Using Organizational Mission, Vision, and Values to Guide Professional Practice Model Development and Measurement of Nurse Performance

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An organization’s mission, vision, and values statements are the guiding forces behind the institution’s administrative strategic planning and performance assessment activities. Linking nursing professional practice model components and performance evaluation criteria with each of these foundational documents assures that their values, beliefs, and intentions are evident in daily work life.

Clearly defined mission, vision, and values statements create an organizational culture that motivates employees to achieve a higher purpose. Unfortunately, when that purpose is unclear or the organization’s defining statements are not directly linked to strategic planning, performance improvement, and organizational assessment activities, employees express frustration over the discrepancies between the implied versus the actual demands of staff. This article contains a description of how one hospital’s mission, vision, and values statements were used to guide the development and implementation of a professional practice model and evaluation process that reflected the values expressed in foundational documents.

Mission, Vision, and Values

Mission statements have been described as the starting points of an organization’s strategic planning and goal-setting process. They focus attention and assure that internal and external stakeholders understand what the organization is attempting to accomplish. According to Bart, the strongest organizational impact occurs when mission statements contain 7 essential dimensions.

- Key values and beliefs
- Distinctive competence
- Desired competitive position
- Competitive strategy
- Compelling goal/vision
- Specific customers served and products or services offered
- Concern for satisfying multiple stakeholders

Rarely are all of these components evident in mission statements, however, with most institutions working to keep the statements short, concise, and memorable.

Mission statements describe the organization’s unique and enduring practices, clarify why the organization exists, and highlight what it wants to achieve. They also drive the allocation of scarce resources, facilitate organizational survival, and influence organizational outcome when closely aligned with organizational practice. Ideally, they reflect the organization’s values and provide a framework for the organization’s vision, which is future oriented.

Vision statements reflect the ideal image of the organization in the future. They create a focal point...
for strategic planning and are time bound, with most vision statements projected for a period of 5 to 10 years. Vision statements are much more concise than mission statements and serve to stretch organizational performance to achieve the direction desired. Research concerning the impact of vision statements is limited, although one study suggests that managers who perceive they are involved in the formulation of vision statements are more committed and satisfied with their jobs. An important finding of this study was the significance of vision statement clarity, appropriateness, and inclusiveness on managers’ perceptions. Their levels of job satisfaction and commitment were directly related to how salient they believed the vision statements to be. Simple involvement in the creation of the statements was not sufficient to achieve organizational commitment.

Values statements define the organization’s basic philosophy, principles, and ideals. They also set the ethical tone for the institution. An organization’s values are evident in the statements that define the organization and the processes used to achieve its mission and vision. Some organizations develop values statements separately from mission and vision; others incorporate statements or words that reflect their values into their mission and vision documents.

At Strong Memorial Hospital (SMH), in Rochester, New York, the organization’s values statement includes the terms respect (for patients and each other), honesty, fairness, appreciation for individual differences, commitment to excellence, and service to others (patients, students, and community). Its mission statement reflects the organization’s focus on improving health through caring, discovery, teaching, and learning. These documents are supported by the hospital’s vision statement that describes actions related to creating, providing, teaching, discovering, promoting, valuing, and making. The presence of the action-oriented words in the vision statement reinforces the planned movement and improvement processes associated with visioning. Contained in Figure 1 are the mission, vision, and values statements for nursing practice at SMH. Also included are nursing’s philosophy and belief statements, which are derived from the hospital’s vision, mission, and values statements.

**Application to Professional Practice Model**

Few descriptions of professional practice models define the underpinning mission, vision, and values linkages that frame the components of the models. Most identify external theories that support the elements of the models and the rationales for selecting model components. How these support the internal belief systems, defining characteristics, and purposes of the institution are less clear. Although the selection of a well-defined and tested theory is highly desirable, a comparison of the theory’s tenets to the organization’s is equally important for maximizing potential fit and favorable outcome.

The development of theory-derived, institutionally compatible professional practice models is best served by adapting what Kim and Donaldson have described as the pragmatic mode of theory application. Their approach to pragmatic theory focuses on decision making for patient-related action. The method, however, is equally relevant to any practical situation in which the concern or need motivates the selection of an existing theory or knowledge base to solve the problem.

According to Donaldson, the pragmatic mode focuses on the relevance of the theory, its relationships to society, its philosophic underpinnings, the major processes used for selection of theories applied, the meaning of the theory to the decision maker, and the impact of the theory on knowledge development. We would add a further dimension to this pragmatic approach—the potential fit between the theory and the specifics of the organization and the environment. This addition supports the clinically focused intent of the original pragmatic approach by addressing the resolution of the problem as defined by the patient or, in this case, the organizational setting.

Because of the pragmatic approach’s focus on responsiveness to a specific condition, nurse pragmatists use information from many disciplines. In the development of professional practice models, for example, organizational, leadership, motivation, learning, and human behavior theories all might apply or provide useful descriptions of relationships among variables likely to contribute to ideal work environments and desired care delivery and organizational outcomes. In addition, 1 or more dimensions from a number of theories may fit together better to explain the complex processes, relationships, and human responses inherent in healthcare organizations. Exploring the ways in which these components link to, and support, an organization’s vision, mission, and values increases the likelihood that a single theory will be unable to explain the relationships between the multiple dimensions of the organization’s foundation and the outcomes it achieves.

**Professional Practice Model Components**

When designing a professional practice model that supports the vision, mission, values, and philosophy statements of an institution, attention must be
Mission
We improve health through caring, discovery, teaching, and learning.

Shared values
- We treat our patients, their families, and each other with personal and professional respect.
- We deal with our patients, families, and each other openly, honestly, and fairly.
- We are committed to excellence in service to our patients/families, students, and the community.

Vision
We are creating a hospital that
- will provide all patients, their families, and friends with excellent, compassionate care and responsive service;
- will be the provider of choice because patients, doctors, employees, and payers recognize the value of the care and services provided;
- will be the provider of choice because our staff and volunteers are empowered to use their intellectual and creative skills to achieve their goals and our mission;
- will discover new knowledge by pioneering innovative ways to provide care;
- will promote continuous, mutual respect, support, and responsiveness to others;
- will make optimal use of resources; and
- will be valued by suppliers because of our high standards.

Philosophy of nursing
Nursing at Strong Memorial Hospital (SMH) believes that supportive, facilitative, and safe work environments promote individual and organizational success and that the quality of the places where nurses work is intimately tied to the quality of the care provided. To achieve ideal work settings, nurses at all levels must be committed to a life-long process of active learning, knowledge utilization, and identifying the best approaches to delivery of care and successful interaction with others. Nursing also believes that the best work environments support individual learning, career growth, collaborative decision making, respect for diverse ideas and backgrounds, and are free of harassment and discrimination.

Nursing at SMH further believes that a variety of options are available and appropriate for continuous learning, career growth, and individual advancement.

Among the opportunities available are
- participation in formal, degree granting programs;
- participation in continuing education offerings;
- certification by recognized bodies;
- self-study; and
- clinical practice.

Nursing also recognizes the importance of an organizational structure and processes that support individual efforts and that recognizes and rewards excellence through a variety of processes and approaches.

Ideal structures and processes include
- performance evaluation processes that reinforce high standards of care and confirm performance expectations of nursing practice;
- a clinical advancement system that promotes career progression through a variety of pathways;
- mentored/preceptored learning experiences for new staff members;
- annual self-assessment and feedback processes that support continued growth;
- shared governance to promote effective communication and decision making at all levels;
- competency-based educational programming;
- tuition support and work schedules that facilitate continuous learning;
- resources to support evidence-based decision making, performance improvement, and expert practice;
- decentralized decision making to the clinical programs and groups most affected by outcomes; and
- use of goals and objectives to support the mission of the hospital, the department, and individual units/patient care areas.

Figure 1. Mission, vision, and philosophy. Copyright 2003, Strong Memorial Hospital. Used with permission.

paid to the principles evident in foundational documents. At SMH, for example, our statements include beliefs about the importance of attending to the needs and expectations of both employees and patients served. In addition, the mission defines the purpose of the hospital as encompassing 4 distinct, yet interrelated, dimensions—providing caring services, discovering new knowledge, teaching others, and continuous learning. As a result, any model derived from the mission should address these 4 foci and define how they relate to individual and organizational outcomes.

A review of the nursing, behavioral, organizational, education, and psychology literature identified several theories that incorporate the key dimensions of an organizational environment that supports both internal consumers (nursing employees) and external consumers (patients and families). The model designed for nursing also was expected to reflect nursing practice’s history of innovation and
leadership. This history was evident in the hospital's designation as 1 of the nation’s original magnet hospitals, where nurse autonomy, control over decision making, effective communication between physicians and nurses, and the presence of a strong and visible nursing leader were reflective of outstanding hospitals.

In addition to the desired organizational attributes identified in the magnet hospitals study, environmental factors described in 2 other theories were considered reflective of the values, vision, and mission characteristics of SMH. The first of these was the Sociotechnical Systems Theory (STS), which focuses on the interplay between the work environment, technology, and the social components of an organization’s culture. According to STS, roles, norms, and values constitute the social components of the theory, although these are defined imprecisely. Technical components focus on the characteristics and control processes associated with the inputs and the outputs of the system. STS stresses the organization’s need for flexibility and attention to the processes used to create and deliver care. As such, its dimensions are applicable both to clinical practice and to the administrative oversight of nursing programs and services.

The second theory selected for our professional practice model was Senge's Fifth Discipline Model, in which systems thinking is defined as an essential precursor to the production of extraordinary results. According to this model, work groups develop systems thinking through favorable interactions with others and an ongoing process of continuous learning. As a result, organizations interested in facilitating systems thinking must eliminate any factors that limit creativity, innovation, and positive change.

The STS and Fifth Discipline models support many of the aspects evident in magnet hospitals, although the magnet hospital focus is directed more broadly on the organization and the management characteristics that promote autonomous decision making and control over practice. Less attention is paid to the learning component evident in Senge’s model, although systems thinking and a systems approach are clearly evident.

Our theory-derived practice model focuses on both the recipient and the provider of nursing care. It stresses collaboration and informed decision making that is facilitated by an organizational structure and support services that promote the generation of new knowledge and the incorporation of evidence into practice. It allows for maximum flexibility in accordance with unit or department demands, while assuring hospital-wide consistency for expectations of quality patient care, effective and efficient work environment, and maximum care provider and patient/family involvement in care delivery processes and outcomes. Our model is founded on the assumption that structural, technological, and social components of the care delivery environment contribute to effective care delivery practices and favorable outcomes for employees and patients/families alike.

System components that support individual staff nurse decision making, control over practice, and recognition and reward continue the hospital’s early experience and success as a magnet hospital. The technology aspects of the model include the collaborative decision making, multidisciplinary team processes, continuous learning, and performance improvement/safety assurance practices evident in the ways in which care is delivered, monitored, and understood.

The social components of our model focus on the workgroup relationships essential to successful work environments and the expert leadership and mentored learning experiences necessary to support its systems and technology. Figure 2 highlights the model’s components and its anticipated impact on employee and patient outcome.

**Measurement of Individual and Organizational Performance**

Essential to the development of work environments that support organizational mission, vision, and values is a performance assessment process that recognizes and rewards behaviors supportive of the documented organizational characteristics and goals. This evaluation and feedback dimension serves to assure that employees are familiar with the organization’s espoused beliefs and that these are actualized in the work setting. It also helps confirm the relevance of the organization’s vision and mission within a changing healthcare environment and identify where modifications may be needed on the basis of outcomes assessment. Without feedback tied directly to the principles underlying an organization’s behavior and strategic planning, no assurance can be made that the institution is remaining responsive to, and consistent with, internal and external consumers’ expectations and needs.

The first step in the process of linking performance evaluation criteria to vision, mission, and values statements is to identify the key concepts contained within. These concepts are used to define the performance expectations of individuals and the organization as a whole. At the organizational level, performance indicators are derived from institution-wide and department or unit-level goals. For
example, a focus on respect for individuals and a valuing of diverse ideas and viewpoints might incorporate goals directed at customer service achievements and increased diversity of services, staff, and targeted delivery areas. Performance measures would reflect observable evidence that these goals had been achieved. Number and type of services provided, percentage of minority employees hired and retained, and patient satisfaction ratings might be outcome indicators reflective of the goals and the mission, vision, and values of the organization.

Performance evaluation criteria for staff nurses would be based on expected competencies associated with the delivery of services or the achievement of goals consistent with vision, mission, and values dimensions. At SMH, performance evaluation criteria for each of its clinical advancement system (career ladder) levels (I through VI) were reviewed for consistency with the professional practice model derived from the hospital’s statements. In this case, competency expectations were identified for behaviors related to expert practice, customer service, continuous learning/professional role, work group relationships, and evidence-based practice. Each of these competencies is consistent with, and supportive of, the professional practice model designed to guide clinical practice and administration of nursing services. Specific behaviors were defined for each competency, with the level of performance expectation increasing with the nursing role. Table 1 contains examples of performance expectation criteria for levels I through VI of the registered nurse positions within the hospital. The first 3 of these pertain to staff nurse positions, while levels IV (nurse leader), V (nurse manager), and VI (senior nurse manager) pertain to unit leadership roles. Comparable levels V and VI are associated with advanced practice nurse roles (clinical nurse specialist or nurse practitioner).

In some cases, performance behaviors are defined as core expectations for all levels of practice. In these instances, the same criteria appear in all levels. An example might be “treats patient/family and staff with kindness, courtesy, and respect for diverse viewpoints and cultures.” As a key dimension of the hospital’s underlying beliefs and values, this employee behavior is expected of everyone in the institution. Although senior levels of employees may have more refined skills in this regard, all staff personnel are expected to demonstrate acceptable levels of performance in this behavior.

The competency expectations described in the performance evaluation link directly back to the hospital’s mission, vision, and values statements. Subsumed under the general categories of behavior in this document are specific evaluation criteria that contain measurable indicators that confirm employee performance consistent with hospital purpose and direction for the future. These criteria also assure that the culture and reward systems of the organization reinforce, and are guided by, the underlying tenets of the institution.

Performance criteria for leadership and APNs reflect behaviors directed at creating and maintaining an environment where creativity, diversity, continuous learning, and the teaching of others is expected and valued. Criteria at all levels speak both to personal performance behaviors and to actions that respond to, and support, other individuals and the goals of the institution as a whole. This clear connection between what the organization says and
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<th>Nursing Level</th>
<th>Expert Practice</th>
<th>Customer Service</th>
<th>Continuous Learning/Professional Role</th>
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<tr>
<td>Level I (staff nurse)</td>
<td>Recognizes obvious changes in patient status and seeks appropriate resources to address concerns</td>
<td>Identifies potential patient/family needs and incorporates them into plan of care</td>
<td>Demonstrates responsibility for learning to improve self and performance, including progress toward achievement of annual goals.</td>
<td>Maintains positive relationships with all members of the healthcare team.</td>
<td>Seeks out resources to support decision making and action.</td>
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<tr>
<td>Level I (staff nurse)</td>
<td>Implements age-specific basic nursing interventions to address the patient/family needs for, and response to, procedures, therapies, and medications.</td>
<td>Assesses cultural and spiritual issues that may affect process of care and care delivery outcome.</td>
<td>Adopts changes in hospital policy, procedures, and equipment use.</td>
<td>Communicates effectively through written, verbal, and nonverbal interaction with healthcare members, patients, and families.</td>
<td>Assists with the collection of data to support unit performance improvement activities.</td>
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<td>Level II (staff nurse)</td>
<td>Demonstrates knowledge of medications, including interactions, effectiveness, and adverse reactions.</td>
<td>Identifies potential patient/family needs and incorporates them into plan of care.</td>
<td>Implements age-specific nursing interventions to address the patient/family needs for, and response to, procedures, therapies, and medications.</td>
<td>Maintains positive relationships with all members of the healthcare team.</td>
<td>Seeks out resources to support decision making and action.</td>
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<tr>
<td>Level II (staff nurse)</td>
<td>Evaluates patient/family response to procedures, therapies, and medications, and identifies concerns/issues.</td>
<td>Provides the best possible service for both internal and external customers.</td>
<td>Takes advantage of additional learning opportunities that support evidence-based decision making.</td>
<td>Communicates effectively through written, verbal, and nonverbal interaction with healthcare members, patients, and families.</td>
<td>Assists with the collection of data to support unit performance improvement activities.</td>
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<td>Level III (staff nurse)</td>
<td>Recognizes subtle changes in patient status and responds effectively.</td>
<td>Coordinates modifications of plan of care based on patient need and response.</td>
<td>Assists leadership in implementing changes identified through performance improvement activities and evidence-based reports.</td>
<td>Mandates positive relationships with all members of the healthcare team.</td>
<td>Seeks out resources to support decision making and action.</td>
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<tr>
<td>Level III (staff nurse)</td>
<td>Identifies complex patient problems and develops a plan of care on the basis of existing standards and long-term goals.</td>
<td>Differentiates unique or complex age-specific learning needs of patient and family.</td>
<td>Serves as a role model whose beliefs, attitudes, and actions support unit leadership and goals.</td>
<td>Communicates effectively through written, verbal, and nonverbal interaction with healthcare members, patients, and families.</td>
<td>Assists with the collection of data to support unit performance improvement activities.</td>
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<td>Level IV (nurse leader)</td>
<td>Provides direct patient care using the nursing process and incorporating evidence-based approaches to assessment, planning, intervention, and evaluation.</td>
<td>Coordinates a multidisciplinary approach to care.</td>
<td>Serves as a role model through interactions that demonstrate kindness, courtesy, and respect for diverse viewpoints and cultures.</td>
<td>Collaborates with leadership across units or services to optimize patient outcomes.</td>
<td>Identifies potential areas for investigation or search for evidence.</td>
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<td>Level IV (nurse leader)</td>
<td>Assists nurse manager in implementing changes identified through performance improvement activities and evidence-based reports.</td>
<td>Provides specific, helpful recommendations for improved performance and assists staff with achieving targeted behaviors.</td>
<td>Appropriately and effectively delegates unit or service responsibilities to unit or service personnel and monitors their accomplishment.</td>
<td>Assumes a leadership role in collaborative practice, performance improvement, or other interdisciplinary teams.</td>
<td>Serves in a unit leadership role by overseeing or coordinating a performance improvement activity.</td>
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<td>Level V (nurse manager)</td>
<td>Assists and supports staff in developing and maintaining a high level of competency.</td>
<td>Seeks additional knowledge and skills to meet the demands of the role and the organization’s expectations for continuous improvement.</td>
<td>Contributes to the development and continuous improvement of organizational systems that support and reinforce high-quality care.</td>
<td>Promotes the implementation of processes that deliver data and information to facilitate staff participation in clinical decision making.</td>
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<td>Level V (advanced practice nurse)</td>
<td>Care delivery processes are evidence-based and reflective of best-practice standards. Diagnoses are made using advanced synthesis of information obtained during interview, physical examination, or diagnostic testing and procedures.</td>
<td>Evaluates personal performance on the basis of professional practice standards, relevant statutes, and regulations and organizational criteria.</td>
<td>Fosters interdisciplinary planning and collaboration that focuses on the individuals and populations served.</td>
<td>Promotes the development of policies, procedures, and guidelines that are based on research findings and institutional measurement of quality outcomes.</td>
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<td>Level VI (nurse manager)</td>
<td>Provides leadership in the use of procedures and policies to guide practice and the achievement of outcomes. Reviews and evaluates plans for the appropriate use of staff at all levels of practice and in accordance with the state’s nurse practice act and professional standards of practice.</td>
<td>Shares knowledge and skills with others and acts as a positive role model and mentor.</td>
<td>Facilitates interdisciplinary collaboration in data analysis and decision-making processes. Participates in the design and development of multidisciplinary processes to establish and maintain standards consistent with expectations for high-quality care.</td>
<td>Utilizes data generated from outcome research and process improvement activities to develop innovative changes in patient care delivery and management of services.</td>
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<td>Level VI (advanced practice nurse)</td>
<td>Identifies and documents expected care delivery outcomes that reflect consideration of risks, benefits, costs, and research evidence. Facilitates the integration of unified assessment processes developed in collaboration with other healthcare disciplines and in consideration of individual patient or group needs.</td>
<td>Shares knowledge and skills with others and acts as a positive role model and mentor across units and programs.</td>
<td>Facilitates interdisciplinary collaboration in data analysis and decision-making processes.</td>
<td>Analyzes complex issues within practice and develops potential resolutions. Utilizes data generated from outcome research and process improvement activities to develop innovative changes in patient care delivery and management of services.</td>
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how its employees are evaluated assures that the actual environment is reflective of the espoused one.

**Summary**

One hospital’s efforts to link organizational vision, mission, and values to a nursing practice model and performance expectations highlights the ways in which an organization’s foundational documents are used to drive and reward performance. These documents communicate information about the institution’s beliefs and expectations and assure that the distinct and important attributes of the organization are represented in everyday action.

**References**