Does the Big Idea drive the social enterprises? The role of mission and vision in scaling up

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ABSTRACT

In this paper, we attempt to examine how the 'Big Idea' explicated by the founder, drove the social enterprises towards rapid scaling up. By 'Big Idea', we mean the broadness and the magnitude of the problem definition by the founder and the attempt by the organization to contribute towards the solution. To examine the dimensions of the 'Idea', we study the mission and vision of four health care organizations offering affordable health care services to the underprivileged population in India. We explicate how the mission and vision determined the scope of the problem identified by the founders and, provided the necessary 'restlessness' to make a difference that drove the organization towards rapid scaling up.

INTRODUCTION

The importance of mission and vision statements and their effect on organization's performance has intrigued practitioners, academicians and consultants alike. Mission is defined as a 'written formal document that attempts to capture an organization's unique and enduring purpose and practices' (Bart and Tabone, 1998). The mission statement helps to answer some fundamental questions such as 'What business we are in', 'Why do we exist', and 'what do we want to achieve', thus focusing on the fundamental purpose of the organization. Drucker (1990) posits that the mission statement expounds the role of the organization in the society at large. According to Collis and Rukstad (2008: 85), 'mission statement spells out the underlying motivation for being in business in the first place- and the contribution to the society that the firm aspires to make'. The main purpose of the vision and mission statements is to provide a sense of organizational direction and purpose. It shapes the conceptual schema of the organization to the external (Oster, 1995; Drucker, 1990; Bryson, 1995) and internal (Anheier, 2005; Phills, 2005) stakeholders, which in turn build the image of the organization, provide guidance and inspiration to the organizational members and enable the identification of organizational members with the organization's values and direction (Desmidt, Prinzie and Decramer, 2011).

A social enterprise is distinct from others as a social enterprise attempts to address the social cause as the primary objective (Dacin et al., 2011). The broad term 'social enterprise' includes both, non-profit organizations working exclusively for social cause and, for-profit organizations aiming at financial returns but emphasizing social responsibility on the other (Alter, 2004). It can therefore be argued that for a social enterprise creation of social value is the primary objective. Therefore the importance of mission and vision statement, highlighting the social cause for which the organization exists, is an important aspect of a social enterprise

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(Borzaga and Solari, 2001; Peattie and Morley, 2008). Indeed scholars have suggested that mission statements are more important to not-for-profit organizations aiming at creation of social value than for for-profit organizations (Oster, 1995)

In developing countries like India, where a large proportion of population lives below poverty line, the social issues such as availability of affordable health care, quality education, financial access and so on are so humungous that the social enterprises addressing these issues have a lot of scope to scale up their services (Mair and Marti, 2009; Sahay and Walsham, 2006). However, very few social enterprises are able to successfully scale up and most of them remain confined to small level (Anderson et al., 2004; Bloom and Chatterji, 2009; Uvin et al., 2000).

The mission and vision guide the decision making processes in the organization, such as, the choice of strategy, allocation of resources, setting up of priorities and so on (Kirk. and Nolan, 2010). Hence it can be argued that the mission and vision statements play an important role in determining the organizations' strategy, the design of the processes, and so on. Using the same logic the mission and vision statements should also drive the process of scaling up of a social enterprise's services across a larger population. The logical assumption of the positive relationship between mission statements and organizational performance, however, has not been established unequivocally in the literature, with the results being mixed, at best. In this study, we attempt to examine the linkage between mission statements and one aspect of organizational performance, specifically; we investigate whether the 'Big Idea' represented in the broadness of the mission and vision statements of social enterprises drive the organization to scale up.

The concept of mission shares significant overlap with the concept of organizational vision and organization values (Campbell and Yeung, 1991). According to some scholars, the

vision, mission and objectives are hierarchical terms. Vision is the end, mission is the means to achieve that end and the objectives are specific targets set by the organization (King, 1994). However, the focus of this paper is to examine the role of the founder's 'big idea' on the process of scaling up of social enterprises. For this study, we consider mission and vision statements of the organizations as corporate communication to the internal as well as external stakeholders about the organizations purpose of existence, and what the organization wants to achieve. We study the mission and vision statements of the four affordable health care organizations with respect to phrases, words and concepts representing affordability, access, quality, scaling up and broadness of the problem identified.

The paper is structured as follows. In the first section, we identify the dimensions of the contents of the mission and vision statements based on the previous literature on the mission and vision of the hospitals, both in the for-profit and not-for-profit domains. In the second section, we explicate the research method. Next, through the analysis of the data, we posit how the specific contents of the mission and vision statements of the organization drove and reinforced the organizational scaling up process. We conclude by highlighting the contributions to theory and practice and acknowledge the limitations of the study.

LINKING THE DIMENSIONS OF THE MISSION AND VISION STATEMENTS AND ORGANIZATIONAL PERFORMANCE

There has been a considerable interest in the literature on the aspects of the mission statements that have a positive effect on organizational performance. Scholars have examined different dimensions of the contents of mission statements, according to the focus of their study. Pearce and David (1987) considered eight different dimensions of the contents of mission statements, namely, (1) philosophy, (2) target customers, (3) primary product/ services, (4) geographic domain, (5) core technologies, (6) self concept, (7) desired public

image, and (8) commitment to growth, survival and profitability. Bart (1996, 1997) and Palmer and Short (2008) used similar categorization scheme as Pearce and David (1987) in their respective studies. According to Bart and Tabone (1999), there are eight main drivers of the mission statement, namely, (1) to provide a sense of purpose, (2) to increase CEO control, (3) to define Behavior standards, (4) to enable employees to identify with the organization, (5) to give greater recognition to the interests of external stakeholders, (6) to inspire and motivate employees, (7) to refocus the organization during a crisis and (8) to improve the resource allocation process. While the above framework has been used to examine the mission statements of commercial-for profit organizations in the manufacturing sector, the same framework has been used by other scholars to examine the mission statements in the domain of health care (See for example, Forehand, 2000). Forehand (2000) analyzed the contents of mission statements of 18 health care organizations, including hospitals, pharmaceutical companies and health care supply companies from both for profit and not for profit sectors to illustrate that there were inconsistencies and lack of coherence between the mission statements of these organizations, highlighting the lack of focus of health care sector in developing the mission statements. Bolon (2005) reported that, contrary to the popular belief, contents of mission statements of for-profit and not-for-profit hospitals in North America were similar in terms of reference to cost, quality and access.

The studies on the impact of the mission statements and organizational performance have provided mixed results, at best (Braun et al., 2012). While some studies have established positive impact of the mission and vision statements on various aspects of performance (Palmer and Short, 2008), others have reported no relation and even negative relationships. For example, Palmer and Short (2008) studied the impact of the content of mission statements of 408 business schools on their performance. Their study reported higher

performance, in form of position in business school ranking, budget per faculty and percentage of faculty completing doctorate degree, associated with the contents of the mission statements. Weiss and Piderit (1999) studied the link between mission statement content and performance of K 12 schools and reported limited evidence to suggest a positive relationship. On the other hand, Bartkus and Glassman (2008) noted that the fortune 500 companies that emphasized diversity or environmental issues in their mission statements displayed significantly lesser environmental and diversity concerns.

Though, the use of mission and vision statements is ubiquitous, especially so in the not-for-profit organizations, the link between the mission and vision statements and the organizational performance is not well established (Desmidt et al., 2011; Braun et al., 2012; Kirk and Nolan, 2010; Bartkus and Glassman, 2008). Further, the studies have reported an association between the contents of mission statements and organizational performance, rather than explicating how the mission statement content led to specific aspects of performance (Desmidt et al., 2011). This study attempts to bridge this gap by examining the role of mission and vision statements as drivers for scaling up process of social enterprises in the developing country context. Particularly, we attempt to investigate the contents of mission statements of four organizations and explicate how the specific aspects of the mission statements shaped the top management perspective of the organization, which in turn led to the process of scaling up.

RESEARCH METHOD

We adopt a case study method to analyze the role of mission and vision in successful scaling up of four affordable health care organizations in India serving the underprivileged.

As explained earlier, the purpose of this research is to understand how the mission and vision statements of the organizations drove the scaling up process. As we are (1) exploring the 'how' type of research question and examining the processual aspect of a real life phenomenon, embedded in the context, we adopt a case study research design (Yin, 2003).

We chose the domain of affordable health care services in India for studying the impact of mission on organizational scaling up. Health is regarded as a social good across contexts and cultures. The social aspect of health care delivery is especially important in the Indian context, which is characterized by poor public health spending, ailing public health services, rising costs of health care, and, skewed distribution of health care infrastructure and human resources towards urban areas (Banerjee, Deaton and Duflo, 2004). Many social enterprises attempt to address the issue of un-availability of quality and affordable health care in developing countries. However, the health care organizations, especially those which serve the underprivileged are particularly unable to scale up their services (WHO, 2009). However, some affordable health care organizations are able to scale up substantially. Arguably, the mission of the organization, which emphasizes the fundamental reasons of an organizational existence, should be an important driver of the process of scaling up.

We selected four affordable health care organizations that have successfully and sustainably scaled up their services and examined whether and how the mission of the organization led to the scaling up. The organizations selected offer a wide range of health care services (preventive, primary, secondary and tertiary health care) and operate in diverse geographical areas (rural, tribal, semi urban and urban). The overview of the four organizations is provided in Table 1

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Insert table 1 here

Data sources

In our study, we examined specific aspects of mission and vision statements that led to scaling up of four affordable health care organizations. We used three data sources: the mission and vision statements (organizations' websites, annual reports), in depth interviews with the top management of the organizations and observations during the visits made to the organizations. The mission and vision statements of the four organizations are presented in Exhibit 1.

The important dimensions which we examined in the four organization's mission and vision were, (1) the definition of the target population, which included the broadness of the problem identified (2) emphasis on the social aspect of the issue and (3) the focus on attributes of the health care services for the underprivileged offered by the organization, namely, affordability, and access of health care. (Table 2)

Insert table 2 about here

We specifically adopted the in depth interviews for multiple reasons. The decision making process regarding the scaling up of services, allocation of resources and so on, which , in turn, determine the performance of the organization rests with the top management. Hence understanding the perspective of top management is important for analyzing the process of scaling up and the factors affecting the process. The in depth interviews enabled the

researchers to understand the top managements' perspectives, specifically with respect to importance of mission and vision in the scaling up process.

Second, in the questionnaire and self reported surveys, which were used by the previous studies (See for example, Bart and Tabone, 1999) the individuals who fill the questionnaire assess the impact of mission and vision on themselves as well as on the other employees. Hence there is a possibility that the responses are influenced by the simultaneity of the assessment of mission statements and the impact, giving rise to 'socially desired' responses.

Third, the survey method does not offer insights into the thinking process of the top management and how the conceptualizations and thought process relates to the mission and vision statement of the organization. Through in depth interviews, on the other hand, we can have much better insight into the thought processes and conceptualizations of the individual being interviewed and explore (1) how the founder's/ top management's assessment and description of the issue shaped the mission and vision of the organization or (2) how the mission and vision of the organization influences their thinking processes and hence the decisions taken by them.

We also conducted several visits to the organizations. Observation of the physical attributes in the organization and that of the working processes in the organization, are important tools to investigate how the employees are made aware of the organizational mission and vision, and, whether and how the employees en-live the organizational mission and vision. Scholars have highlighted that mission statements can be 'fashion fads' or a 'superficial tool' to enhance the profitability (Bart, 1997). The in depth interaction with the top management along with the multiple visits to the organization enabled the researchers to enhance the authenticity of the connection between the organizations' rhetoric and action, and to ensure that the top management walked the talk.

Thus, for our study, we used multiple data sources to assess the linkages between the mission and vision statements of the organizations and their performance.

Data analysis

The interview data was transcribed and analyzed in accordance with Miles and Huberman (1994) and as used by Dutton and Dukerich (1991). In the data analysis process, we moved from the empirical data to the conceptual framework, through '*meaning condensation*', that is, data reduction while enhancing the meaning (Lee et al., 1999: 89). The data analysis was done keeping in mind the focus of the study, does the 'big idea', represented in the mission statement of the organization lead to scaling up and if so, how?

After transcribing the interview data and the field notes, the initial step in the analysis was coding. We used the coding process to extract relevant categories, themes and concepts from the data. The first level coding involved an 'open coding' of our textual database, to uncover common themes (Glaser and Strauss, 1967; Locke, 2001). The analysis involved multiple iterations between the data and the theory. Additional codes emerged and the codes were further refined. In the second level coding, codes that were similar in a broader essence were gradually collapsed to second order code categories. Thus we moved from categories and concepts from the first order coding to more general 'conceptual categories', that is from raw data towards theory (Locke, 2001).

Data matrices were created with columns representing the cases and rows representing the concepts, codes and sub codes. Throughout the data analysis, new emerging themes were identified and relationships between the concepts were explored.

The analysis enabled observation of a pattern within the data, consistent across the organizations. The analysis and interpretation of the data is presented in the next section.

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ANALYSIS AND INTERPRETATION

In each organization, the specific aspects of the mission and vision of the organization not only shaped the approach taken by the organization to solve the social issue identified, but also provided the necessary drive for the organization to scale up its services. Further, the data also reveals how the mission and vision allowed the organization to be innovative and collaborative in their pursuit.

Following broad themes were identified in the analysis: Broadness of the mission and vision, enabling a collaborative approach, focus on the problem rather than defining the beneficiaries, and, alignment of the processes and systems with the mission and vision of the organization.

Broad mission and vision as the choice of strategy and the driver of growth

A distinct aspect of the mission and vision statements of all the four organizations was the broadness of the problems which the organization specifically focused on. In a large majority of initiatives, the founder is not comfortable with talking about the large scale and in turn starts with an 'achievable' narrow goal. This restricts the drive of the organization to pursue the scale. In the four organizations that were chosen for the study, the mission and vision tends to focus on the broad social issue, and the founder had defined the problem in a broader sense for example the mission in AECS was 'to eliminate needless blindness'. The following discussion focuses on how the broadness of the mission and vision in the four organizations guided the top management in the choice of strategy and acted as the driver of growth.

AECS

AECS was founded with the mission to eliminate needless blindness. With 45 million blind people worldwide, and more than forty percent of them in India, this was a huge task. AECS rapidly scaled up and has become the largest eye care system in the world.

The mission to eliminate needless blindness drove the most important aspect of health care delivery process innovation in AECS, that is, the complete integration of all the aspects of eye care services including in house procurement or development of technology for production of the required material (Intra Ocular Lenses, spectacles and the medications). Auro Labs was formed to provide high quality IOL for the patients at AECS and Auro labs emerged as the world's lowest cost producer of IOL which were of comparable quality to the world's best manufacturers. Further, AECS also invested in training and development facilities for capacity building, for paramedical, medical and managerial services. Research and academic activities in the eye care field were also encouraged.

According to Dr. Aravind, the broadness of the vision in AECS drove the organization towards growth.

> *"....our founder Dr. V always spoke about this (millions), even when our capacity was 11 beds, so his horizon was always looking at a very large picture though it was very fuzzy; he didn't have the resources..."*

As the problem definition 'eliminating needless blindness' was too broad or huge in terms of magnitude, it was imperative for the organization to rapidly scale up. As Dr. Aravind emphasized,

> *"So this (the mission) kind of gave the impetus; I am also looking back, you know, this hindsight probably gave the organization the restlessness, so whatever was achieved was never complete. In eliminating needless blindness we were always scratching the surface, even today, so there is always a restlessness in trying to do more and push more."*

EMRI

EMRI was focused on saving lives of emergency victims by providing pre-hospital emergency care at the emergency site for the citizens of India. As the EMS systems were virtually non-existent in India before EMRI, EMRI needed to demonstrate the proof of concept, make people and the government aware of the functioning of EMRI. The most important hurdle that EMRI faced, especially in scaling up of EMS services, was the availability of skilled and qualified manpower.

To save one million lives annually, EMRI needed to rapidly scale up their services, which would require huge capacity building. The approach taken by EMRI was to train science graduates in the emergency management skills and deploy them on field in the ambulances. EMRI invested heavily in establishing the infrastructure for the training and developed a need based and contextually relevant curriculum for training. Today, EMRI has 17000 to 18000 employees spread across 11 states and 2 union territories in India. More than 90 % of the employees working in EMRI are 'field employees', largely, EMTs (Emergency Medical Technicians), Pilots and Supervisors. The paramedic or the EMT, the pilots and the supervisors are trained rigorously in the emergency management skills at the in-house facility at EMRI, Hyderabad. . The emergency management was standardized and protocol based. Further a team of trained physicians was made available for guiding the EMT in managing the emergency.

Dr Raja Narsing Rao H.V (Sr. Partner, EM Learning Centre and Research) explained,

> *"In EMRI we consider training as an investment… we combine simulation technology, communication technology, medical technology…"*

As Mr. Krishnam Raju (Director, EMRI) corroborated,

> *"we teach them…how they have to behave…with the emergency victim… with the their attendants…with the doctor in the hospital…even the pilot also will be trained… how to handle, how to talk…We train the EMT for a full 2 months course…on all the mannequins…till they learn the required skills…Out of this 60 days program, 30 days only will be here…for about a week to 10 days, we will send them to hospitals where lot of emergencies are coming...then we will put these people in the ambulances with their colleagues…hands on training…All these will give…motivation…"*

The scaling up of EMRI had a humble beginning. The founder team initially concentrated on demonstrating the proof of concept by a successful pilot project in the state of Andhra Pradesh, starting with 30 ambulances in 9 districts of Andhra Pradesh. However, from the beginning itself, the team had essentially thought of scaling up the services across the nation. The organizational process including human resource policies were designed to enable the scaling up of services across the nation. As Mr. Murthy (Senior Partner, HR) narrated,

> *"(EMRI) was thought to be a big and then it started off with a small scale with provision for expansion. In other words, what I would say is that when you lay the foundation, you lay the foundation for the size of the building then you may construct in stages…so is the case with EMRI….the vision of Ramalinga Raju and our founder CEO (Mr. Venkat Chengavalli) and other people was such that they wanted to scale up this operation across India and may be take it up step by step…"*

Dr G.V Raman Rao (Executive Partner, EM Learning Centre and Research) corroborated,

> *"If you look into our vision and mission statements, even in 2005 we are very clear…we are in the business of saving lives…and we intend to attend 30 million emergencies and save 1 million lives…."*

Mr. Kishore added,

> *"When we started this project…we thought that this should…be implemented in India, within 4 years…this country needs approx. 10,000 ambulances….If 10,000 ambulances are to be run…a proper MIS should be there…it also should provide research and analytics and some decision support…enable government on policy decisions based on this data….it should be technology driven and the source of data is to be from the field…"*

With the vision to extend EMS across India, EMRI prepared its HR system to enable rapid expansion. As Mr. Murthy explained,

> *"The main question which was asked to me in the interview is that what is the capacity of the people you can are handle? I said, yes I have handled over 33,000 people…because they are very clear at the time of selection itself is this person capable of handling size of this particular thing in multistate, multicultural environment… though they had very small requirement at that moment they wanted to go to across the states…that is the time when they started looking out to people who can scale up the operations.."*

Narayana Hrudayalaya (NH)

Dr. Shetty and his team at NH intended to provide kindest heart care to the needy patients and to make cardiac surgery affordable to the common man. The key focus of NH was to make cardiac care affordable.

As Mr. Sunil highlighted

> *"…we were quite sure that we can achieve the volumes only if we can offer at the prices…and volumes with drive the cost down…it's like chicken or egg first…We have to offer (care) at a lower price, then only the affordability comes…and unless we bring more people into the fold, accessibility will not happen."*

Hence NH pursued a high volume- low cost model by commoditizing cardiac surgery in the '*McDonald*' way of providing standardized 'product', and to extend the analogy to cardiac surgery. As cardiac surgery involved dealing with a critical aspect of human body and required specialized knowledge and skill, it was recognized that the quality aspect of care should not be compromised at any cost. The actual surgical procedure was the bottle neck in terms of reaching the volumes in cardiac surgery. Hence it was envisioned that if the cardiac surgery had to reach the masses, the number of cardiac surgeries in a center was to be increased considerably.

According to Dr. Paul, Director Multi specialty hospitals, Narayana Hrudayalaya, Bangalore,

> *"Though Narayana started with one surgery per day, from the beginning, Dr. Shetty had a vision of achieving 25 cases per day by scaling up the operations."*

To achieve the target of 25 surgeries per day, systematic efforts were undertaken in the operations in NH. At present, the NH group accounts for 15 % of the total cardiac surgeries in India. The focus on affordability led to several process innovations in NH and the high volumes enabled drastic cost reduction. As Dr. Shetty highlighted,

> *"We were able to bring down the cost from INR 2.5 lakhs in 1990s to about INR 70000 in 2001"*

As most of the patients, especially the cardiac patients, usually suffer from multiple illnesses the NH soon positioned itself as a multispecialty hospital chain. At present NH group has a 5000 bed capacity in 12 hospitals spread across the country.

Karuna Trust

Karuna trust was established by Dr Sudarshan in 1986 to enhance the primary health care services in the villages of Karnataka by implementing innovations in the public health delivery system through a public private partnership mode. As he started treating tribal population in the BR hills, Dr. Sudarshan soon realized that providing health care services alone to the community will not be sufficient for comprehensive and sustainable development of the community. Rather, an integrated approach to rural development, providing health care services, education opportunities, livelihood opportunities, and community development initiatives would be required. The vision and mission statements of Karuna Trust emphasize the role of 'integrated' approach taken by the organizations for comprehensive rural development. For example, Karuna trust emphasized integrated health care with greater focus on preventive and primary health care than secondary and tertiary health care. The service delivery was designed keeping in mind the traditional healing practices and health seeking behavior of the community rather than strict top down instructions which are alien to the rural

population. The integrated approach involved incorporating prescription of herbal medicines along with the modern medicine prescriptions. Such initiatives made the health care delivery more acceptable and less threatening to the local population.

The specific focus on empowerment led the organization to engage closely with the community, understand their contextual nuances and then pursue a strategy to enhance their health, education and economic aspects. The community participatory involvement was encouraged by involving the local *panchayats* (elected governing bodies in villages) and the local people in the management of PHC.

The trust approached the development issue through the public private partnership model for providing *"innovative, replicable and sustainable models"*. Thus the focus on innovation, scaling up of the models and sustainability was present from the beginning. Karuna Trust introduced several innovations in the primary care for example, operating the PHCs 24X7, equipping PHCs and training staffs to handle common emergencies, efficient drug procurement system, use of technology to enhance health care delivery processes like telemedicine, and so on. These initiatives resulted in increased association and participation of the community in the public health facilities and involving them in the design, implementation and evaluation of the health services.

To pursue the goal of economic self-reliance and establishing a sustainable model of integrated rural development, NGOs frequently enter into 'for-profit' ventures, in order to generate continuous revenues for their social mission. Karuna Trust started the 'eco-tourism' venture, 'Gorukana', in the BR hills. The facilities offered at Gorukana include well furnished individual cottages for tourists, a rejuvenating center offering Ayurvedic therapy, and nature walk guided by the local soliga tribes, and a bonfire and cultural performance by the local tribe.

Enabling a Collaborative approach

The mission and vision of the four organizations targeted a social issue that needed to be solved rather than specifically identifying a competitive advantage that the organization attempted to identify and pursue. The 'social' nature of the mission and vision enabled the organization to strategize the approach towards problem solving. The specific avoidance of identification of a 'specific' competitive advantage or a particular fixed strategy enabled the organization to become flexible and adaptable. The organizations, for example designed innovative solutions to increase the outreach. Though established as a private limited company, NH pioneered the design and implementation of largest community based health insurance scheme for the poor people of Karnataka, the Yeshasvini health insurance scheme. Similarly, AECS extended a collaborative knowledge transfer to any organization that wished to engage in provision of eye care to the underprivileged population through LAICO. LAICO is the management training institute that offers training programs and courses to other eye hospitals and NGOs. The management team from Aravind guides the team from the other institutes and transferred the know-how about AECS till the target hospital became functional.

Focus on problem rather than the client

The mission statements of three of the four organizations did not specify the target client group. Rather, as highlighted above, the organizations specified the problems that they seek to address. The exception was the VGKK and the Karuna Trust mission and vision statements which mentioned tribal population and marginalized people as their target. Even these target groups were broad and inclusive. The absence of specification of the client group targeted and focus on the social/health issue enabled the organizations to strategize for a broader

population and to be flexible and innovative in their approach when they faced a diverse target population.

AECS and NH depended on cross subsidization for their financial sustainability. Hence, these organizations focused on providing quality medical care at an affordable cost, so that there was an appropriate mix of paying and non-paying patients.

As Dr. Shetty emphasized,

> *"We never say that we are for poor people alone…we say that we are there for the poor people but we also treat the rich…that's how we sustain…"*

The top management in these organizations conceptualized that serving poor patients led to the inflow of paying patients. As Mr Sunil highlighted,

> *"It is one thing that we believe that we should be a part of government's social responsibility...Second thing we believe that the people who are coming, even when they are poor, there is always a possibility that these poor people work in a rich family. Poor people talk to rich people and they work as our mouth piece…They go back and tell that the surgery has been done at NH…These are the facilities available… That word of mouth is our biggest marketing rather than putting hoardings, give money to the doctors to refer patients, we don't want to create that kind of a culture. Serving the poor people gives us lot of other intangible spin off...for example once we operated many patients from Kalaignar insurance scheme…we started getting many patients from Tamil Nadu…They give around 62% of our billed amount to us in the multi-specialty…"*

In AECS, the imperative to serve increasing number of poor patients entailed continual innovation in the organization to reduce cost without compromising the quality, and continual scaling up of services to serve increasing number of patients.

Mr. Thulasiraj explicated,

> *"Serving more and more non customers (free patients) was one perspective which put pressure on the infrastructure continually so we had to keep on increasing our resources in terms of people, buildings,*

> *space, equipment, etc. Especially in Madurai, where a growth was driven based on the need…"*

Dr. Aravind corroborated,

> *"…The reason we will grow is because Aravind will continue to serve the bottom of the pyramid."*

Alignment of processes with the vision and mission

The systems in the four organizations were consistent with the vision of the organization and with the values which formed the foundation of the organization. The artifacts in the organization, the systems and processes like reward and punishment, top management communication and so on highlighted the organizations focus on the mission and vision. In the interviews the emphasis on the mission and vision was evident both explicitly and implicitly. The observation of the organization and its working environment revealed the stress on the mission and vision. For example in AECS, the researchers observed that the single most important quantitative parameter that was in the minds of the top management as well as of the employees was 'volume', that is the number of patients. This was evident with the ubiquitous display of patient statistics boards in various locations in the organization. The volumes were continually monitored at each station through the ERP system. As Mr. Thulasiraj explained:

> *"I look at patient volume, patient numbers, would like to look at trends which we do on a monthly basis…"*

Dr. Ravindran (AECS) corroborated

> *"Even today, we are lucky that people take pride in saying that we have done more work. For every other week we get a e-mail saying that we have broken the record today. Now, we see so many patients, we have operated so many patients, it is never a complaining note saying that we have so many patients, we have to do, we have to do, it is never like that. It is always a joyous message which comes"*

In NH also, the top management saw volumes as the main driver of the strategy as well as the design of systems. The recruitment and selection processes ensured that the people joining the organization were aligned with the mission and vision of the organization to serve increasing number of patients. As Mr. Sreenath explained,

> *"For the doctors, it is not just the money that matters. It is the skill what they get here. So they like to work in a place where there is more work. Doctors of that kind of mind set will only come and approach us. Most of the doctors would love to work in such kind of atmosphere. We don't have much of the challenge when it comes to the doctor appointments....If you had seen, there is any attrition, there is hardly any attrition at all, it means all of them are happy. May be in last ten years, the doctors who would have left us would have been may be 3 or 4, that too for their own personal reasons. Close to zero per cent of attrition..."*

DISCUSSION AND CONCLUSION

The above study enhances our understanding of the processual aspect of the linkage between mission statements and organizational performance. Through analysis of mission and vision statements and top management perspectives of the four affordable health care organizations for the underprivileged in India, the study highlights that the founders' conceptualization of the problem as a social one with a broad scope, which reflected in the design of mission statement acted as the driver for the organizational growth. The top management's thinking processes and decisions, especially those regarding the process of scaling up were driven by the 'Big Idea' in the organizations' mission and vision.

Previous researchers have emphasized the importance of broadness and ambiguity in the mission statements of non-profit organizations, as it widens the scope of stakeholders, attracts more donors and enhances the organizational communication to the external audience (Mc Donald, 2007). In our study, we found that through the framing of the issue as a social one

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rather than a medical one and the focus on the social issue rather than mentioning specific beneficiaries/ client population, the mission statements signaled broadness, which in turn drove the top management to scale up the services substantially by exploring innovative and collaborative solutions to the challenges in scaling up. Drawn from cultural sociology, the concept of frame refers to the basic guiding principles, norms and rules that enable us to "locate, perceive, identify, and label" events and shape our perception of the world (Goffman, 1974). Frames guide perception and action at both individual level and collective level (Benford and Snow, 2000; Kaplan, 2008). It can be argued that framing of the issue by the founder as a broader social issue rather than a medical one, guided interpretation and sense making of events and situations, which in turn drove the organizational actions (Weick, 1995). The broad framing of the issue and elusive mission maintained the top management's restlessness to continuously attempt to extend the services to a larger population.

The contents of the mission and vision statements of the four organizations highlighted the social issues and problems that the organizations attempted to tackle. There were no references to the target client group, CEO control, organization's competitive advantage, or focus on crises management and resource allocation. This was contrary to the findings by Bolon (2005). The developing country context where the social issues such as health have vast magnitudes and the primary social orientation of the organization may have influenced the design of mission and vision statements.

Further, the top management proactively engaged in communicating the mission and vision to all the levels of organization. Moreover, the systems and processes in the organizations were aligned with the mission and vision. The alignment of the processes and systems in the organization with the mission and vision statements reflecting the social purpose of the

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organization would have enabled identification with the purpose of the organization and acted as a motivating factor for the employees.

Our work also contributes a new methodological approach by using in depth interviews with the top management along with the content analysis and observation during the visits to the organizations, where other studies have relied on survey methodology or content analysis approach (Palmer and Short, 2008). The in depth interaction with the top management enhances the understanding of the processual aspects of the relationship between the mission and vision statements and the organizational performance. Further, the top management perspective is important to establish the congruence between the 'espoused' and the actual mission and vision statements, to ascertain whether the top management practiced what is preached.

The above study, as all others, has its limitations. We have examined the mission and vision statements of only four organizations which were selected as a part of the broader study on scaling up of health care service organization for masses. The future research should explore the impact of mission and vision on the top management perspectives in different contexts such as non-health care service industries, manufacturing sector, for-profit organizations. Further studies should also undertake systematic comparison of the contents of mission and vision statements of contrasting contexts such as, for profit and not for profit organizations, health care versus other services, service sector versus manufacturing sector and developing versus the developed countries and so on.

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TABLE 1: The overview of the four cases

Organization Parameter	AECS (Aravind Eye Care System)	NH (Narayana Hrudayalaya)	EMRI (Emergency Management and Research Institute)	Karuna Trust
Services offered	Specialty (Opthalmology)	Secondary and Tertiary care	Emergency services	Primary health care
Model of delivery	High quality-high volume-low cost eye care Based on Cross subsidization model	High quality-high volume-low cost secondary and tertiary care Based on Cross subsidization model	Provision of pre-hospital emergency care to victims through a network of ambulances Based on a PPP model	Innovations in the primary health care services in the primary health centres (PHC) in villages Based on a PPP model
Area covered	Rural, urban and semi urban areas of Tamil Nadu	Bangalore Urban + semi urban +rural reach	Andhra Pradesh (State wide)+ 9 other states	Rural and tribal areas across 9 states in India
Incorporated	1976	2001	2005	1986
Scaling up process since incorporation	Started with 20 beds, 3649 beds by 2003, more than 3 lakh surgeries/ Year	Started with 250 bed cardiac hospital in Bangalore (India), 3500 beds now spread across the nation, multispecialty	Started with 9 ambulances, 2800 ambulances now, spread scross 10 states, 17000 employees	Started with one PHC in 1996 in rural Karnataka, at present operating 75 PHCs across the 9 states
Future plan	1 million surgeries per year by 2015	Reach 30000 beds in next 5 years	10000 ambulances by next 5 years, covering the whole country	100 PHCs by 2015, To replicate the model at secondary level
Ownership	Trust (Not-for-profit)	Private limited Company.	PPP	PPP

*PPP-Public Private Partnership

Table 2: Characteristics of the mission and vision statements of the four organizations

Parameter	EMRI	NH	AECS	Karuna Trust
Defining target population	Not specified	'Masses Worldwide'	Not specified	Tribal People Marginalized people
Growth/ Scaling focus	To save one million lives per annum	Target world wide	Intangible/ Elusive mission	Focus on scope of services (Integrated development), Emphasis on Replicability Elusive mission
Access	Explicit	Explicit	Explicit	--
Affordability	--	Explicit	Explicit	Explicit
Quality	--	Explicit	Explicit	--
Technology	Explicit	Explicit	Explicit	--
Focus on research and training	Explicit	Explicit	Explicit	--
Specific emphasis	Mode of delivery (PPP) Specific target Leadership, Innovation, Technology, Research and Training	Compassionate care, training and development, research,	Compassionate care	Empowerment, Integrated and holistic approach, sustainability, innovation, replicability.

Exhibit.1: Mission and Vision Statements of the four organizations

AECS

Mission

To eliminate needless blindness . . .

. . . by providing compassionate and high quality eye care for all
Aravind Eye Hospitals

. . . through teaching, training, capacity building, advocacy, research and publications
Lions Aravind Institute of Community Ophthalmology (LAICO)

. . . by providing evidence through research and evolving methods to translate existing evidence and knowledge into effective action
Dr. G. Venkataswamy eye research institute,
Aravind medical research foundation

. . . by making high quality ophthalmic products affordable and accessible worldwide
Aurolab

. . . by reducing corneal blindness through eye banking activities, training, research and public awareness programmes
Aravind Eye Banks

Karuna Trust

Vision

"A society in which we strive to provide an equitable and integrated model of health care, education and livelihoods by empowering marginalized people to be self-reliant".

Mission

"to develop a dedicated service minded team that enables holistic development of marginalized people, through innovative, replicable models, with a passion for excellence".

EMRI

Vision

1) Provide Emergency Response Services under PPP (Public Private Partnership) framework.
2) Respond to 30 million emergencies and save 1 million lives annually.
3) Deliver services at global standards through Leadership, Innovation, Technology, Research and Training"

NH

Vision
"Affordable Quality Healthcare for the Masses Worldwide"

Mission
"A dream to making quality healthcare accessible to the masses worldwide"

Objectives
- Provide holistic, timely patient care
- Continually upgrade the knowledge and technology in patient care
- Enhance customer relationships and provide an enriching experience