p. 59), ideas emerged throughout the entire coding process. To capture and link these ideas, I wrote memos throughout each phase of coding to analyze the data more completely.

Throughout the coding process, I kept what Charmaz (2006) called an “examined stance” about my coding and categories, keeping in mind the following questions (p. 69):

1. Does the coding reflect the incident or described experience?
2. Do my analytic constructions begin from that point?
3. Are my connections between the data and my codes clear and evident?
4. Have I guarded against rewriting and recasting the studied experiences into a language or world other than those of my participants?

Position of the Researcher

Before making observations, conducting interviews and analyzing data, I gave my position in relation to the project and the organization much consideration. As an employee of five years (both in a hospital setting and the corporate office), my place in the organization provided valuable insight, history and access to resources that an outsider might lack. I was able to access the organization comfortably and make connections as no outside researcher easily could, especially when finding participants to interview and translating or explaining facets of Seventh-day Adventist and Adventist
Health culture. Additionally, during interviews, a base comfort level was pre-established with many participants before any formal questioning took place. That comfort level allowed the conversation to extend further than it might normally.

Before beginning the study, I realized that my own history and experiences in the organization might keep me from viewing the organization with fresh eyes and could color my interpretation of the data. However, my position as an inquisitive scholar forced me to take on an outside-insider persona. Though formally part of the organization and taking advantage of the credibility lent to me by that position, my research agenda and literature review created a structure with which to ask critical questions and question my own assumptions. Additionally, beyond self-critique, I utilized a peer review/debriefing system to check my work and evaluate my own assumptions (see Peer Debriefing section that follows).

One concern was that my own faith traditions and spirituality could have influenced my method and perspectives during the research process. However, research suggests that personal experience is not necessarily a research limitation. For example, Lips-Wiersma (2003) discussed the role of self-disclosure in research, offering the conclusion that researchers in spirituality and religion should be open and communicative about their own beliefs in order to “be more vigilant about prematurely closing off alternative questions and interpretations and therefore increases the quality of our scholarship” (p. 408). As a result, I was open about my own beliefs, research goals and observations when directly questioned by participants. In some instances, questions about
the project and disclosure of early observations led to continued thinking and contribution on the part of participants. In this way, the interviews were less formal question and answers, and more of a dialogue.

In terms of my personal spirituality, I approached the research from a theist perspective—assuming the existence of God or a higher power—but not directly imposing that belief on the research or upon participants. As is discussed in Chapters 4 and 5, and by virtue of my position in the company as Communication Specialist, it is likely that my belief in God and perhaps my identity as a Seventh-day Adventist Christian was assumed by participants.

**Peer Debriefing**

To complement my interviews, textual analysis and grounded theory approach, I participated in peer debriefing, a strategy for validating findings in qualitative methodology (Creswell, 2003; Lincoln & Guba, 1985; Spall, 1998). Lincoln and Guba (1985) defined peer debriefing as “a process of exposing oneself to a disinterested peer in a manner paralleling an analytic session and for the purpose of exploring aspects of the inquiry that might otherwise remain only within the inquirer’s mind” (p. 308). This process is meant to enhance the credibility or validity of qualitative research (Creswell, 2003). I participated in a peer debriefing process with two colleagues in my cohort—Kathleen Lucier and Brittany Walters. Though both outside the context of my study, each had a basic understanding of my subject area and provided useful perspectives and insight. The three of us met semi-regularly either in person or via online check-ins for a
peer review process to evaluate drafts of chapters, including literature and methods, while in process.

In addition to academic peer debriefing, I solicited the help of three peers at Adventist Health to review the research in order to check my assumptions and verify factual information about the company. The reviewers, Jeanne Jackson, Tim Redden and Heather Wheeler, had worked for the company for 5 years, 10 years and 15 years, respectively, during the review process. Their experience, insight and clarification also helped to enhance the credibility of the work.

Summary

In this chapter, the site of study was introduced and the two phases of research were explained. Textual analysis, participant observation, and in-depth interview were defined as the methodologies appropriate for exploring mission in faith-based health care. Additionally, data collection and analysis, coding procedures, the position of the researcher and peer debriefing were also explained.
Chapter 4
CONCEPTUALIZING AND COMMUNICATING MISSION: RESULTS AND DISCUSSION

If we really want to take mission seriously, if we want it to be uniformly embraced and internalized, it’s how we communicate it. (Mission Leader 1, p. 16, lines 11-12)

I think that’s really important… that even the housekeeper knows what the mission of the hospital is. She may treat a patient differently while she’s cleaning their bathroom if she knew that the mission of this hospital is to spread God's love through healing. (California Finance Director, p. 13, lines 9 to 12)

Introduction

Whereas in some organizations, the mission statement is nothing more than an empty phrase on the wall or an unknown text hidden in a training manual (Morphew & Hartley, 2006), at Adventist Health the mission statement was emphasized specifically in a variety of fashions. Considering the prioritization of mission in the organization as evidenced by an entire department devoted to it, this emphasis moved the mission beyond corporate rhetoric and sought to imbue it with life and identity all its own. This life and identity played out in many different ways in the organization—especially depending on which facility was being studied. At one time, before the health system was officially organized in the early 1980s, each hospital had a unique mission statement. Though different in exact verbiage, each statement was similar in theme, revolving around God, Jesus, Christianity, community, relationships and health care. As the system became more standardized and the Adventist Health brand was instituted, the company developed
a new, more inclusive corporate mission statement: “To Share God’s Love by Providing Physical, Mental and Spiritual Healing.” While several hospitals also adopted those exact words, many chose to keep pre-existing statements (see Appendix C for a list of all hospital mission statements). For the purpose of this analysis, the corporate mission statement, which guides the entire company and appears to varying degrees in every hospital, will be referred to in general except where noted.

Through observation and analysis, three specific modes of mission communication became evident, including: print, online/electronic and face-to-face interaction. In this chapter, I will address my first research question: How do non-profit health care organizations conceptualize and communicate spiritual mission?

**In Print**

The clearest way mission was communicated in Adventist Health was through print. It showed up blatantly in a variety of fashions—in bronze letter in lobbies, in the pages of newsletters and brochures, in placards given to every new employee (ostensibly to be placed on his or her desk), in posters lining the walls. The mission statement was part of every news release, every newsletter and the majority of brochures, pamphlets and advertisements. It was depicted on the very first page of the employee handbook, on employee badges, in job descriptions, on business cards, in patient rooms and in most executive quotations. Adventist Health’s Mission and Planning department created mission, vision, and values posters that feature prominently throughout the corporate
office and hospitals. At the corporate office, framed miniatures of this poster are given to every new employee (see Figure 1).

Figure 1. Adventist Health's Mission and Planning department mission, vision, and values poster.

More interestingly, the mission appeared in less obvious places—on placards in the restroom at the corporate office, in employee feature stories that obliquely referenced the mission, in “Mission in Action” news stories which, while never stating the actual mission statement, seemed to articulate its principles and values clearly. Another version of this type of messaging was found in various employee recognition programs. In many hospitals, employees, patients and families were encouraged to commend other staff for
doing a job well done or for going beyond the scope of their duties. Invariably, the public communication about these commendations—either in print newsletters or posted on plaques for all to see—featured mission actions prominently. All of these messages silently, though overtly, communicated to employees that mission was a pervasive concept at Adventist Health. In a typical day, employees might see the mission at least a dozen times to and from their work stations—on the walls, in the bathroom, in the lunchroom, at their desks.

This pervasiveness might beg the question—if employees are exposed to the mission so frequently, might it lose its impact? Do employees even notice the mission statements surrounding them? In an informal interview, one participant was surprised to hear of many locations of the mission statement in the corporate office and remarked that though she had been in the office for 10 years, she had not noticed all of the displays. Despite not noticing the displays, however, she and others with whom I spoke did know the mission and were able to articulate its principles clearly. What does this mean for the organization? Are all of the mission displays worth it? Should resources be directed elsewhere? How does an organization strike the right balance between making mission pervasive and visible in an organization, but not over or under-doing it? If the results of this analysis and subsequent interviews are any indication, the more communication, the better. A surprising outcome of the research was that every participant knew about and could describe the mission. I attribute this to the pervasive communication.
Continuing its pervasive presence, mission also popped up electronically in a number of ways. Publicly, the mission was featured prominently on the Adventist Health corporate and hospital websites. With a designated link, the mission, along with the vision and values statement, was published for anyone wishing to learn more about the company. Additionally, a link to the history and heritage of the company were given. The same information also appeared on the system's page on the social networking site, Facebook. On many computers, the mission was displayed as screensavers—either as the
stated mission or amplified through Bible texts. Many Adventist Health web sites feature mission prominently on their homepages.

Alongside the public web site, a private intranet provided a place for mission to be featured for employees. Specifically on the homepage of the intranet, the mission appeared in two prominent places—a banner which stated the mission verbatim and provided a link to the external web site, and a panel, which incorporated frequent inspirational thoughts and verses. Since the intranet was designed to house and deliver employee tools that are accessed daily (e.g. time cards, payroll information, benefits information, tech support) this online display of mission was guaranteed to reach every member of the organization on a daily basis, at least superficially. To further support online mission efforts, an interdisciplinary taskforce made up of Communication, Information Technology and Mission personnel was created during the course of this study to make a separate mission and spiritual care web site within the intranet. The plans for this site included mission education tools, mission lecture podcasts and a place for employees to submit e-prayer requests.

In addition to online outlets, the mission appeared in several novel electronic formats including overhead announcements. In many hospitals, prayers were said over the PA system at regular intervals; in the corporate office, Bible texts were read sporadically. Also, mission notes appeared on electronic time clocks in many facilities and on automated lobby kiosks and signs.
Adventist Health's online and electronic attempts at making mission pervasive were consistent with the company’s objectives of keeping up with advancing approaches to technology and communication. With online communication particularly, consumers are accustomed to information on-demand. The delivery of mission content seems no different. At any time, employees, patients and supporters of the system can find mission information at their fingertips.

Face-to-Face

While less frequent than print or online, face-to-face mission messages were communicated fairly regularly at Adventist Health. At the corporate office, the most common way was through morning worship services. Held every Friday at 8 a.m., the meetings were an encouraged but not required time set aside for employees to gather together. During the course of study, between 50 and 60 people gathered weekly (in two locations) to hear members of the leadership team share encouraging thoughts, inspirational stories and news from around the hospital system. In the 25 worship services I attended while conducting research, mission was mentioned directly in more than half of the messages and indirectly in all of them, whether in the opening/closing prayer, song service, uplifting message or general announcements.

At the hospital level, regular worship gatherings were less feasible on a large scale because of the nature of health care in general. For example, while clerical staff might be able to gather for a worship meeting, clinical staff would have to attend to patients. Instead, worships might be held on a department-by-department basis, or the
chaplain might hold impromptu prayer gatherings. Additionally, while devotions were conducted regularly at most high-level leadership meetings, according to my observations and participant interviews, devotions were less common during regular staff level meetings.

To complement weekly worship services or impromptu devotionals, the corporate office and most hospitals sponsored events such as an annual “Week of Prayer” or “Week of Spiritual Emphasis.” These week-long series of meetings incorporated many of the same elements as the weekly worship services—song service, prayer, presentations—but did so around a specific theme and often with the participation of employees as speakers. Within the Week of Prayer, some type of service project (ostensibly demonstrating the mission) was conducted, such as contributing funds to the United Way, United Cerebral Palsy foundation or various other local charitable organizations.

To supplement these annual Weeks of Prayer, “Mission Soup Luncheons” were held quarterly for employees at the corporate office. At the meetings, the mission and planning department provided lunch and refreshment for employees and informed them about mission happenings that took place during the previous three months. Employee participation was voluntary but encouraged.

It is interesting to note the sheer amount of resources dedicated to mission in terms of employees’ time. For each meeting, the company not only allowed but encouraged employees to participate and paid them for their time. This seemingly unproductive time did not directly add to the bottom line or work product, but did
encourage the consideration of mission. Like any large corporate meeting, large gatherings such as mission meetings are incredibly expensive. Though not stated overtly, these meetings demonstrate the organization’s commitment to portraying mission to employees with no strings attached (e.g., employees were not expected to stay later to make up the time spent at a mission meeting).

Mission Education

The print, online, and face-to-face communication of mission was guided by a strategic and specific group of people at Adventist Health. Though the actual department was small (only two members), a board-appointed Mission Planning Committee of 12 members existed which contained representation from hospital, corporate and church leadership. This group, led by the company’s executive vice president and assistant vice president of Mission, developed the key messages that were communicated to employees. Those messages were approved by senior management and the board of directors, and reflected facets of the company’s strategic plan. As a proprietary document, the strategic plan will not be discussed, except to say that mission was an overt foundational component.

As mission was equated to strategy in this organization, emphasizing “mission education” was a high priority. Consistent with Cochran and David’s (1986) findings, it was stated in documents—both internally and externally—that mission was an element that sets Adventist Health apart from other organizations and made it unique. This uniqueness was positioned as a strategic variable to attract both employees and patients to
the company. Ideally, according to the Mission Planning Committee, all 18,000 employees in the organization should have some sort of training about the fundamental components that make up the mission of the company, including knowledge of the history and heritage of Adventist health care; the Seventh-day Adventist values system; and the importance of prayer, Sabbath and whole person care, among other things.

In addition to mission education on a system-wide basis, a particularly keen focus was aimed at leaders in order to educate them and reinforce the principles of the mission. According to Mission Planning documents, leaders should participate in mission education at least quarterly. This emphasis was meant to ensure that leaders keep mission at the forefront of their thinking and additionally, encourage mission among their employees as well.

**Key Messages and Critical Assumptions**

With the mission communication efforts at Adventist Health, there were many key messages communicated and several critical assumptions that took place. Those messages, which included the mission statement “To share God’s love by providing physical, mental and spiritual healing,” encompassed the stated values of the organization. According to the Adventist Health values statement (Adventist Health mission, vision, and values), the company regards and privileges the following concepts:

- The compassionate, healing ministry of Jesus
- Human dignity and individuality
- Absolute integrity in all relationships and dealings
- Excellence in clinical and service quality
- Responsible resource management in serving our communities
- The health care heritage of the Seventh-day Adventist Church
- Each other as members of a caring family

While most of the messages were general, several made critical assumptions on behalf of the employees. First, while the mission statement assumed a belief in “God,” this was unspecific and did not invoke a particular faith tradition. However, by referencing both Jesus and the Seventh-day Adventist Church, Adventist Health made value statements that both privileged one particular faith and pushed the organization itself further from the mainstream. Deetz (1995) said, “Power is present in the attempt to hold one sign value or articulation as preferable over others. Domination occurs when one articulation is systematically, but arbitrarily, privileged through practices suppressing alternatives” (p. 132). At Adventist Health, at least in the official communication of mission and values, all other alternatives were suppressed besides an appreciation of Seventh-day Adventism, the ministry of Jesus and a belief in “God.”

Related to this power structure was a seemingly innocuous value statement—to value each other as members of a caring family. This statement seemed to place critical identity management in the hands of the organization. While not necessarily a negative aspect per se, the focus on family harkened what Deetz (1995) called “corporate colonization” and the manufacturing of employee consent. That emphasis on family values attempted to locate employee identity within the organization and further extend
the boundaries of the organization’s control from mere employer to leader of a family-like environment. Coupled with mission and values focused on a particular spiritual path, that emphasis could be disconcerting to those who locate themselves outside that value structure. (It could be argued, however, that it was a very purposeful strategy to retain only those with similar value structures within the organization.)

Despite this critical perspective on values, the results of the second phase of research will show that employees appreciate most of the values of Adventist Health and in fact base their acceptance of the mission on them.

Summary

In this section, I reviewed the results of my first research question, which indicated that Adventist Health conceptualizes and communicates its mission in three distinct arenas: print, online/electronic and face-to-face communication. Additionally, within those three realms, the company operates a sophisticated committee devoted to the mission, one that upholds and propagates the value system, also briefly discussed.

Now that it is clear how and what Adventist Health communicates in regard to mission, I discuss how employees make sense of that mission in the context of their work. In the following section, I review the results of the 24 interviews I conducted at Adventist Health.
Chapter 5
MAKING SENSE OF SPIRITUAL MISSION: ENACTING OR IGNORING RESULTS
AND DISCUSSION OF RQ2

I know our mission drives us, but it’s not a mission statement that drives us. It’s passion and wonder about what we do. (California CEO, p. 5, lines 22-23)

Introduction

Most companies have a defined mission statement that guides their business practices. In faith-based organizations, these mission statements have the opportunity to take on new life and meaning as their participants interact with them and transform them from mere statements to living missions. Such is the case with Adventist Health. As a mid-sized, faith-based health care system, its mission is not to provide high quality care for its community—although that is most certainly a goal. Rather, the company states its mission is to “Share God’s love by providing physical, mental and spiritual healing” (Adventist Health, n.d.). This brings up many sensitive questions: How do employees react to such a spiritual message? Do they pay attention to the mission? Is it relevant to their jobs or lives? How do employees interact with mission or contextualize it in their work? What impact do religious or spiritual messages have in the workplace? How do employees make sense of spiritual mission?

Using Weick’s (1995) concept of sensemaking, which asks how organizational members understand, interpret and react to their environment, I interviewed 24 people within Adventist Health to see how they made sense of the company’s spiritual mission (see Appendix C for interview guide). Results varied by position, location and level in the
organization, but the short answer to my research question was that employees either enacted the mission or ignored it all together.

In this section, I summarize and discuss the results of my 24 interviews with employees of Adventist Health. First, I talk about how participants made sense of the mission of the company through enactment of job duties, organization/leadership functions and personal characteristics. Second, I discuss how some employees chose to ignore or opt out of the mission as a way of making sense of it and dealing with conflicts and tensions surrounding it. Throughout the discussion, I touch upon main themes that arose from the interviews and include examples from the data.

Making Sense of Mission Through Enactment

With a few exceptions, participants stated that the mission of Adventist Health was a positive element in their work lives and that they generally supported it. In order to interpret and interact with the spiritual mission, many employees contextualized it for themselves and constructed personal meanings by situating it in their daily tasks, work processes and personal convictions. Interaction with the mission was not assumed. In fact, a surprising outcome of the research was how participants described at length the ways in which they enacted the mission or lived it from day to day. As Taylor and Van Every (2000) stated, “Whatever organization is, it must be realized in the day-to-day interactions of its members” (p. 141). Indeed, for Adventist Health, whatever the mission is, it is realized in the day-to-day interactions of its employees. Specifically, participants
discussed mission enactment in three contexts: through job duties and tasks; through organizational or leadership functions; and through personal characteristics.

Enactment of Mission Through Job Duties or Tasks

When participants discussed mission, with few exceptions, they described how they enacted it in the context of their work. Participants depicted their daily, routine tasks as examples of mission including caregiving, software programming and account balancing. From making sure toilets were unplugged quickly to answering e-mail to providing patients with directions, many ordinary tasks were viewed with mission in mind. Regarded in this way, every role of the organization was considered important from housekeeper to CEO. As one housekeeping supervisor stated, “We help. We try to be a team player with each department or the patient and the visitors. We reach out. We stretch our hands out. Not just cleaning, we do more than that” (Housekeeping Supervisor, p. 4, lines 12-14). Mission and its enactment elevate the importance of both employees and their tasks. What’s more, that elevation is not just stated on the part of the organization, it is believed by employees.

Adventist Health surrounds its employees with mission messages designed to evoke commitment and loyalty (and indeed many participants stated the mission improves their loyalty to the organization). At Adventist Health, an employee does not just sweep the floor—he/she sweeps the floor for the mission and by extension, for God. This concept aligns with participants’ descriptions of mission enactment that focused on transcending daily tasks. Participants stressed the importance of remembering “what
really matters” in life and working for something beyond themselves. In describing how devotions in weekly leadership meetings helped her concentrate and get perspective for the week ahead, a physician recruiter in California relayed this story:

Well, I think sometimes we can get caught up in the tasks of daily living. I have certain goals, my to-do list. I’ve got five doctors I need to call and I’ve got 50 emails I need to read, phone calls I need to return, papers I need to file… Sometimes I will be sitting here and I can hear that post-op right next door. So, I can hear sometimes people waking up from their anesthesia. I can hear family members out in the hallway. Sometimes I get caught up in all this stuff I have got to do, that I don't take the time to stop and open the door and go out and say, ‘Is everything OK, can I get you anything?’ (Physician Recruiter, p. 4, lines 17-25)

She went on to describe how the mission helped her to feel comfortable leaving her tasks and getting out into the hospital to interact with patients and employees. In this sense, enactment of mission means not just attending to the calls and emails and paperwork, but rather getting to the heart of the mission—showing care and attending to human relationships. In this context, mission grounds employees to the business of the hospital: Sharing God’s love by providing healing and attending to the whole person. Employees are empowered by the mission to meet needs that go beyond their normal tasks and duties.

This empowerment and enactment of mission was exemplified in stories about employees who were recognized for epitomizing mission in simple tasks or for reaching beyond their own work to be extraordinary. A California nursing executive stated, “Every day, you hear stories of folks who have gone above and beyond in some personal way with patients, family, community, some context” (Nursing Executive, p. 3, lines 7-9).
One story came from a hospital in the Pacific Northwest. In relaying her conception of what the mission was all about, one former medical assistant described a time when a family came into the physician's office where she worked near closing time. The family said they were displaced from hurricane Katrina and needed help.

So I called [the medical director] and I said, 'You have to do something. That's one of the five pillars. We can't just send them away; it's against everything that we believe in...)' He's like, 'Wow, I've never had anybody [quote the mission to me],' type of thing. He said, 'You get them a taxi and you send them over here to the hospital, and I'll take care of them from there,' and he did. Later, other people said to me, 'Oh, they were just playing you,' or whatever. Whether they were, or not, that has nothing to do with it. His humanity came first, and that was the most important thing; people come first. (Application Support Analyst, p. 3, lines 15-22)

In this instance, the mission was claimed as a promise by the employee. She used the mission and the pillars of the strategic plan to incite action on the part of her superior. While all she did was make a simple phone call, that move enacted the mission for herself (and that family) and caused a ripple effect in others. In her example, she demonstrated the values of the organization and the "real" meaning behind mission. By choosing to recognize and enact the mission in the context of their work, the employees at Adventist Health bring depth to the mission of the organization. No longer do the words merely hang on plaques or drip off the tongues of CEOs, they transform into actions on the part of employees. The mission is interpreted as an important concept by employees, one that elevates their tasks beyond whatever role they formally occupy.

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3 The five pillars refer to the organization's strategic plan. With mission as a foundation, the pillars incorporate organizational goals surrounding: people, growth, quality, finance and physicians. Though the strategic plan is a propriety document, a summary version is available to employees on the corporate intranet.
Enactment as a Part of Leadership and Organizational Function

Not only did the participants describe mission enactment in relation to their own duties, they identified key characteristics on the part of their leadership and the organization itself that they felt enacted the mission. Some described the mission as a baseline for personal and organization actions. As one California physician said,

It [mission] sets the tone as far as understanding that in our approach to care, we must serve as examples of the mission. If we are in a faith-based environment, that involves compassion in the truest sense that we can achieve as individuals. It also involves [focusing] on the social, the spiritual and other physical issues as well. (California Doctor, p. 3, lines 4-8)

Working from this description of the mission and the organization’s position in relation to it, participants debated the role of leadership in regard to the mission. Specifically, they questioned how leaders enact the mission, the effect that leaders have on employees’ enactment of mission and the enactment of mission through decision-making.

The role of leadership in mission enactment. Interview participants’ discussion of leadership provides an interesting insight into the role of mission in the organization. At Adventist Health, leadership’s expression and encouragement of religion and spirituality most definitely affected participants’ view of mission. Managers and leaders affected the ability for employees to enact the mission, and they were pivotal in expressing and instilling many of the values participants appreciated related to mission. Some participants stated that mission is a top-down concept and that it changes depending on who is at the helm. They cited enactments such as charity care, free services and community education as examples of mission changes that depend upon leaders. Other
participants insisted that real mission (perhaps the enactment of?) happens at the employee level—that employees own the mission themselves, enact it through their work, and that it does not particularly matter who is in charge. Despite that line of thought, based upon the interviews, it is clear that the actions of management and leadership personnel do in fact affect how the mission is interpreted and accepted.

Not surprisingly, perceptions of management related to mission differed between subordinate and supervisory levels in the organization. Both levels acknowledged leadership’s responsibility and effect on mission, but they discussed it from different angles. Several people at a Northern California hospital noted how different the mission seemed once administrative teams changed. They described the hospital as taking on a completely different culture under new management and how employees felt more affinity for the mission. In this example, mission satisfaction seems to correlate with satisfaction with leadership. When the leadership was deemed poor by staff, the mission was viewed as less genuine or less emphasized within the company. For some people in this scenario, mission is predicated upon leadership.

Poor leaders raise questions about the integrity of the organization that put them in power, according to some participants. One worker explained his frustrations with a less-than ethical manager, saying,

Well, it just makes you wonder if the mission is in the game. I just don't see how we can keep a person in a leadership position that's done so many, sort of, bad things. How can we keep them there? ...it's very discouraging...." (IT Worker, p. 5, lines 19-22)
Behavior (and misbehavior) on the part of superiors is scrutinized by employees and can change the way the mission is viewed. In this instance, the IT worker questioned the very existence of the mission in organizational practice based upon his experience with a local manager. When bad things happen, when mistakes are made, when less-than-pleasant decisions come down, some employees have a difficult time reconciling the mission as a result. To employees, leadership actions contradict the mission and may lead staff to question it altogether.

This notion of contradiction is pivotal for leaders to grasp because for leaders, mission is an expectation and direct responsibility. According to participants and on-site observation, leaders are responsible to enact and exemplify mission, to encourage it in their staff and to be mission resources for the company. Employees must be hired and evaluated according to mission, and success is measured in relation to how well mission elements are completed (indeed, mission is a component of all performance reviews). In regard to how the mission impacts her job, a clinical director in the Northwest stated, “I think it called on me to be a very thoughtful leader and to inspire others to care about this mission and to respect it and live it in the way I think we’re all called to do” (Rehab Manager, p. 3, lines 2-3). This particular manager used the mission as a showcase for new employees. “When we interview, when we’re looking at their resume, I show them our mission and I say, ‘This is our resume. So, while I’m looking at yours, you look at ours’” (Rehab Manager, p. 6, lines 22-23). Being overt with the values system helps ensure a right fit, one that emphasizes the mission, according to that particular manager.
As many of the hospitals hire employees based on their value systems, this intentionality was not surprising. But, this type of mission commitment and display was not universal among managers.

People in leadership have a tenuous role in executing and uplifting the mission of the organization. On one hand, they are employees themselves and have hopes, concerns and expectations of the mission. They, too, have an identity staked in expressing their spirituality in the workplace. However, they have the added responsibility of their station to lead with the mission, to be a good example and to uphold the values of the organization for all to see, all the while maintaining the business-end of things.

On this note, different levels of management and different levels of action seem to matter in how mission comes across to employees. For example, while employees might have angst with the actions of their direct supervisor, they may still be committed to the mission thanks to its enactment by the vice president (or vice versa). While the mission might sound visionary from the vantage of the CEO, coming from a middle manager, it could be found patronizing. Also, while a low-level action about what brand of syringe to use or what hours the gift shop will be open may not cause ire, other major decisions such as the discontinuation of a service line or the divesting of a hospital might push employees to the brink of disowning the mission. It is often decision-making on the part of leaders that causes mission conflict for employees.

Decision-making. Nowhere was the impact of leadership on mission enactment and perception more clear than in decision-making. While many leaders described their
decisions and decision-making in general as enactments of mission, many participants discussed at length how changes and decisions affected their impressions of mission. As with leadership and mission, role seemed to matter greatly in how mission was perceived in relation to decision-making. For some non-leaders, it was not always apparent how mission might affect decisions. An IT worker said,

I'm trying to think of an example where sharing God's love would be a deciding factor on what kind of paper to choose or what kind of labels to print or what kind of software to buy. You know, I don't see where it would often be used. (IT Worker, p. 4, lines 17-20)

He went on to suggest that there were many factors to decision-making in his organization and not all of them seemed completely ethical. This conflicted with his sense of the mission and gave him cause for concern, further reinforcing his view that mission must not be related to decision-making. Others stated they did not make decisions—their bosses or superiors did—and they had no idea how mission was used. Some people just assumed it was used but could not be sure.

Those with decision-making power said mission was a factor in decisions, although there was no great consensus as to extent. One mission leader said his greatest hope was for mission to be a more overt driver of decisions, that all decisions would be weighed based upon their effect to the mission. At the same time, some people thought mission was overt in decision-making. As a clinical manager said, "I think it [mission] permeates it... Once I got in leadership, it just became more evident and apparent how
important it is [to decision-making]" (Rehab Manager, p. 3, lines 11, 17-18). Another leader stated,

There are clear points where mission is embedded in strategic decisions and we make decisions based upon mission. Mission is where the rubber meets the road. It’s not just lip service. Employees have an expectation of mission from their leaders. (Corporate IT Manager, p. 2, lines 16-18)

For some leaders though, mission emphasis is just assumed. Reflecting on how mission is used in decision-making, one executive stated it probably is not discussed outright on every occasion, “Because the culture of the organization is so mission oriented that sometimes it just goes without saying, the mission is embedded in our discussion. In an overt way, there definitely are times when it is discussed” (Corporate Executive 2, p. 3, lines 18-20). These varying perspectives of mission call into question the cohesiveness of mission communication among managers and leadership. If, in this small sample, there are so many variations, what must the rest of the organization’s leaders think?

Despite varying perspectives on the extent of mission’s effect on decision-making, some described the mission as a general factor in guiding decisions. As one California doctor said: “It [mission] serves as a barometer, if we aren’t achieving the mission goals, if there’s something wrong, if the weather doesn’t seem right, if we’re aiming towards one part of the mission...” (California Doctor, p. 2, lines 22-24) then he indicated decisions would be altered to make sure they aligned with the mission. Mission
in this sense becomes a compass that guides the organization. A patient care executive also acknowledged the impact of mission on decisions:

It [mission] changes some of our decisions. We could make very tough financial decisions that wouldn’t be people friendly or patient friendly... Instead we focus on being prudent with our resources... and [using] other more employee-friendly means of controlling costs. (California Nursing Executive, p. 4, lines 21-22; p. 5, lines 1-3)

Here, mission is truly ingrained in the organization and is actually used where it counts—not as a token phrase on the wall, but in interactions that matter to employees, patients and by extension, the community.

But what do these decisions, these enactments of mission mean if they are not communicated to subordinates who lack decision-making power? By these statements and those of other leaders, there is no clear consensus about how much mission is used in decision-making. On one hand, some leaders are unsure the extent to which mission is used; on the other, some are certain that mission permeates everything. Some of the very highest-ranking leaders in the company just assume mission is embedded. Indeed, it probably takes on an ephemeral quality, shifting depending on situation, location and parties involved. But, it is clearly there. Mission has a seat at the decision-making table whether passively assumed or overtly enacted. So why aren’t employees told about it? Why aren’t all leaders on the same page? What potential conflicts and miscommunications could be avoided if all decisions were evaluated based upon the extent to which they helped share God’s love? If decisions are truly viewed as enactments, as participants stated, then communication about them seems vital.
Conflict related to decision-making and mission. Interestingly, it is in the decision-making arena where conflicts surrounding the intersection of spirituality and work readily take place. The duality of “margin versus mission” surfaced around this subject as participants chewed over the symbiotic and sometimes chaotic relationship of spiritual mission and business objectives. Without turning a profit and having solid finances, the organization would not be solvent enough to provide the services identified by its mission. As one corporate executive stated, “If we don’t have a stable, secure organization, from a business perspective, we close and we don’t extend this mission to anybody” (Corporate Executive 2, p. 4, lines 6-7). And yet, too strong of a focus on margin could squelch the mission. It was unclear based upon my research how and if that balance was determined. The discussions of some leaders, however, seemed to suggest that “margin versus mission” was not a common or appropriate topic of discussion for employees. Regardless of whether employees are privy to discussions of decision-making and margin/mission, they certainly talk about it according to interviews and observations.

A much-emphasized margin was pointedly questioned at one Northern California hospital. A plant services employee wondered whether money or mission was really the goal at his facility. He said, “I’m not saying we’re not charitable... I would just say that if Jesus were running this hospital, you’d probably see the kitchen feed the homeless people every night and every morning. He’d probably have a place for them to stay” (Plant Operations Tech, p. 6, lines 16-18). In times of tough decision-making, it seems that some values must be privileged over others. While the hospital may want to run a soup
kitchen or give free health care to everyone, it just is not feasible in order to remain financially secure. These marginally minded decisions are faced with ire by some.

For example, a California doctor discussed how the actions of administration and the cutting of services changed the way he perceives the hospital and its mission. He said of discussions with other medical staff colleagues:

    Oftentimes we see these conflicts, and a lot of times when administrators have to make these hard choices, we do our best to understand. But at the same time, there’s some sense of betrayal, of how we haven’t succeeded and how part of that is because of the decisions the administrators had to make. (California Doctor, p. 4, lines 15-18)

Like this doctor, other participants questioned how the cutting of services and other decisions could be in any way a service of the mission. The mission becomes wrapped up in the decisions and the business of the hospital. Without careful communication, these types of questions arise.

    In this light, mission becomes a double-edged sword. On one hand, employees are told to do everything for the mission. They are told that the community and sharing God’s love are top priorities for the hospital and they are encouraged to do anything and everything to make those goals successful. They are told it is the mission... it is their mission. And yet the hospital is a business. When times change and financial troubles hit (as they invariably do in the U.S. health care system, California particularly), suddenly the mission appears to change. Now belts need to be tightened, services need to be cut, staff need to be flexed or let go and still, those decisions represent the mission, too.
In these instances, the mission takes on a new identity and can potentially become a tool for management rather than a positive ideal. For example, if a decision is made to cut a service line, it might be couched as a move to preserve the mission being delivered through other services. In observing corporate publications, major decisions such as divesting hospitals have been strategized as contributing to the mission but tersely and with no explanation. In these instances, management uses mission as a way to facilitate unpopular decisions, but by not explaining rationale and intent clearly, it ends up creating tension for stakeholders. It is not enough to say a decision is “for the mission,” it must be carefully explained.

One participant had a different perspective on mission being used as a management tool—she said it could be used to stall decisions rather than rationalize them. She said, “A decision needs to be made, I need to pray about it, which is great. We need to. But, we also need to take action. Sometimes mission and prayer can paralyze us when we need to take action” (Rehab Manager, p. 5, lines 2-5). As people are resistant to change, some people use the mission as an excuse not to change while others use it as a prod to get things accomplished. Mission can be used as a “stick” according to one participant, something to metaphorically beat people with in order to get things accomplished. “The question is, do we pronounce and proclaim and impose mission? And is it the wag of the finger or is in an embrace?” (Mission Leader 1, p. 15, lines 29-30). While not a main theme that surfaced in the interviews, using mission or spirituality to control employees is a concern both practically and in the literature according to
several scholars (Feldner, 2006; Goodier & Eisenberg, 2006). Remarkably, the only indication that this type of control was used openly within Adventist Health was on a leader-to-leader level rather than leader-to-employee.

Regardless of mission’s relationship to decision-making, leadership’s role in executing the mission is variable. Employees identify the mission from various sources and seem clear about when they recognize it or not. Despite concerns about leadership and leadership’s enactment of mission (or not), many employees seem to be able to accept the duality of human interaction with the mission and the principled ideal they hold in their heart. They still uphold and appreciate the mission despite how people impinge upon it. (Those that cannot do this seem to opt out and/or leave the organization.) A lot of this flexibility seems to be a result of people enacting the mission personally and taking ownership for it.

Enactment Related to Personal Characteristics

Mission enactment reflected in participants’ personal behaviors at work as well as life outside of the organization. At work, “It means that I would love all of those people around me in a way that is accepting of who they are. Then trying to know what their needs are, spiritually or emotionally” (Physician Recruiter, p. 3, lines 19-21). Outside of the office, employees stated it means standing taller and knowing that they still represent the hospital even when they are off campus.

I think it’s a good thing because it makes you think about your daily life as well, how you serve people here at the hospital and employees, and how you act... it makes you think about when you leave the hospital, how you act on the outside as well, how you treat people. (California Administrative Assistant, p. 2, lines 21-23)
This focus on enactment seems to depict the organization’s reach into the employee’s life and world. Here the mission becomes portable—no longer existing solely in the organization—but going out into the employees’ personal lives and directly into the communities where they live. When employees internalize it, the mission becomes a much more potent and far-reaching tool. Even if they do not go about spouting the mission verbatim, they are consistently enacting its principles in practice.

Participants discussed enacting the mission through personal characteristics in several different capacities, including: the ability to personalize the mission, mission enactment as the embodiment of personal spirituality and mission enactment emphasized in care-giving.

*Personalizing the Mission*

One of the facets of the mission that makes it so easy to accept and enact is the ability for stakeholders to customize it and make it personal. Employees seemed to emphasize the parts of the mission that fit most comfortably into their worldview. For employees like the Employee Health Nurse, this freedom allows her to view her job as a mission field for doing the Lord’s work. As a non-Adventist Christian, she works within the confines of a different religion but can still practice her spiritual beliefs. She focuses on sharing God’s love and on whole person care from her own specific spiritual perspective (Employee Health Nurse, p. 4). For non-religious people like the Infection

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*An exception to the concept of voluntarily enacting principles of mission in daily life is found in the highest echelon of the organization. In those ranks, leaders are required to represent the principles of the organization and the Seventh-day Adventist Church in their daily lives. Those who do not comply eventually find themselves outside leadership.*
Control Nurse or the Information Technology Worker, the mission allows room to focus on less overtly spiritual aspects such as love and helping the community through healing. Without feeling uncomfortable with religion, both can passively support the spiritual aspects. For non-religious and non-spiritual people like the Plant Operations Tech, personalizing the mission can mean ignoring it in large part—but still respecting the benefits that come from it and others who believe it. The result is that the mission can be personalized and then enacted in different ways by participants.

*Enactment as the Embodiment of Personal Spirituality*

Related to personal spirituality and convictions, the mission of Adventist Health offers employees of most faith traditions room to operate without compromising their belief systems. As it is stated, the mission is not specific to one religion or faith tradition but rather connotes a general spiritual theme. As one nursing manager stated:

> I am not connected with a formal religion, but I certainly support people's different beliefs and still feel like I can support the mission. Even it being an Adventist hospital, I can still be supportive of all of it even though some of the beliefs aren't my beliefs. But, I can appreciate those are other people's beliefs and still support those. (Infection Control Nurse, p. 3, lines 12-15)

As 85% of the employee population of the organization does not belong to the Seventh-day Adventist Church (Adventist Health Human Resources Department), this seems a key element for why the mission is so well accepted.

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5 This is not true for three Adventist Health institutions that do specifically reference Jesus Christ in their mission statements (see Appendix D).
Also key is the ability for employees to live out their own spirituality\textsuperscript{6} in the workplace if they choose to. Participants interacted differently with the mission when discussed in regard to spirituality. For many, mission became an extension of personal spirituality and their relationship with God. “It is about being God’s hands, God’s eyes, and God’s mouth to reflect caring and making a better community through the provision of health care, prevention, curing, meeting folks at the end of their life,” (California Nursing Executive, p. 2, lines 24-26). In this vein, the hospital is a mission field and employee tasks become holy enactments of the Lord’s will. The very work of the employee and the hospital become the Lord’s work. In other words, “This is the Lord’s hospital. I believe that he is in every room, in every hallway, that he is right here by our side, walking with us,” (Employee Health Nurse, p. 6, lines 11-12). From this view, it is the employee’s duty, then, to act according to the mission, to enact it and to honor God with it.

Related to personal spirituality and enactment, mission manifested itself in descriptions of core spiritual values:

When I think of what our purpose is in life... it was asked once to Christ which are the most important of the commandments, and his answer was to love God and to love your neighbor. So, the love part seems to me to be the most important as directed by Christ. So, bringing love for our community and the sharing of God's love to our community, being part of the mission I think that's amazing. Loving. So, that's what it means to me. (IT Worker, p. 3, lines 12-19)

\textsuperscript{6} Despite concern that participants might conflate religion and spirituality, interviewees made a clear division between the two. Spirituality was generally regarded as a connection to a higher power or God, without guiding rules or provisions, whereas religion was described as a community of believers that defined and described the character of God, as well as prescribing rules and standards for behavior.
While these words are distinctly Christian, they exemplify core values that translate to many people outside that particular faith. As one corporate executive stated, “I believe we have an obligation while we’re on this earth to try to make it a better place and to share and hopefully reflect God’s love to our fellow man. I think we do that through our hospitals” (Corporate Executive 1, p. 2, lines 16-18). This statement reflects both enacting spirituality and mission. These views help reinforce employees’ perspective that mission is enacted through personal characteristics and values, in this case spirituality.

While articulated differently from person to person, most participants acknowledged a comfort level with working in an organization that not only allowed but privileged spirituality at work.

I would much rather work in an environment where I can feel free to express my spirituality than in one where I can’t, and I have worked in both and I prefer this... Because it’s so much a part of who I am, but it feels like if I left all of that out, then I would only be free to be half of myself. (Physician Recruiter, p. 8, lines 20-25)

Many compared their work at Adventist Health with experience in prior secular organizations and with one exception, preferred the open spiritual environment. That spiritual environment not only encouraged a more fulfilling work environment for some but also translated to better patient care and healing according to some participants. One medical assistant in the Northwest said, “If I believe in God then the patients we see will be more encouraged” (Medical Assistant, p. 3, lines 7-8). Patients will also be more likely to improve physically when in a supportive and spiritual healing environment.
Integral to creating a healing environment was prayer, also an important manifestation of organizational spirituality according to Sass (2000). The employees of Adventist Health acknowledged this in various ways describing the familiarity of prayer in their organization and describing it as a personal enactment of mission. Whether used to start a meeting, bless food before a meal, help with decision-making, solve conflict or comfort a patient, prayer was a key spiritual element in the organization. One executive put it well, describing prayer in relationship to spirituality, mission and organizational culture:

I want to work in an organization and have, fortunately, that I feel supports individuals who have a spiritual bent themselves and want to create an environment where praying is appropriate. The expectation that we can call on a God for wisdom is encouraged and accepted, and where each and every employee, through their own mission and their drive, but also through education and our policies, make it their mission to treat others the way they'd want to be treated. (Corporate Executive 2, p. 2, lines 23-28)

Some take prayer personally and incorporate it into their daily practices at work. “I feel like a sort of prayer warrior… When I’m walking through the hospital, I just pray for certain departments as I go,” (Employee Health Nurse, p. 4, lines 8-11). Others find mission a positive influence on prayerful behavior. “It’s the freedom and encouragement and permission to meet peoples’ needs… I’m encouraged to pray with patients if I come into contact with them, if they’re wanting prayer” (Physician Recruiter p. 9, lines 9-11). These spiritual enactments allow people to interact intimately with the mission. They can pray individually, corporately or in small groups. Additionally, in some hospitals prayer is an overt concept with prayers being read out twice daily over the PA system.
Prayer was also discussed in relationship to decision-making and conflict. In times of trouble, one accounting employee described his gratitude at being told the corporate leadership team was praying for the hospital operations and for God's guidance on behalf of the hospital. "It's really cool to hear that type of deal because I guarantee that there's tons of organizations right now that are just in the pits and not looking for any help" (California Accounting Director, p. 8, lines 3-4). Here participants discussed personal prayer as a way to differentiate the hospital from other organizations. Prayer was also described directly in decision-making. After not agreeing with her CEO about a decision, one person relayed this story:

Things just weren't panning out according to plan and I went into his office [the CEO] and he says, 'I think we need to pray about this.' We got down on our knees and we prayed. I mean, it just makes such a difference when you can feel open to just going 'We don't know, you know, we don't.' It was God's plan that matters. (Physician Recruiter, p. 7, lines 17-23)

This willingness to ask for guidance through prayer exemplified the commitment to open spirituality within Adventist Health.

Mission Enactment Through Caring

Whether praying, viewing mission as the Lord's work or appreciating shared spiritual values, the enactment of personal spirituality was an important concept to participants. A direct extension of enactment described by participants was caregiving. As one of the values of organizational spirituality noted by Sass (2000), and considering the health care setting, caring was not a surprising theme. However, caregiving manifested throughout all of the participant responses, not just those involved in direct
patient care. Participants described really caring for their work and appreciating an organization that seemed to really care about its employees as whole people.

One particular aspect of caring was whole person care. The three prongs of the Adventist Health mission (physical, mental and spiritual healing) really invite a whole-person perspective to health care and the organization’s operations. As a non-Adventist nurse manager in California said of the mission, “I think that is a difference than in some non faith-based hospitals, that that is really part of the Adventist philosophy: looking at the whole person. That they [patients] are not just here as an appendectomy or an MI. They are really a whole person and we need to support them and the family” (Infection Control Nurse, p. 4, lines 20-23). Here, the mission goes beyond just treating a disease and really focuses on people and healing. Employees also seem to recognize those concepts and value them accordingly. In turn, employees reciprocate by caring throughout their daily work and describing it as mission enactment.

Closely related to caring was the concept of healing.

As a nurse, early on, I recognized that there is not often a physical cure. But there can always be healing. You can always be kind and caring and compassionate. The actual healing of people's spirit occurs in an environment of compassion, of feeling safe and feeling significant. (Mission Leader 2, p. 4, lines 13 to 17)

Compellingly, this approach to healing did not focus on patients, but rather it extended to the caring for and healing of employees as well.

All of these elements of enactment from job duties to daily practices culminated with the idea of “living the mission” and keeping it authentic. A chaplain and mission
leader from one California hospital stated, “Mission is not just one particular outcome or particular behavior. It really is a way of being” (Mission Leader 2, p. 3, lines 9-10). She emphasized the need for authenticity:

Part of living out the mission means that you have to be assessing any gaps that you have between who you say you are, as an organization or personally, and where you really are... Because the mission is not the statement. The mission is how it's lived. It's how it was created, it's how it's communicated, but it's how it's lived... The integrity comes that we are who we say we are, and we do what we say we'll do, and that we follow through. (p. 6, lines 9-10; p. 10, lines 7-11)

Other participants echoed these statements, emphasizing the importance of keeping the mission alive. Here specifically, the mission is shown to take on an identity of its own. It is no longer a phrase on a corporate poster or a few words on the back of an ID badge; rather, it is something to aspire to, something to demonstrate, something to live.

Making Sense of Mission by Ignoring it or Opting Out

At the same time that many employees choose to enact the mission of Adventist Health as a way to make sense of it, some choose to opt out or ignore it. While some ignore-in-place, others leave the company or are asked to leave. While not a strong theme during my interviews, I observed several potential causes for this type of reaction to the mission. For some, it is a question of value misalignment. For example, those with a highly competitive approach to the workplace might find the company’s emphasis on collaboration and teamwork stifling. For others, opting out might come down to bitterness with management and railing against what managers uphold. Many business decisions fall into this category including the perceived unfairness of hiring and firing,
For example. For many though, it is a conflict between personal spirituality/religious preferences and that of the company.

One participant with whom I spoke said he did not have ties to any religion or spiritual practice, and he did not see how the mission related to his work. He said tongue-in-cheek that he only called upon God when trying to get a broken piece of equipment to work.

They send stuff in our paychecks to remind us that this is our mission and it’s printed on the back of our [ID] card... Being maintenance, they don’t really ask us [about mission.] I mean, I pray to the Great Spirit like, ‘God, please make this thing work,’ you know what I mean? But in our department, they don’t, you know [emphasize it like] in nursing... I figure if I do my job right, I'm seen and not heard. (Plant Operations Tech, p. 2, lines 18-24)

For some employees without faith, the mission of Adventist Health is meaningless.

Unlike their enacting counterparts, cleaning the floor is not a tribute to the divine, it is just cleaning the floor. Without belief or connection to a higher power, “Sharing God’s Love” really has no personal impact.

Interestingly though, the contrasting views of mission could potentially foster derision between believers and nonbelievers. One reason is the discomfort some people feel about discussing religion and spirituality openly. “Every other place I’ve worked, your religion is supposed to be kept private. This is the first faith-based place I’ve worked for... [to have] religion so up front; it’s really weird for me” (Plant Operations Tech, p. 4 lines 21-22; p. 5, lines 1-2). The prevalence of religion and spirituality alone could cause people to opt out of the company. Along these same lines, conflict between religions could erupt causing employees to opt out or ignore mission. For example, several
participants described a certain amount of annoyance about not being allowed to work on Saturday because of the organization’s insistence on Sabbath observance. One person also admitted some distress about being made to work on Sunday, her day of worship.

Sunday, to me, is the Lord’s Day and the day of rest... I respect the fact that the Adventist belief is that the Sabbath is Friday night to Saturday [and they don’t work]... But it is difficult for me when things are organized and arranged on Sunday. I really struggle with that. I want to participate. I want to help. I want to help in the community on those days, but it just does not feel right. (Employee Health Nurse, p. 6, lines 15 to 20)

In this scenario, tensions can arise on several fronts. Employees outside the Adventist faith likely feel a burden to comply with the company’s beliefs at the expense of their own, especially where it means keeping a job or gaining a promotion. At the same time, employees or leaders of the Adventist faith (or other belief systems not affected by this particular rule) could develop resentment at those who balk, thus creating a potentially awkward work environment. In both scenarios the organization and its members suffer, and in some cases, employees choose to leave their jobs, take on different positions or ignore the mission altogether to resolve their conflicts.

One participant who ignored the mission strongly questioned those who supported it, saying that many people were just faking belief to get ahead. He spoke sarcastically at times, questioning peoples’ motivation and intellect for committing to such a concept as mission. “People who maybe aren’t Adventists go along with the show. It may look like they’re cheering for the team, but probably they’re not... It’s like they’re just doing what their masters want them to do” (Plant Operations Tech, p. 9, lines 16-18; 22-23). Though
not observed during my research, it is easy to imagine that this type of attitude would affect the communication climate in a work unit and lead to conflict among employees. In some areas of Adventist Health, attitudes of this nature are not tolerated.

One leader at a Southern California facility talked about mission being used to weed out bad apple employees, saying that those who were not on board with the mission could feel free to leave the hospital. While this may sound callous, the spirit of the conversation implied wanting to find the best fit for both the employee and the organization. She described two nurses who decided to leave during the hiring process,

"[We] explained to them this culture and our mission and... they opted to go somewhere else. It seems odd, but we’d rather have that decision made there [in orientation] with the full awareness of what we’re about and where we’re headed. These people weren’t about that, so it’s not a good fit for them. It’s not a good fit for us. They’ll be happier somewhere else." (Mission Leader 2, p. 22, lines 2-6)

She went on to talk about maintaining integrity when it comes to hiring based upon mission e.g., not spouting mission and then hiring negative people who do not exemplify the value system. Although it may seem harsh in certain instances, being clear about expectations and values leads to a better working environment for all involved. As one IT manager discussed, full mission understanding is imperative for employment satisfaction at Adventist Health. He said,

"There’s a point at which you have to figure out what mission means for you. Until you do, it’s frustrating. There is an expectation to articulate mission with work activities, goals or planning. And, that’s difficult if you haven’t thought about it. There’s a decision point—stay or go—identify with the company, stay aligned with mission/goals or don’t. Before you align, mission can be frustrating especially since it’s so prevalent in the culture." (Corporate IT Manager, p. 5, lines 15-18)
This statement encapsulates the sensemaking behaviors of employees at Adventist Health. When faced with a spiritual mission and the associated tensions and paradox, employees can choose to accept it (and enact it) or they can reject it.

Summary

All told, the mission of Adventist Health permeates the organization in a very real way. From the actions, enactments and values of the employees and leaders to the religion and spiritual environment that supports them, mission has an identity all its own. By identifying and enacting the tenets of mission, the ideal stops being a mere statement on paper. It becomes alive and active through the actions of organization and its members. For many employees, the mission is personal—enacted through job duties, observed in organizational function and exhibited in personal characteristics. However, for some employees, the mission and the sponsoring organization have little value. The mission is ignored or the organization is abandoned. Both of these groups and subsequent conversation from my research have implications for organizational communication research and faith-based organizations.

In the following chapter, I talk about how themes relating to my research questions provide implications for the organizational communication research agenda as well as faith-based organizations.

7 See Appendix E for an array of all major themes that surfaced in the research.
It's just a struggle. How do you keep the mission alive and healthy and well in an organization, and make it truly a part of the culture? You don't want it to get old. You don't want it to get stale and mundane... The mission should encourage us. It should make us feel secure and strong. (Corporate Executive 1, p. 5, lines 6-10)

Introduction

That an organization has a mission statement or that employees enact it may not seem earth shattering, but several implications surfaced from this study at Adventist Health. First, there are implications for the organization in question and by extension, other faith-based organizations facing the same scenario of a spiritual mission in a business environment. Why do employees choose to enact the mission? What conflicts are inherent in that choice? Second, there are implications for organizational communication research. How do organizational systems, like Adventist Health, manage complex spiritual messages consistently throughout a network of facilities? What does the success of a mission mean to organizational scholars? How does this mission discussion inform our understanding of tension and paradox in organizations? In this chapter, I will discuss implications for faith-based organizations and organizational spirituality and organizational communication research.

Implications for Faith-Based Organizations

While Adventist Health is a unique organization for both its structure and religious affiliation, my research results can offer other faith-based organizations insights as well. My research answers the question of not only how mission is made sense of and
enacted, but why. Additionally, it addresses specific concerns employees face when enacting the mission of a faith-based organization, in this instance, conflicts about the host religion.

*Why Employees Enact the Mission: Value Alignment*

One of the main reasons employees stated for supporting/enacting the mission was the alignment of their personal value systems and the organization’s stated and observed value system. As one California physician stated,

> It [mission] aligns with my values growing up and going forward that I'd like to continue to preserve and instill in myself and the rest of my family... values like integrity, values of understanding the care and suffering of ill individuals, of helping folks in a less fortunate situation. (California Doctor, p. 2, lines 15-16; 18-20)

The alignment of values is integral to organizational spirituality and is “evidenced in loyalty, effective attachment and work behaviors that intuitively enact the organization’s values” (Sass, 2000, p. 205). Echoing literature in the field, employees described specific core values (see Tables 1 and 2) they appreciated while at the same time highlighting positive attributes and benefits of mission. These values and benefits are the reasons why employees enacted the mission and the elements that faith-based organizations should cultivate for mission success.
Table 1

**Core Values Defined by Employees**

<table>
<thead>
<tr>
<th>Collaboration</th>
<th>Freedom</th>
<th>Trust</th>
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</thead>
<tbody>
<tr>
<td>Love</td>
<td>Independence</td>
<td>Communication</td>
</tr>
<tr>
<td>Dialogue</td>
<td>Respect</td>
<td>Integrity</td>
</tr>
</tbody>
</table>

Table 2

**Relational Descriptions of Appreciated Values in the Organization**

<table>
<thead>
<tr>
<th>Maintaining good working relationships</th>
<th>Remembering mission is humanity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not treating people like objects</td>
<td>Transforming people</td>
</tr>
<tr>
<td>Helping people connect</td>
<td>Viewing staff in the context of their lives</td>
</tr>
<tr>
<td>Supporting journeys</td>
<td>Keeping in mind peoples’ greatest needs</td>
</tr>
<tr>
<td>Realizing people are complex</td>
<td>Loving others as they are</td>
</tr>
<tr>
<td>Respecting others</td>
<td>Golden rule</td>
</tr>
<tr>
<td>Cherishing camaraderie</td>
<td>Letting employees put family first</td>
</tr>
<tr>
<td>Realizing everyone is a person regardless of class, gender or age</td>
<td></td>
</tr>
</tbody>
</table>

The majority of values were relational, centering around interactions with coworkers and patients. “[The mission] obviously requires a person to love, and actually care about the community in which they work in and the people that they serve in that community” (IT Worker, p. 2, lines 17-18). Participants placed a great emphasis on
respect and the golden rule\textsuperscript{8}, i.e., treating others as they wish to be treated. To have these shared values with the organization brought satisfaction to employees and seemed to enhance their affinity for the company. The alignment of values related to some participants' personal lives and identities. As one former hospital CEO and long-time corporate leader said, "I guess as CEO of a hospital, I viewed my role as almost an extension of my personal life... I think the mission of the organization is so consistent with my own personal culture of life, desire, motivation, that I'd have a hard time working in another organization" (Corporate Executive 2, p. 3, lines 5-6; p. 5, lines 24-27).

Many participants said they valued the sacred aspects of their job and saw their work as fulfilling a higher purpose or being a calling. They saw themselves as not just dressing wounds or filing papers or sitting in meetings, but rather connecting to a higher power and working for the greater good of their organization, community and world. For most, this calling related to their relationship with God or spiritual being outside of themselves. This was acknowledged by Scott (2007), who said,

Seeing work as a calling enables each person to consider one's singular contribution to one's neighbor and to the world. A calling, then, is an ongoing relationship with God that is rooted in passion and purpose, a sense of obligation to work for purposes other than one's own. (p. 268)

\textsuperscript{8} The "golden rule," while common vernacular, references a specific Christian text: Matt. 7:12 New International Version, "So in everything, do to others what you would have them do to you, for this sums up the Law and the Prophets."
One Adventist Health employee articulated the concept well: “It is sort of God’s work. It is a mission. But for me, it is what I want to do for God’s people...what God would want me to do for that person... It is my own personal mission” (Employee Health Nurse, p. 8, lines 11-15). Because they viewed work as a calling and can see many compatible values, participants seem to exhibit increased loyalty to and affinity for the organization. Because of the perception that work is a calling, participants described the need to work harder, to go beyond the scope of their normal duties and to be the best. While these notions appear to be intrinsic to the participants, they undoubtedly pay dividends to the organization.

Whether appreciating the comfortable family environment, viewing work as a calling or enacting personal spirituality, values were relayed as the glue that holds the organization together, the fiber that supports and extends the mission. Without aligned values, the organization stands to suffer and be disjointed in the application of its mission and other key initiatives.

*Where Conflicts Arise about Mission: Religion and Spirituality*

In spite of shared values and appreciation, the majority of participants cited conflicts surrounding religion and spirituality. By far the most controversial themes in the research related to these subjects. Here mission was discussed most candidly, most passionately and with the most question and concern. While many participants acknowledged the benefit of a guiding spirituality and religious conviction in the company, many had distinct and pointed questions about how those tenets affected the
mission, the organization and its members. Interestingly, many participants parsed out the mission from both religion and spirituality in their discussions, seeking to know how the concepts impinged on the mission itself. Again, this seems to speak to the mission taking on a life of its own within the organization and the employees themselves affording it that unique identity. As themes, religion and spirituality surfaced in the language of employees of all faiths and all roles in the organization, leadership or staff, Adventist or otherwise.

Though the organization’s stated mission is generally spiritual and not connected to one particular religion (except for three hospitals), the philosophies that guide the company are Christian generally and specifically Seventh-day Adventist. While most appreciated a spiritual environment and the ability to enact their personal spirituality in the workplace, many discussed concerns about the affiliated religion. Reflections related to religion varied but were generally less positive and more critical than spirituality.

For some participants who identified themselves as Adventist, working within the company was an outlet for them to express not only their spirituality but their religious convictions at work. One California nursing executive stated,

Being an Adventist in an Adventist facility helps me feel connected to what matters without preaching sermons and doing crusades and all that kind of stuff... What matters in this human journey are relationships that are positive, enough food to eat, enough shelter, enough resources to do what one needs to do to survive, the feeling of making a difference... largely it's the feeling that you belong and that there’s a reason for being here, that you feel valued and loved and cared for. (California Nursing Executive, p. 4, lines 6-8; 13-18)
For many Adventists at Adventist Health, the company offers a safe, familiar environment where they can be comfortable with organizational practices and policies that align with and extend their religious convictions. For example, several people stated that they appreciated working for an organization where they would never be forced to work on Sabbath. For religiously minded individuals, particularly Seventh-day Adventists, the hospital systems seems a perfect place to exercise their belief system in the context of their work. Where it becomes concerning is when that religious expression causes conflict for others.

Conflicts with Seventh-day Adventism. The results of my study provide direct implications for faith-based organizations that operate under the guidance of a particular church. In nearly every interview, participants noted tension, conflict or concern about Adventist Health’s sponsor organization, the Seventh-day Adventist Church, and how the church’s values were applied. Non-Adventist employees observed that most management personnel were members of the church and stated it seemed like there was an Adventist inside track. Particularly frustrating for employees were the instances where job openings were filled by new graduates from Adventist colleges. Even Adventist employees and leadership acknowledged the appearance of this phenomenon. “I’ve definitely struggled… I do see that in order to keep the Adventist faith within the organization … but on the flipside, it’s like penalizing someone for not being of your faith… I wish we were all about just sharing God’s love” (California Accounting Director, p. 8, lines 14-20). Despite some general concern around discussing religion in the workplace (one
respondent stated he felt uncomfortable and that religion is something to be kept private), nearly all of the conflict surrounded the Seventh-day Adventist religion specifically.

Application of church value structures in the hospitals was a great concern to many participants, both Adventist and not. With 28 fundamental beliefs (Seventh-day Adventist Church) guiding the religion, many applications that participants found concerning seem to come from belief number 22, surrounding Christian behavior. While it is unlikely that non-Adventist employees have even heard of the “28 fundamental beliefs,” the evidence in hospital practice is unmistakable. For example, the church does not condone substance use, including caffeine, so the offering of coffee in the hospitals is somewhat taboo. In fact, two hospital executives described having to rename their in-house coffee shop from “Coffee Corner” to something without coffee in the title because a church member complained the hospital was promoting caffeine use. Unclean meats are forbidden in the cafeteria—if meat is served at all. Jewelry is frowned upon. Sabbath (Friday at sundown to Saturday at sundown) is observed to varying degrees with support departments closing early on Fridays and all non-essential personnel off on Saturday. When taken in context and with proper explanation, these rules may not seem

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9 Caffeine retains an ambiguous place in the organization, especially at the corporate office. For example, serving coffee at corporate meetings is strictly forbidden (there is an actual policy about it), although people are allowed to bring their own coffee to functions. In the hospitals, though most now serve coffee and caffeinated beverages, the offerings only came about after significant complaints from patients and staff. Though caffeine use is not officially condoned, it is tolerated in the organization.

10 I was teased and called a heathen in jest by one participant for wearing earrings to the interview. He asked if I was Adventist and went on to explain the fundamental beliefs with a rhyme: “We don’t smoke. We don’t chew. We don’t drink coffee or go with girls that do” (California CEO, p. 3, lines 12-13).
extreme, but when applied liberally to organizations made up of primarily non-Adventists, conflict arises.

An Adventist nursing executive explains it well. While stating he had never felt any conflict about the mission itself, he found interpreting church values an “interesting conversation” (California Nursing Executive, p. 6, line 21). He cited having to once fire an employee for wearing a nose ring and he described it as “a very uncomfortable application of someone’s narrower view of the rules or value system” (p. 8, lines 12-14). Another mission leader said:

I’m saddened by some of the ways in which missions might be interpreted, and then attempted to live out. For example, making it about a particular tenet of faith and then imposing that on other people and not giving them the space and the freedom to explore that for themselves or to express their spirituality in their workplace. (Mission Leader 2, p. 8, lines 18-22)

Situations like these cause tensions in employees because of the contradiction between the stated mission and observed organizational practice. Nowhere in the mission does it discuss religion or wardrobe or lifestyle choices. And yet, these are issues employees perceive and must contend with by making sense of them.

Moral and ethical conflicts in regard to patient treatment also surfaced around religious and mission themes. A good example of this was the provision of abortions or emergency contraceptives. Consistent with many mainstream religions, the church and, by extension, the hospital system does not condone abortion outside of extraordinary circumstances such as rape or incest, birth defects or harm to the mother (Seventh-day Adventist Church, 2007). Several participants noted personal conflict in not being able to
offer patients this choice when requested. A former medical assistant described situations where patients requested emergency contraception or abortion services and were denied by doctors who happened to be Adventist or conservative Christians. She said, “Although I don’t agree with these decisions [e.g. having abortions], I still felt like this is a person in crisis, why are we giving them no options? ... That really frustrated me” (IT Application Analyst, p. 10, lines 23-24). The absence of alternatives seems to fly in the face of taking care of patients from a whole-person perspective. And yet it is a situation of uncertainty for the doctor trying to live out his/her belief systems at work and coming at odds with patients seeking particular treatments. Other controversial treatments mentioned by participants included hypnosis, assisted suicide and medical marijuana¹¹ prescription.

This type of conflict also manifested itself in regard to leadership and hiring processes. Many participants noted the prevalence of Adventists in leadership through the hospitals and corporate office. Many, particularly those not in leadership, remarked how frustrating it was to see Adventists promoted or brought into the organization, simply for being Adventist. One Adventist accounting manager said, “I think our pool of talent is very small because we’re only gleaning from SDAs [Seventh-day Adventists] for upper management... I think you can do an awesome job at sharing God’s love but you don’t attend the SDA church. I mean no one ever tells that to anybody’s face, but it’s obviously said clearly” (California Accounting Director, p. 9, lines 23-25; p. 10 lines 11-12). With

¹¹ As four Northern California Adventist Health hospitals reside in high production (and high use) areas for marijuana, the question of medical marijuana as prescribed treatment remains a salient issue. Also, in the same geographic areas as the hospitals, there are state-licensed medical marijuana clinics that also force increasing discussion about the topic.
85% of the employees not being Adventist, the prevalence of Adventist leadership demonstrates a privileging of certain value systems that conflict with the stated mission and values appreciated by employees. Further, it is not just the apparent privileging of the Adventist value system, culture and background, it is the lack of communication about it.

A non-Adventist but devout physician recruiter described the result of this favoritism perspective on mission and spirituality at her hospital:

Their [employees'] perception was if you weren't Adventist, you wouldn't get promoted, and that there is special treatments and special favors if you were, Adventist. And so, that perception, whether true or not, caused a lot of people to be resentful of God, not just of Adventism, not just of the executive team ... I think it was more broadly generalized from that and made people resent Christianity altogether. (Physician Recruiter, p. 8, lines 21-24)

Here not only the mission but the supporting religion seem to have an impact on organizational spirituality in the most negative of ways. The actions of leaders and the decisions they make (seemingly as a result of religion) have negative consequences to employees and by extension, patients and the community.

Perhaps even more concerning, one participant questioned the motivation and honesty of those purporting to be Adventist and supporting the mission. The person reported that many of the people in his institution faked supporting the mission and the church to get ahead. “The management is Adventist, except for a very few directors who aren’t, and people feel that if you want to advance, you have to get on board and drink the
Kool-Aid\textsuperscript{12}\textsuperscript{12} (Plant Operations Tech, p. 8, lines 13-15). This reference to brainwashing brings up an interesting question of authenticity in regard to organizational spirituality. At what point do employees choose to compromise their belief systems in order to get ahead? How do leaders who say they value the whole person and want to share God’s love justify holding people back and discriminating based upon religion? What about those people who are not observant Adventists? One participant described himself as a “badventist,” (IT Manager, p. 4, line 20) indicating that he was raised in the church but no longer attends services or follows all of the tenets of the religion. Another participant described an Adventist who presented his faith merely to make gains personally. Assuming there is a bias towards Adventists, what is worse, someone who has the right religion but does not follow it or someone who exemplifies the mission without the protection of the “correct” faith?

By observing the administrative team, it is clear that few non-Adventists are involved in the leadership of Adventist Health. If there are, they keep their faith or contrary beliefs completely under wraps. This could be what Deetz (1995) called “strategizing” the self: “Strategized subordination happens as members actively subordinate themselves to obtain money, security, meaning, or identity; things that should result form the work process itself and not need subordination to accomplish” (p. 124).

Employees and managers strategize themselves for gain and in the process, the

\begin{footnotesize}
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\item[12] "Kool-Aid" refers to the Peoples Temple tragedy led by Jim Jones in Guyana where cult members were supposedly brainwashed and then coerced into drinking poison-laced Kool-Aid or fruit drink (Robinson, 2007). Incidentally, prior to the tragedy, Jim Jones established a commune in the same community where this participant was located.
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organization manufactures consent from them. As an employee strategizes his/her “feelings, life style, home situations, the having of children, work effort, and the relation to management, the consent grows and the consequences of not consenting are perceived as greater” (Deetz, 1995, p. 125). At Adventist Health, this strategizing may also include incorporating the particular religious tradition needed to get ahead.

For Adventist Health and other faith-based organizations, the quandaries of privileging people based upon religious preference and instilling religious tenets in the organization must be addressed. To assume that organizational members (of any faith) are unaware of these sensitive issues or are not discussing them readily is a mistake with potentially grave consequences. Although Adventist Health still operates with what seems an increasingly high element of cohesiveness among staff, the potential for conflict based upon religion is extremely high. Though not discussed directly in my interviews, bitterness and frustration bubbled below the surface when participants relayed some of the religious conflicts they experienced. The emotion, conflict and surrounding dialogue are concepts that faith-based organizations must contend with to keep their missions and businesses running smoothly. They also seem like subjects worthy of study from a communicative standpoint. As such, based upon my research, there are several implications for organizational communication scholars.

Implications for Organizational Communication Research

Faith-based organizations offer organizational communication scholars rich arenas for research particularly because of the intersection of religion, faith, identity and
organization. In this instance, the study conducted at Adventist Health offers scholars several key takeaways that may inform other areas of inquiry. Specifically, the work offers an exemplar in mission communication, raises questions about communicating complex messages across organizational systems, and describes a strong instance of tension and paradox playing out in the workplace.

The Meaning of Mission Communication for Organizational Communication Research

Historically, mission statements have suffered from a lack of communication (Fairhurst et al., 1997; Kotter, 1995; Ledford, Wendenhof, & Strahley, 1995). Throughout my research, however, it is clear that mission is pervasive and communicated heavily throughout Adventist Health. Through the print, online, and face-to-face communications, it would seem that mission in Adventist Health moves beyond the mere mission statement and becomes what Feldner (2006) described as a living mission. The phrase—To share God’s love by providing physical, mental and spiritual healing—is not just a statement of business practices or an oblique obligation to the community. Rather, it is a pledge, an oath, an embodiment of mission in a much more holistic and spiritual sense.

For organizational scholars, this pervasive mission demonstrates that mission statements, these pieces of corporate rhetoric that we have been studying for years, really do have meaning. They have meaning when communicated clearly and consistently, and when backed up with integrity and values. My research confirms Brown and Yoshioka’s (2003) findings that awareness, agreement and alignment impact employee conception of
mission. In the case of Adventist Health, the excellent communication of mission, vision and values has made a positive impact upon employee conception of mission. From this communication, employees embrace, enact and embody the mission, changing it from a mere organizational artifact into a living entity.

From this research, organizational scholars get a clearer picture of how mission statements are used in faith-based organizations to help construct identity and meaning for businesses and stakeholders. One question for scholars: how is mission communicated across a complex system of organizations?

*Communicating Complex Messages Across Many Sites*

A challenge for Adventist Health as a corporation is keeping its mission message consistent from facility to facility. An employee’s experience—and thus sensemaking of the mission—could be radically different depending upon which facility employed that person and even in what area of the facility he or she spent the most time. Consistent with Berger and Luckmann’s (1966) pivotal work on the social construction of reality, the meaning of the mission is constructed through interactions, its significance depending largely on the people communicating, promoting and living it. So, how does Adventist Health manage its complicated mission messages and what does that matter to organizational scholars?

As an organization with 18 acute care facilities, the largest system of rural health clinics on the West Coast and hundreds of free standing medical clinics, it would be near-impossible to strictly manage the meaning of mission in every facet of the organization.
from a logistical standpoint. As a result, Adventist Health must entrust the mission to its members, and its official communication to its leaders, chaplains and communication professionals. Despite some mission education at higher levels (administration/key directors and managers), most lower-level leaders are left on their own to interpret the mission and communicate it to employees. They are supported in large part by marketing and communication staff members who disseminate information via newsletters, events, intranets and web sites. And while the efficacy of these communication tools has been questioned (e.g., do employees actually read the newsletter?), it is clear that the mission message is getting out. From my research and interviews covering six hospitals and the corporate office, the message of mission permeates the organization at every level from housekeeper and grounds person, to nurses, doctors and CEOs.

While not probed directly in my research, this type of messaging across a network of entities raises interesting questions for organizational scholars. Which mechanisms are most effective for communicating complicated messages like mission and spirituality? How much does the acceptance of intricate messages such as mission, vary within complex organizations, and why? What can be inferred about the highest ranks of leadership by the way complicated messages are communicated? How do these messages contribute to tension and conflict in the organization?

*Mission Communication Informing Research on Tension and Paradox*

Tension is expected in any organization, but for companies like Adventist Health, with a distinct spiritual mission and environment, the possibility for employees and
organizational members to deal with tension is basically guaranteed. One reason is the paradoxical relationship of a perfect, spiritual mission enabled by an inherently flawed, human administration. Within that continuum lies many opportunities for employees to become confused and conflicted about their job, their supervisor and their company as a result of the spiritual mission. Fairhurst (1993) and Feldner (2006) note that organizational members are aware of the discontinuities between stated mission and organizational practice. My research clearly confirms this. Feldner (2006) wrote,

The difficulty that emerges in the context of a religious mission is that the organization’s stakeholders see the religious mission as providing a standard behavior for the institution that is morally based. It is one thing for a public institution to...pursue a business mentality; it is an entirely different issue for a religious institution to act in ways not keeping with God's call. (p. 79)

This tension between “spiritual values and secular practice” (Kirby et al., 2006, p. 102) was described as a concern by employees at Adventist Health, but one that was accepted to some degree because it did not detract from mission enactment. From an organizational communication perspective, it would be interesting to investigate how much tension/paradox or conflicting messages employees were willing to accept before opting out of a mission or faith-based organization. What communicative factors might influence that decision?

Though the mission is well communicated and enacted at Adventist Health, there remain other tensions in negotiating a spiritual mission that are of interest to organizational scholars. One in particular is self-exploitation through extreme dedication. Employees at Adventist Health run the risk of exploiting themselves in the name of the
mission. Common for not-for-profit organizations, resources run scarce at times and employees may find themselves juggling many responsibilities (While devoted to the mission, participants in several facilities described “wearing many hats” in their company and never having enough time or resources to complete expected duties). In the name of the mission, these responsibilities may be accepted without question or protest. Though they may complain, employees situate their concerns in relation to the mission, and thus the complaints become subordinate. Feldner’s (2006) research speaks to tension between organizations and their employees when it comes to encouraging mission support.

In focusing on a message of mission that is powerful, compelling, and spiritual, communication about mission inadvertently creates a tension… The challenge then lies in communicating a religious mission that finds the balance between empowering employees to embrace the spiritual mission of the organization without setting expectations so high that they overwhelm (or overwork) employees. (p. 77)

Consistent with Goodier and Eisenbergs’s (2006) findings, many employees at Adventist Health run the risk of being overwhelmed by work, especially when it is presented as a direct influence on mission.

Regardless of these tensions, many employees do strongly identify with the mission of Adventist Health and say they appreciate the value structure and spiritual opportunities presented to employees. Looked at this way, the mission and values of the organization serve as an inoculation against negative elements that might otherwise drive employee turnover. Again, it might be interesting to organizational scholars to evaluate the relationship between messages of conflict and tension, and organizational loyalty.
Summary

As a way of addressing the “so what” question that dogs any piece of research, I used this chapter to clearly address why mission matters for organizations and organizational communication scholars. First, I discussed implications for Adventist Health and other faith-based organizations, concentrating on why employees choose to enact the mission and what conflicts are inherent in that choice. Second, I discussed implications for organizational communication research. I focused on why mission communication matters, how organizations manage complex messages across systems and how my research helps contribute to our understanding of tension and paradox in organizations. In the final chapter, I present conclusions from this research including strengths and limitations, and directions for future study.
Chapter 7

CONCLUSION

I think there are more organizations that, with the right leadership... could create the space for it [mission]. More employees, more organizations would want to go there and want to experience this. But it takes some courage to step out and to do something because it's the right thing to do and not be attached to the outcome... to be true to ourselves. Life is very short, and it needs to be lived real. (Mission Leader 2, p. 12, lines 5 to 10)

Introduction

Mission, God, caring, calling, work, spirituality, religion, tension, conflict. In this study, these elements come together to focus attention on an important issue facing organizations today: the intersection of faith and spirituality at work. By examining the communication and sensemaking of spiritual mission in a faith-based organization, my investigation sheds new light on this issue and helps to inform the research agenda for organizational communication scholars, particularly regarding mission, enactment and spirituality. In this chapter, I will review my findings and offer resulting implications. As Phillips and Pugh (1994) outline, this chapter also “underlines the significance” of my analysis, “points out the limitations” and “suggest what new work is appropriate” (p. 59). Additionally, I provide concluding remarks.

Summary and Implications

Embedded in the unique faith culture of a Seventh-day Adventist business, this study aims to contribute to the growing body of knowledge about spirituality in organizations, specifically surrounding spiritual mission in faith-based institutions. Through textual analysis, participant observation and in-depth interviews, guided by the
tenets of grounded theory (Charmaz, 2006), I discovered how faith-based organizations conceptualize and communicate spiritual mission. In turn, I determined how organizational members make sense of that mission in the context of their work.

After working in and observing Adventist Health, I determined that spiritual mission is conceptualized from the highest level of the organization and officially administered by an interdisciplinary committee responsible to oversee all things mission. As a result of this committee’s work, and coupled with the guidance of the corporate Mission and Planning department, mission is communicated in three distinct ways: in print, online/electronically and face-to-face communications. All of these elements, whether in poster form, on a Web site, or spoken at an employee event, communicate and reinforce the stated value structure of the company. The culmination of these communication efforts is a workforce that recognizes and reacts to the mission, and exhibits specific sensemaking (Weick, 1995) behaviors.

Faced with a spiritual mission in the workplace, one potentially fraught with tension, paradox and conflict, employees at Adventist Health make sense of mission by choosing to enact it or ignore it. As Weick’s (1995) conception of sensemaking seeks to discover how employees understand, interpret and react to their environment, my research followed these principles and found that most organizational members make sense of mission by enacting it in three contexts: through job duties and tasks; through organizational or leadership functions; and through personal characteristics. My research
also indicated that some employees choose to ignore mission or opt out of it as a method of sensemaking.

Whether or not organizational members choose to enact spiritual mission, my study provides several implications for organizational scholars and faith-based organizations alike. First, the research addresses just why organizational members choose to enact mission (value alignment) and what potential conflict surrounds organizational mission (religion). These discoveries offer insight for faith-based organizations contending with a spiritual mission. Second, the research identifies three implications for organizational communication scholars: why mission communication matters; how faith-based organizations communicate complicated messages across complex systems; and how these results confirm established research about organizational tension and paradox. Combined, these implications show that spiritual mission is an important facet of organizational life, one that can highlight and inform other areas of organizational communication scholarship.

In conducting this enquiry, my work confirmed the stated central characteristics of organizational spirituality identified concisely by Sass (2000):

- (1) Alignment between the mission stated by ownership/management and the values of the staff members,
- (2) a context that fosters the experience and expression of personal spirituality,
- (3) organizational practices that are based on relationships rather than on rational-legal bureaucracy. (p. 205)

Additionally, my analysis sought to build upon results of previous investigation, shedding light on an understudied aspect of organizational culture as well as a unique culture within Christianity. Through the research, I hope readers can gain a new perspective as to
how organizations construct mission, and how members make sense of paradox and
tension within faith-based organizations.

Strengths and Limitations

As with any study, this research project was not without limitations. The clearest
limitation is the size of my sample. At 24 people, even covering various levels and roles
in the organization, the sample is not representative of the entire organization. Also, the
manner in which participants were chosen was not random and is thus open to certain
bias on my part. Although the organization is comprised of 85% non-Adventists, at least
half of my interviewees identified themselves with the church and more than half were in
leadership positions. A wider range of participants might have brought new perspective
on the mission and sensemaking activities around it. Additionally, I only spoke with one
person who chose not to enact the mission. Finding more people in this category would
have undoubtedly informed my analysis more.

Another limitation related to sample size includes the areas that I chose to visit.
Sites of study were chosen based upon proximity and ease of travel. For example, I took
the most direct flights to Southern California and the Pacific Northwest, choosing
hospitals that could be easily reached. Results may differ in organizations that are more
remote and isolated from other facilities and the corporate office.

Despite these limitations, my project exhibited many strengths, not the least of
which was the access given to me by Adventist Health. As a trusted employee, I was
allowed to use my discretion in contacting employees, making observations and moving
around the hospitals freely. This access was paramount for reaching participants and making conclusions from my data. The ability to spend time in real organizations with the majority of interviews being face-to-face was also a strength of the research. I could have conducted all interviews by phone but being in the facilities, walking the floors and observing employees during the interviews provided valuable insight for me as a researcher.

Suggestions for Future Research

At the end of this study, many questions are still unanswered and deserve further investigation. How do people of faith and people without faith interact in a faith-based workplace? For example, do conflicts arise between Adventists and non-Adventists surrounding working on Sabbath? Should corporate leadership consider relaxing the (unspoken) rules about Adventists in higher leadership positions? If not, should clearer communication be made? What does mission look like in ancillary, off-site departments such as Rural Health, which is physically apart from the main hospital? Do caregivers accept the mission more readily than non-caregivers? How do patients and visitors approach mission? Do they demonstrate sensemaking behaviors as well? If strong mission is an important factor in organizational culture, does it manifest outside of faith-based organizations? How do faith and mission commingle in secular organizations?

As most people maintain some kind of spiritual belief system (Baylor University, 2005) while at the same time spending the majority of their lives in organizations, the investigation of these two areas is critical. In answering the above
questions, and others, our understanding of faith-based organizations and spirituality in the workplace can be enhanced. By investigating these areas further and exploring the identity, culture and power elements that permeate organizations and exhibitions of spirituality, organizational scholars have the opportunity to contribute not only to extant scholarship, but to provide faith-based organizations and organizational members insights into their interactions. By offering these insights, we can elevate our scholarship from insulated observation to useful practice, and thus, positively impact the organizations we study.

Concluding Remarks

Looking back over this journey, it is clear to me that mission is an important concept to organizations and organizational scholars. Practically, mission statements provide focus for business goals. Figuratively, they can transform into personal expressions of purpose, meaning and spirituality. To explore mission in the context of a living, breathing organization was a privilege. As an employee of the company, one also affected by the spiritual mission, this project was an opportunity to make sense of it for myself in a larger context. I hope that the results can help to improve our understanding of faith in the workplace and provide valuable insights for faith-based organizations.
**APPENDIX A**

Categorical Identification of Participants/Demographic Information

Table A1

*Participant Demographics*

<table>
<thead>
<tr>
<th>Role</th>
<th>Moniker</th>
<th>Location</th>
<th>Religion</th>
<th>Leader/Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Assistant</td>
<td>Northwest Administrative Assistant</td>
<td>Pacific Northwest</td>
<td>Seventh-day Adventist</td>
<td>Staff</td>
</tr>
<tr>
<td>Charge Nurse</td>
<td>Charge Nurse</td>
<td>N. California</td>
<td>Not religious, but spiritual</td>
<td>Staff, (lower management)</td>
</tr>
<tr>
<td>Clinical Application Analyst</td>
<td>Clinical Application Analyst</td>
<td>Pacific Northwest</td>
<td>Presbyterian</td>
<td>Staff</td>
</tr>
<tr>
<td>Controller, Director of Finance</td>
<td>California Accounting Director</td>
<td>S. California</td>
<td>Seventh-Day Adventist</td>
<td>Leader, Hospital Director Level</td>
</tr>
<tr>
<td>Corporate Executive</td>
<td>Corporate Executive 1</td>
<td>N. California</td>
<td>Seventh-Day Adventist</td>
<td>Leader, Administration</td>
</tr>
<tr>
<td>Corporate Executive</td>
<td>Corporate Executive 2</td>
<td>N. California</td>
<td>Seventh-Day Adventist</td>
<td>Leader, Administration</td>
</tr>
<tr>
<td>Corporate IT Manager</td>
<td>Corporate IT Manager</td>
<td>N. California</td>
<td>Seventh-Day Adventist</td>
<td>Leader, middle management</td>
</tr>
<tr>
<td>Director of Infection Prevention</td>
<td>Infection Control Nurse</td>
<td>N. California</td>
<td>No religion</td>
<td>Leader, Hospital Director Level</td>
</tr>
<tr>
<td>Director of Rehabilitation Services</td>
<td>Rehab Services Director</td>
<td>Pacific Northwest</td>
<td>Presbyterian</td>
<td>Leader, Hospital Director Level</td>
</tr>
<tr>
<td>Employee Health Nurse</td>
<td>Employee Health Nurse</td>
<td>N. California</td>
<td>Christian, Protestant</td>
<td>Staff</td>
</tr>
<tr>
<td>Executive Assistant</td>
<td>California Administrative Assistant</td>
<td>N. California</td>
<td>Non-practicing Catholic</td>
<td>Staff</td>
</tr>
<tr>
<td>Executive Assistant</td>
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<td>Pacific Northwest</td>
<td>Seventh-Day Adventist</td>
<td>Staff</td>
</tr>
<tr>
<td>Hospital CEO</td>
<td>California CEO</td>
<td>N. California</td>
<td>Seventh-Day Adventist</td>
<td>Leader, Administration</td>
</tr>
<tr>
<td>Housekeeping Supervisor</td>
<td>Housekeeping Supervisor</td>
<td>Pacific Northwest</td>
<td>Seventh-Day Adventist</td>
<td>Staff (lower management)</td>
</tr>
<tr>
<td>IT Worker</td>
<td>IT Worker</td>
<td>S. California</td>
<td>Christian</td>
<td>Staff</td>
</tr>
<tr>
<td>Marketing Director</td>
<td>Marketing Director</td>
<td>S. California</td>
<td>Non-denominational Christian</td>
<td>Leader, hospital director</td>
</tr>
<tr>
<td>Role</td>
<td>Moniker</td>
<td>Location</td>
<td>Religion</td>
<td>Leader/Staff</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Medical Assistant</td>
<td>Medical Assistant</td>
<td>Pacific NW</td>
<td>Buddhist</td>
<td>Staff</td>
</tr>
<tr>
<td>Mission &amp; Service</td>
<td>Mission Leader 2</td>
<td>S. California</td>
<td>Seventh-Day Adventist</td>
<td>Leader, Administration</td>
</tr>
<tr>
<td>Mission &amp; Planning</td>
<td>Mission Leader 1</td>
<td>N. California</td>
<td>Seventh-Day Adventist</td>
<td>Leader, Administration</td>
</tr>
<tr>
<td>Nursing Executive</td>
<td>Nursing Executive</td>
<td>N. California</td>
<td>Seventh-Day Adventist</td>
<td>Leader, Administration</td>
</tr>
<tr>
<td>Physician</td>
<td>California Doctor</td>
<td>N. California</td>
<td>Seventh-Day Adventist</td>
<td>Not on hospital staff</td>
</tr>
<tr>
<td>Physician</td>
<td>Northwest Physician</td>
<td>Pacific NW</td>
<td>Seventh-Day Adventist</td>
<td>Not on hospital staff</td>
</tr>
<tr>
<td>Recruiter</td>
<td>Physician Recruiter</td>
<td>N. California</td>
<td>Christian</td>
<td>Leader, Hospital Director Level</td>
</tr>
<tr>
<td>Plant Operations Tech</td>
<td>Plant Operations Tech</td>
<td>N. California</td>
<td>No religion.</td>
<td>Staff</td>
</tr>
</tbody>
</table>
APPENDIX B

Statement of Informed Consent

This study is concerned with spiritual mission in faith-based health care. This research is being conducted by Shawna Malvini, graduate student in the master's degree program at Sacramento State University. Ms. Malvini's phone number is 916-774-3339 or email: smalvinigcsus.edu.

You have been asked to participate in an interview about your experiences making sense of and enacting mission in your workplace. This should take approximately 30 minutes. All of your responses will remain completely confidential. This interview may be recorded digitally. Your name, and any other names mentioned, will be replaced by aliases in notes taken or in the transcript recorded from the interview. The original recordings of the interviews will be stored in a locked file cabinet in the researcher's office.

Your participation is completely voluntary. If you wish to stop participating at any time, or if you'd rather not answer a question for any reason, there will be no penalty to you.

There are no foreseeable risks in your participating in this study. If you are uncomfortable at any time, you may stop and are under no obligation to continue. The researcher can refer you to support systems that may be able to help you work through the feelings you experienced during the interview.

Findings from this study may also be used for professional publication and presentation. The names of participants in this study will be changed in all materials published or presented publicly. If you have any concerns or complaints about how you have been treated during this research project, please contact John Schaeuble, Psychology Department, chair of Human Subjects committee for Sac State (Fall, 2008), at (916) 278-7565.

I have read and understand the above description of Shawna Malvini's research. I have asked for and received a satisfactory explanation of any language that I did not fully understand. I agree to participate in this study, and I understand that I may withdraw at any time. I have received a copy of this consent form.

I understand that there are two exceptions to the promise of confidentiality. If information is revealed concerning suicide, homicide, or child abuse and neglect, it is required by law that this be reported to the proper authorities. In addition, should any information contained in this study be the subject of a court order or lawful subpoena, Sacramento State University might not be able to avoid compliance with the order or subpoena.

Please check one box below:
☐ I agree to participate in an interview. ☐ I do not agree to participate in an interview.

________________________________________________________________________
Participant's Signature Printed Name Date

Please check one box below:
☐ I agree to be audiotaped. ☐ I do not agree to be audiotaped.

________________________________________________________________________
Participant's Signature Date Researcher's Signature Date
APPENDIX C

Interview Guide

*Demographic questions:*

Name:
Age:
Job title:
Years with the company:
Job duties:
Religious affiliation:

*Generative Questions:*

- How would you describe your religious convictions?
- How do you define spirituality?
- Describe the mission of your organization.
- How does the mission of your organization relate to your own personal spirituality or religious convictions?
- What types of messages do you receive about the mission?
- What does that mission mean to you?
- What impact does the mission have on your job duties?
- How do you involve the mission in your everyday work experience?
- How do you think mission is used in regard to decision-making in your company?
Follow-up Questions

- Have you ever felt any conflict about the mission? If so, when and why?
- Does the mission affect your regard for or loyalty to the organization?
- When has the mission been a positive influence on your work?
- When has the mission been a negative influence on your work?
- Have you ever worked for a secular organization?

Balancing Questions:

- You mentioned ____________________, what did you mean by that?
- Tell me more about ________________________.
APPENDIX D

Mission Statements in Adventist Health Hospitals

Adventist Health
To share God's love by providing physical, mental and spiritual healing.

Adventist Medical Center—Portland, Oregon
*The mission of Adventist Medical Center and those who serve here is to demonstrate the human expression of the healing ministry of Jesus Christ.*

Castle Medical Center—Kailua, HI
_Caring for our community... Sharing God’s love_

Central Valley General Hospital—Hanford, CA
*In the spirit of Christian love, we provide physical, mental and spiritual healing to all we serve.*

Feather River Hospital—Paradise, CA
*To share God's love by providing physical, mental and spiritual healing.*

Glendale Adventist Medical Center—Glendale, CA
*To share God's love with our community by promoting healing and wellness for the whole person.*

Hanford Community Medical Center—Hanford, CA
*In the spirit of Christian love, we provide physical, mental and spiritual healing to all we serve.*

Howard Memorial Hospital—Willits, CA
*As a member of Adventist Health, Howard Memorial Hospital is a family of caring professionals committed to providing the highest quality of service.*

*In partnership with physicians and community leaders, our purpose is to improve our patients' physical, mental and spiritual well-being, and to enhance the health of our community.*

San Joaquin Community Hospital—Bakersfield, CA
*To share God's love with our community by providing physical, mental and spiritual healing.*
Selma Community Hospital—Selma, CA
*In the spirit of Christian love, we provide physical, mental and spiritual healing to all we serve.*

Simi Valley Hospital—Simi Valley, CA
*To demonstrate God's love by providing exceptional service and quality care to meet the physical, mental and spiritual needs of our community.*

Sonora Regional Medical Center—Sonora, CA
*Following the example of Jesus, we alleviate human suffering by providing physical, mental and spiritual healing.*

South Coast Medical Center—Laguna Beach, CA
*South Coast Medical Center is a team of dedicated professionals providing outstanding healthcare as an expression of God's love.*

St. Helena Hospital—St. Helena, CA
*Our mission is to share God's love by providing physical, mental and spiritual healing.*

St. Helena Hospital Clearlake—Clearlake, CA
*Our mission is to share God's love by providing physical, mental and spiritual healing.*

Tillamook County General Hospital—Tillamook, OR
*Our mission is to share God's love by providing physical, mental and spiritual healing.*

Ukiah Valley Medical Center—Ukiah, CA
*We reflect God's love to our community by providing physical, mental and spiritual healing.*

Walla Walla General Hospital—Walla Walla, WA
*Restoring Peace... Restoring Hope... Restoring Health... To do this as Christ did, this is our Mission.*

White Memorial Medical Center, Los Angeles, CA.
*As a Seventh-day Adventist medical center, we are a family of caring professionals serving our community with a passion for excellence, a spirit of Christian service, and a commitment to medical education.*
APPENDIX E

Four Major Themes of the Research

Theme 1: Enactment
Enactment as a part of job duties
- Making sure buildings are sound
- Keeping toilets un-plugged
- Writing articles
- Sitting with patients
- Monitoring quality
- Designing software programs
- Following through on requests
- Understanding legal requirements
- Preventing infection
- Creating employee-friendly means of cost control

Enactment as a part of leadership and organizational function
- Offering employee assistance programs
- Avoiding lay-offs
- Incorporating mission into orientation
- Taking on Medi-Cal business
- Offering charity care
- Prioritizing staff education
- Providing mission training and resources
- Serving healthful food in the cafeteria
- Providing chaplaincy services
- Explaining management decisions
- Operating certain patient services at a loss

Enacting mission through personal characteristics
- Smiling
- Volunteering
- Accepting feedback
- Not taking out emotions on others
- Being positive
- Applying compassion
- Mentoring others
- Providing better communication
- Solving problems
- Being accessible
- Negotiating conflict
- Acknowledging stress

Theme 2: Value Alignment
Core values defined by employees
- Collaboration
- Love
- Dialogue
- Freedom
- Independence
- Respect
- Trust
- Communication
- Integrity

Values related to people/relationships
- Maintaining good working relationships
- Not treating people like objects
- Helping people connect
- Viewing staff in the context of their lives
- Keeping in mind peoples' greatest needs
- Improving/Changing interactions,
- Cherishing camaraderie
- People are most important
- Transforming people
- Putting humanity first
- Supporting journeys
- Realizing people are complex
- Loving others as they are
- Letting employees put family first
- Working together
### Theme 3: Religion and Spirituality

#### Statements related to spirituality
- Mission is God’s work/doing God’s will
- Lord’s hospital
- Following God’s plan
- God led me here
- Kingdom of God is within you
- Putting problems in God’s hands
- Being God’s hands, eyes, mouth
- Being vulnerable and open to the Lord

#### Statements related to Christianity
- Representing Christ
- Committed Christians
- Christian perspective to health care
- Organization strives to be like Jesus

#### Statements related to prayer
- Prayer warrior
- Silent prayer
- Tough situations faced with prayer
- Starting meetings with prayer
- Including patients on prayer list
- Praying for guidance and wisdom
- Avoiding habitual or forced prayer

#### Positive/neutral statement about religion
- Decisions relating to church values
- Honoring other religions
- No fear to talk about religion

#### Negative connotations to religion
- Church members taking offense at hospital
- Hospital is not a church
- Unethical to proselytize
- People resenting Christianity
- Mission separate from religion
- People resenting God thanks to religion
- Religion to be kept private
- Focusing only on Judeo-Christian
- People confusing religion and mission

#### Concerns with Adventism
- Need less Adventism, more healing
- Us versus them
- Empathy for non-SDAs
- Not using non-SDA assets
- Adventist inside track
- Non-Adventists have to “get on board”
- Fundamentalists/right wingers in Adventism
- Denominationalism

#### Hospital operations and religious influence
- Hospital is a mission field
- Relying on God
- Asking for God’s guidance
- God dwelling in hearts
- Patients feeling God’s presence
- Trusting God
- Collaborating with God
- Being God’s love

- Humanizing Christ
- Sharing Christ
- Being what Jesus wants us to be
- Exemplifying Christ on earth

- Secretly praying for others/departments
- Stopping and praying
- Spontaneous prayer during conflict
- Ritual prayer
- Leadership encouraging prayer/sharing
- Physician prayer with patients
- Uncomfortable with public prayer

- Following church value structure
- Religion gives moral fiber
- Not forcing religion on others

- SDA sponsor drives certain rules
- Imposing certain tenets of faith is concerning
- Uncomfortable with religion
- Having to respect Sabbath
- Frustration at religion
- Can’t move up without religion
- Religion up front is weird
- Religion stopping mission
- Choosing God versus the dollar

- Feeling like religion/rules trumped healing
- Adventist hospital versus a community hospital
- Unspoken rules
- No Adventism/no promotion
- Legalism
- Faking
- Narrow application of “rules”
- People working out of fear and not love
### Theme 4: Leadership and Decision-Making

**Statements about management/leadership**
- Management affects view of mission
- Mission is a reflection of management
- A benefit of mission is access to leadership
- CEO to keep people and mission alive
- Performance reviews based upon mission
- Mission embedded in leadership language
- Leading by serving

**Conflicts surrounding leadership:**
- Management is mostly Adventist
- Challenge to hire loving people
- Some forced into leadership

**How mission relates to decision making**
- Changes some decisions
- Undergirds all actions
- Is assumed
- Permeates decisions

**Enactments of mission related to decision-making**
- Leadership using pillars to make decisions
- Wishing mission was overt
- Considering people rather than just dollars
- Recognizing mission opportunities
- Reaching decisions through prayer

<table>
<thead>
<tr>
<th>Leadership cares about mission</th>
<th>New leadership brings changes in mission</th>
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<tbody>
<tr>
<td>Mission comes from the top</td>
<td>Correct leadership is crucial</td>
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<tr>
<td>Better management equals better mission</td>
<td>Careful to keep mission present</td>
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<tr>
<td>Leadership is bonded by mission of healing</td>
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<tr>
<td>Higher-ups work through authority</td>
<td>Feel unsuccessful due to leadership decisions</td>
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<tr>
<td>Mission more evident in leadership</td>
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<tr>
<td>Is used every day in decision making</td>
<td>Is extended through decision-making</td>
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<tr>
<td>Is embedded in discussion</td>
<td>Serves as a barometer for decisions</td>
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<tr>
<td>Hiring decisions based upon mission</td>
<td>Dualism of materiality/spirituality</td>
</tr>
<tr>
<td>Understanding no mission, no margin</td>
<td>Decision to give charity care</td>
</tr>
<tr>
<td>Going outside personal belief structure</td>
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</tbody>
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REFERENCES


