TCU
BOB SCHIEFFER
COLLEGE *of* COMMUNICATION

An Examination of Catholic Health Care System's Identity
Messages Present on Web Sites, Press Releases, and the Media

Thesis approved:

Julie O'Neil   April 30, 2014
Major Professor   Date

[signature]   April 30, 2014
Committee Member   Date

[signature]   4-30-14
Committee Member   Date

[signature]   5-5-14
Associate Dean   Date

ii

(to be scanned into electronic copy)

An Examination of Catholic Health Care System's Identity Messages Present on Web Sites,

Press Releases, and the Media

Emily Keahey

Texas Christian University

Acknowledgements

I am grateful to so many people, and would like to extend my sincerest thanks to everyone who helped me.

I would first like to thank my parents, who have encouraged me in every way possible to succeed. Their constant support throughout my life is why I have the courage to pursue my dreams; I owe them more than I could every repay. I would also like to thank my brother and sister, who constantly challenge me to know more and be better.

I would like to express my appreciation for my committee chair, Dr. Julie O'Neil. Her knowledge and guidance were invaluable throughout the research and writing process. I would also like to thank my committee members, Dr. Jacqueline Lambiase and Dr. Wendy Macias, who were both available to help in any way possible.

Last, my beloved friends and esteemed colleagues, who have always been ready with encouraging words or a comedic reprieve, I cannot thank you enough for just being yourselves!

Abstract

Catholic hospitals operate their businesses in a different manner than secular hospitals, or at least claim to; this includes taking a stand on certain social issues and refusing to provide patients with certain treatments that are offered at other hospitals. While this differentiates them from secular hospitals, the health care industry as a whole is undergoing changes in the United States due to economic uncertainty and the recent passing of legislation. This research aims to study the construction of identity as a communication process by analyzing mission, vision, and values statements, press releases and news articles of Catholic health care systems in the United States. Maintaining a cohesive identity across internal and external channels is instrumental in remaining sustainable in a changing climate.

Table of Contents

List of Illustrations

Introduction

The relationship between the Roman Catholic Church and health care in the United States extends back centuries. "A small group of French Ursuline sisters arrived in New Orleans in 1727 and began nursing to those in need…. Seven years later, their hospital opened, the first in America. Soon, sisters from additional religious congregations followed, starting hospitals and clinics in cities, towns, frontier outposts and rural communities across the country" (CHA Brochure, 2012, p. 8). While the health care industry has expanded since the mid eighteenth century to include hospitals under governmental, private, religious, and secular control, Catholic hospitals still hold a dominant place within society. In fact, the Catholic Health Association, also known as CHA, documents that every day one out of six patients receives care from a Catholic hospital, totaling more than 100 million people a year (CHA Mini Profile, 2012).

The identity of Catholic hospitals differentiates it other health care institutions. Although the identity of Catholic health care institutions seems inseparably linked to that of the Catholic Church through shared doctrine, Catholic health care systems are facing challenges that could permanently change their identity and cause the hospitals to become secular institutions. For more than 200 years, Catholic hospitals have adopted the commission of the church and sought to bring "Jesus' mission of love and healing [to] the world today" (CHA Mini Profile, 2012, p. 1). While the administrators of most Catholic hospitals agree on this broad statement, variances exist between the different Catholic health care systems' formal identities and their actions. These disparities in identity messages raise questions for some regarding the long-term sustainability of Catholic health care systems.

The theoretical philosophies that will guide this research include several manuscripts written by George Cheney, a well-known organizational communications scholar. Drawing from

Cheney's seminal works (Cheney & Vibbert, 1987; Cheney & Christensen, 2001; Cheney, 1983a; Cheney, 1983b; Cheney, 1991). This thesis examines his conceptualization of identity, the tensions that influence the identity construction process, and his related theory of identification. In addition to a brief historical overview of the theories that preceded and influenced Cheney's contemporary interpretation, this thesis will provide an overview of how this topic fits within the study of organizational communication in general.

Understanding the idea of identity necessitates an understanding of three key terms: *image, values and issues*. Image, although similar to identity, is a short-term opinion. Values are the guiding forces of an organization, which are typically central to the organization's conceptualization of what is considered ethical. Issues are the environmental factors that influence the organization's proposed identity. Each of these key terms makes up the basic identity of an organization and continues to influence it throughout the identity construction process.

While these key terms impact the identity of an organization, a number of tensions also influence the construction process. Included in these tensions are 1) the openness versus closedness of the organization, 2) the religious versus technical obligations of the systems, 3) the words versus actions of the organization, 4) the mission, vision, value statements versus press releases, and 5) the way an organization seeks to be portrayed versus how its identity is actually interpreted.

Woven throughout this idea of identity construction is also the related theory of identification, on which Cheney has written several articles (Cheney, 1983a; Cheney, 1983b). Originally proposed by Kenneth Burke (1969), identification relates to an individual's sense of belonging to an organization, and an organization's attempt to belong within society. The degree

to which an employee feels a sense of belonging correlates to the employee's actions. In Catholic healthcare systems, there is also tension between employees and the systems, which indirectly influences the identity based upon the actions of employees.

Conversations regarding the identity of Catholic health care systems reemerged during the political debates surrounding the Patient Protection and Affordable Care Act in 2010. Leaders of the Catholic Church were the strongest opponents of the bill, claiming the bill was a violation of their rights and would go against their core beliefs, ultimately changing their identity within the health care community. While message boards and Catholic communities discussed the subject, little to no academic research has looked at the topic in recent years, even though brand identity is a topic frequently discussed in strategic communications. Although Church doctrine is instrumental in guiding Catholic health care systems, the tensions that arise between the internally and externally constructed identity messages play a substantial role in the long-term sustainability of Catholic systems within the health care field. As the health care industry goes through drastic changes, analyzing Catholic health care systems is important because strategic communications can influence the formation of their identity. The association between the Catholic Church and Catholic health care systems could be argued as nonexistent if the formal identity of Catholic health care institutions becomes too diluted. This disassociation by Catholic health care systems from the Catholic Church could occur from the tension between identity messages that are unable to be reconciled into a cohesive representation of the brand. If this situation were to happen a precedent could be set that disregards laws that formerly protected the hospitals' identity, which makes the sustainability of Catholic health care reliant on a cohesive perception of their identities.

While researchers have studied the identity of Catholic health care systems periodically throughout the years, an empirical study that also looks at the influencing factors of the twenty-first century is needed. First, Catholic hospitals hold a formative position amongst American health care providers. The decisions Catholic hospitals make and the care they provide impacts their identity, which in turn affects a large percentage of people. Second, it may be that internal and external publics have differing viewpoints regarding the Catholic health care systems. Therefore, understanding potential differences in perceptions may be helpful to managers in coming years. Furthermore, previous inquiries into the identity of Catholic health care systems have primarily looked at the connection with the Church as the defining influence on their identity; applying George Cheney's concepts about organizational communication demonstrates that tensions exist in identity messages displayed on the Catholic health care systems' websites. Cheney's concepts also help show how these conflicting values are then communicated externally through the media because reporters must first interpret the identity messages, before the information is then filtered to the public. Ultimately, the concepts Cheney discusses explain how organizations shape their identity not only because of how they portray their self-perception to the public, but also because of how outsiders then interpret those identity messages. Cheney's insights into organizational communication, as applied to Catholic health care systems, indicate the complexity in the process of identity construction, and the need for studies to incorporate more than a single factor into their research.

Review of Literature

Historical Overview of Theories Preceding Cheney's Works on Identity Construction

The act of conveying an identity message involves a dynamic communication process. The information is not simply transmitted from sender to receiver, thus completing the process.

Instead it is a cyclical series of interactions that has no distinct beginning or end (Wrench & Punyanunt-Carter, 2012). As the message is constructed, transmitted and interpreted through the communication process, environmental factors constantly influence it. The perception of identity is socially constructed through a communication process such as this, because the messages organizations convey must be processed before a perception can be formed. Furthermore, the message, which originates from a collective unit rather than an individual, creates additional opportunities for the message to be distorted.

The study of identity has its historical roots in the writings of Aristotle. In his book titled *Nicomachean Ethics* (2001), Aristotle relates the term *identity* to the idea of sameness. In an example within the text, Aristotle states, "brothers love each other as being born of the same parents; for their identity with them makes them identical with each other" (p. 99) This statement shows that the factors that connect two individual beings exemplify a level of similarity between them. One can also find classical foundations of identify in writing from the Enlightenment, Italian Renaissance and romantic poets, where the idea of identity was expanded upon and viewed as part of the essence of a person (Cheney, 1991).

While Aristotle's original postulations regarding identity were published in 350 B.C.E., contemporary study of the topic did not gain popularity until the early 1930s, with the writings of Kenneth Burke. The theory of dramatism is considered by many scholars to be Burke's most influential writing; it essentially analyzes the communication efforts of people as action and discourse driven by specific motivations (Griffin, 1994; Burke, 1969). Dramatism includes the dramatist pentad, a five-pronged interpretive analytical tool for understanding human interaction and exposing the motives behind them, as well as the guilt redemption cycle. However, the most

applicable part of Burke's work upon Cheney's thinking is his concept of identification (Burke, 1969).

The paradox between congregation and segregation is at the core of Burke's theories on identity (Burke, 1969). He notes that the conscious choice by individuals to align themselves with or against other individuals, collectives, or organizations is a dialectical tension that ultimately contributes to the individual's social identification. Furthermore, the association or identification with other entities informs the basic identity of the individual. Seen as essential to the act of persuasion, identification not only occurs as people choose to assimilate with the organization, but also when the organization attempts to relate to the public (Cheney, 1983a).

Cheney (1991) expands on the ideas related to identity by applying it further to organizations' construction of their identity messages. Cheney views the interrelationships between identity, organization, and language as essential to the study of organizational identity. Cheney notes that large organizations must manage multiple identities simultaneously because it is impossible in the present social structure to belong to only one group. However, not all identity messages garner equal importance; some messages will dominate over others.

This brief historical overview of theories related to the construction of identity that have influenced Cheney's work shows that the identity messages of large organizations, like Catholic health care systems, exemplify the complexity of strategic communication efforts. Designed to reach multiple audiences simultaneously, these messages seek to represent the essence of the organization they represent. As communicators construct identity messages, and those messages subsequently go through the communication process, a multitude of factors influence them and people interpret the messages through their personal lens. The concepts that Cheney and various co-authors have published regarding organizational identity construction advance the

understanding of how these influences compete not only with each other, but also with the essence of the message as well.

Overview of Organizational Communication and Identity

The industrial revolution fundamentally changed the way in which companies and society interacted. Yet, it was not until the mid-twentieth century that the study of organizational communication gained a significant amount of popularity. Partially due to the ease in which scholars can apply the subject across different academic areas of study, including business, sociology and communication, conceptualization of the central terms differ depending on the academic approach. Based on a sampling of extant strategic communication literature about organizational communication, organizational communication is defined as "a set of processes through which organizations create, negotiate and manage meanings (including those related to their own constitution)" (Cheney & Christensen, 2001, p. 234). As the definition suggests, activities generally associated with organizational communication include both internal and external efforts like public relations, issue management, marketing, and advertising. Furthermore, these communications efforts are part of a two-way process; the environment creates, influences, and changes the messages.

At the broadest level, this research falls under the study of organizational communication, but more specifically it is a study of identity. The need for organizations to maintain legitimacy underlies all strategic decisions, especially for organizations as complex as Catholic health care systems. Unfortunately, "standing out with a distinct and recognizable identity in this cluttered environment is at once absolutely necessary and almost impossible" (Cheney & Christensen, 2001, p. 240). In an attempt to formulate a distinct identity, organizations develop mission, vision and value statements as a way to distinguish their brand from the countless other messages

in the marketplace. Yet, the process of identity formation is in a constant flux. An identity

message created by an organization is immediately interpreted by external members, which

includes additional employees within the organization, the media, as well as the organization's

target market. This interpretation is then relayed to additional external members, and with each

additional interpretation, the identity of the organization likely shifts, which may ultimately

cause a disparity between interpretations.

George Cheney, has authored several texts regarding the identity of organizations and the

construction of identity messages. In the *Handbook for Organizational Communication: An*

Interdisciplinary Perspective (1987) Cheney and co-author Steven Vibbert operationalize the

common terms used in organizational identity research in a chapter called "Corporate Discourse:

Public Relations and Issue Management." As the lines between strictly internal and external

communication continue to blur together into a single strategic effort, Cheney and Vibbert

explain how mission, vision and values statements and press releases are internal identity

messages used to proactively shape external perceptions of the values, issues, image, and identity

of an organization. In an effort to further the research on organizational identity, Cheney co-

authored another chapter, this time with Lars Thøger Christensen, in a book titled, *The New*

Handbook on Organizational Communication: Advances in Theory, Research and Methods

(2001). In a chapter titled, "Organizational Identity: Linkages Between Internal and External

Communication," Cheney and Christensen account for the tension, felt between the technical

versus the religious obligations of the organizations, as well as between how the Catholic health

care systems portray themselves and how internal employees and the media interpret the

systems' identities. While the ideas proposed in these two chapters on public discourse and the

linkages between internal and external communication are not actual theories, they combine the

ideas discussed in both communication and organizational management, thus providing a broad

foundation on which to base the study of the complex identity of Catholic health care systems.

Key Concepts of Organizational Identity

Identity is a core term, which the entirety of this research is based upon, yet scholars offer

several interpretations of the word. While some see identity as type of finite truth, possessed

regardless of subjective perceptions, others believe identity is formed by malleable

characteristics and associations that may be viewed differently according to the party questioned.

This research used the definition provided by Cheney and Vibbert (1987). "Identity is what is

commonly taken as representative of a person or group… [furthermore] an identity is developed

dialectically over time by both the focal person (or group) and others" (p. 176). Identity is

socially constructed through a communication process. An organization cannot simply state its

identity as an idea and win acceptance by external members; rather, how viewers interpret the

message ultimately shapes the identity of an organization.

Closely related to the idea of identity is image, which also depends on the use of

language, but considered more temporal than identity. Cheney and Vibbert (1987) describe

image as "fleeting and less basic than identity. This people often treat a 'negative image' as

something to altered or improved" (pp. 176). While an unfortunate event may cause the media or

other external members to view an organization with a negative image, that same event will not

likely have the same effect upon the "basic identity" of the organization, because unlike the

image which changes with the environment, influences to identity must be far more significant.

Also related to the identity of an organization are values. Cheney and Vibbert (1987)

define values as "those things treated as important and basic by individuals or groups… Values

may be thought of as both roots and derivatives in that one can always trace implications from a

value in a direction more basic or one more specific" (p. 175). While values are typically

verbally asserted in some way by the organizations, they are influenced by issues the

organization is connected to. In the case of Catholic health systems, the values that they hold

most important to their identity are typically stated along with the mission and vision of the

system. An issue arises when a person places significance on a certain problem that may actually

exist or is simply perceived. Issues derive from environmental situations that an organization is

connected to or chooses to take an interest in. Furthermore, issues are typically part of public

discourse and rarely solved to where the issue no longer occupies a place in the public sphere.

Instead issues are merely managed (Cheney & Vibbert, 1987, p. 175).

Image, values and issues all have an impact on the "basic identity" of an organization,

and the organization can use each in a positive way to shape the perceptions held by external

members. These three concepts all contribute to the identity of Catholic health care systems. For

instance, the identity of Catholic health care systems is innately connected to the Catholic

Church. This association has an impact on some of the values of the systems, like viewing a

human life as sacred from conception until natural death. Furthermore, upholding this particular

value associates the health care institutions with certain issues, like the recent passing of the

Patient Protection and Affordable Care Act (2010). This act initially required systems to provide

contraception for their employees, and become an issue for the Catholic health care systems due

to its views. As a result, the Catholic Church's opposition subsequently impacted the image of

Catholic health care systems. The identity of organizations is constructed through a series of

messages, and each message is influenced by these factors.

Tensions in Identity Construction

An identity message can be defined as a purposeful communication effort that seeks to inform audiences of a specific aspect regarding the organization. The mission, vision and values statements circulated by an organization is an example of an identity message; obviously internally created, but with the purpose to communicate to both internal and external audiences Cheney and Vibbert (1987) state that, "internal corporate communications, particularly those that are disseminated widely, serve to promote select values, foster select images, create select identities and determine the status of select issues" (p. 181). The uses of mission, vision, and value statements help guide not only the actions of employees, but also present the core identity of an organization to external members. Identity messages, among many other organizational communication efforts, have become an integrative effort, where the boundaries are increasingly blurred between efforts that are strictly internal and those that are external. This multipurpose communication approach originated not only out of competitive necessity to have a cohesive message across organizational initiatives, but from the evolution of the communications profession. Boundary blurring between internal and external communication efforts was a result of organizations realizing the importance of similar messages between the different publics they were targeting. Organizations thought that the overall identity of an organization would be much stronger if messages served dual purposes and addressed different publics simultaneously. While many organizations use this logical approach to prolong and reaffirm the particular importance of a message (Cheney & Christensen, 2001), the messaging is not always appropriate for all the publics it is used for.

This blurring of boundaries between internal and external communications efforts ultimately creates tensions within the "basic identity" of the organizations, because of the often disparate roles organizations try to simultaneously fill. Cheney and Christensen (2001) note that

"many organizations today engage in ongoing efforts to (re)shape their images, ever seeking the support of both internal and external audiences, even though there may be in any given case little real harmony among various constituencies and the images they hold of the organization" (p. 242). In the most broad sense, a tension exists between the openness and closedness of the organization and therefore between the subsequent messages constructed. Open systems are generally considered by scholars to possess the ability to adapt to their environment and ultimately survive within the marketplace. Closed systems, on the other hand, are either unable or unwilling to interact with the environment and therefore less likely survive long term. Cheney and Christensen (2001) describe extreme interpretations of open and closed systems in relation to identity message construction: "Too open of a systems has no identity at all, not possibility of being distinguished from the larger universe. Too closed of a system, in contrast has no possibility for adaptation" (p. 258). The fundamental aim to remain flexible enough to proactively interact with the environment, but closed enough to maintain a distinct identity underlies the construction of identity messages.

In addition to the tension felt between maintaining the appropriate balance of openness and closedness of the organization, Catholic health care systems in particular experience other tensions in the construction of identity messages. First, a tension exists between the religious and technical obligations of the systems. These organizations not only have to maintain a distinct Catholic identity that follows the directives set forth by the Church, but as a for-profit, medical institution, the systems also have to follow industry and governmental regulations to continue functioning as a business in the health care industry. While Catholic health care systems must fulfill both obligations for continued sustainability, as identity messages are constructed a tension forms between which obligation is portrayed as the primary focus of the system. The

question in this situation is whether the health care systems are first and foremost medical providers, with the Catholic Church as a moral guide, or is the identity of Catholic health care systems primarily focused on the Catholic faith, with an offering of health care services as an example faith-driven ministry.

A third tension exists between the words used to portray the identity versus the actions of the systems. Construction of identity does not depend solely upon the words used to express the mission, vision and values of the institutions; the perception of external members also influences identity. While these external members may receive the internally constructed identity messages, additional influences affect the ultimate perception of the organization. The actions of employees and the system, as a whole, reflect significantly upon the identity of an organization. The foundational morals employees must abide by are stated in the mission, vision, and values statements. This public display of ideals further necessitates that the Catholic health care systems portray a cohesive identity because when employees deviate from the ideals it is evident to both internal and external publics.

A final tension felt within the perceived identity of Catholic health care systems is the difference between how the systems seek to portray themselves through their mission, vision and values statements and press releases compared to the interpretation of their identity published by the media. As an integral part of the identity construction communication process, the media interpret the identity messages of Catholic health care systems, and in doing so, they add another layer of complexity to the eventual identity others perceive.

The Related Theory of Identification

As previously noted in the brief historical overview of preceding theories that influenced Cheney's works, the theory of identification has a close relationship to identity construction.

With underpinnings in the writings of Kenneth Burke, the classic interpretation describes identification as an individual's association with an organization that shares similarities. While the Burkean theory is primarily receiver-oriented, with importance placed on the individual going through the process of identification with little regard to the organization's rhetorical efforts, facilitation does occur (Cheney, 1983a). The inducement of association with an organization can stem from the individual who seeks to identify with the organization or when the organization seeks to identify with different publics. As such, organizations must manage multiple identities at a single time to account for the number of publics with which they seek to identify. Burke (1969) notes three types of rhetorical strategies implemented by organizations: 1) the common ground technique, 2) identification through antithesis, and 3) the assumed or transcendent "we" (Burke, 1969).

Cheney expands on the Burkean theory by applying it more specifically to modern organizations. Companies seek to induce identification with their employees for a variety of reasons. First of all, research has proven that the benefits of employee identification range from better work attitudes to behaviors that more closely align with those of the company (Witting, 2006). Cheney specifically mentions that decision-making is positively affected through increased identification between the individual and organization (Cheney, 1983b). The more an individual identifies with the core beliefs of the organization the more their actions align with those beliefs.

Application of Cheney's insights into organizational identification theory to Catholic health care system would clearly influence the identity construction process. Identification is obviously influenced by the mission, vision and values statements the Catholic health care systems display on their websites. While these identity messages are intended for external

publics like potential patients, or the media, they are also written for employees. The level of

identification employees have with the messages inevitably influences their decision-making.

While positive association will support the identity messages, disassociation will create increased

tensions between actions and words presented to the public.

The complex process of identity creation is ultimately circular. "The concept of identity

casts organizational communication as a dialectic: organization members negotiate who 'we' are;

that identity is negotiated with the organization's environment; and then the organization adjusts

its identity in response to how it is perceived" (Wrench & Punyanunt-Carter, 2012). Each

interpretation and tension in the identity construction is taken into account as the process

continues. As the concepts discussed above show, the "basic identity" of an organization

depends upon several factors. With these ideas as the foundation, the subsequent research seeks

to analyze the current state of the identity of a sampling of Catholic health care systems in the

United States, and further explicate the identity formation process.

Origin of Identity and Influence of the Catholic Church

The core beliefs of the Catholic Church underlie much of what Catholic health care

systems base their mission, vision, and values upon. The Church applies the insights found in the

Bible and specifically the teachings of Jesus to guide their oversight of the health care systems.

The mission of healing the sick and wounded extends back to the miracles Jesus performed on

Earth, including to help the blind see (Matthew 9:27-31, New International Version), the lame to

walk (Luke 5:17-26, New International Version) and the diseased to become clean (Matthew 8:1-

4, New International Version). The disciples who sought to continue the work of Jesus after his

passing considered the act of healing the sick as part of their calling (Matthew 25:34-40, New

International Version), because as Christian theology teaches, the human body was created in

God's image and therefore should be cared for. Although American Catholic hospitals initially constructed their identity in the mid-eighteenth century when members of the Catholic Church first traveled to North America, societal changes have caused the Catholic Church as a whole to reevaluate the intricacies of what defines their identity, and that of the associated health care institutions. Bernadette McCauley (2011) notes that there is an "increasing tension over how to maintain a distinctively Catholic mission and ideology, as the pressure of the marketplace became more pronounced and the markers of Catholicism (notably religious personnel) become less apparent" (p. 667).

Although in the past the church has held prominent positions within hospitals as doctors, nurses and in managing the business aspects, "today most of these Catholic institutions are separately incorporated, legal entities distinct from their sponsoring religious communities or dioceses; they are governed by independent boards of trustees including non-Catholics, with many lay people in leadership roles; they are staffed by many non-Catholics" (Curran, 1997, p. 91). This lack of Catholic involvement in the business and care administered at the health care institutions was not only affected by the waning numbers of clergy members who felt called to work for the Catholic Church, but also as an attempt for the hospitals to stay competitive and operate effective businesses. The Catholic Church's involvement now primarily consists of the diocesan bishop monitoring the hospital's actions as they relate to Catholic canon law. As Catholic hospitals have merged to form health care systems and then expanded across different dioceses, the number of bishops involved in overseeing a health care system's actions has increased. In order to aid the American bishops, "The Pastoral Role of the Diocesan Bishop in Catholic Health Care Ministry" was published in 1997 and formally outlines the bishop's duties regarding the intersection between the hospital and the Church.

Ethical and Religious Directives for Catholic Health Care Services

While Catholic history and guiding clergy members are influential forces in Catholic

health care systems, the Ethical and Religious Directives for Catholic Health Care Services is the

primary way the Church guides associated health care institutions. Ethical guidelines for health

care providers were first circulated in 1921, but as technology and society changed, the Church

published updated documents. The most current version, more commonly referred to as the ERD,

is a handbook approved at the United States Conference of Bishops to serve as the standard

Catholic health care systems must abide by (Happney, 2011). These directives cover specific

subjects and provide guidelines for acceptable health care practices; [including] "social

responsibilities, pastoral and spiritual responsibilities, the professional-patient relationship,

issues in care at the beginning of life, care of the dying, and the formation of new partnerships

with other health care organizations. The bishops see this care as an embodiment of Christ's

concern for the sick" (Stempsey, 2001, p. 5).

One of the most widely known and controversial directives of the ERD is the reverence

for life Catholic hospitals must have; this reverence includes protecting life from conception to

natural death, which requires doctors working in these institutions to refuse to perform

procedures that include the prescription of contraceptives, sterilization, infertility treatments, and

abortions, even if it is necessary to save the patient's life. While these topics were not of concern

prior to large advancements in the medical field in the sixteenth century, as technology has

advanced both the medical community and Church have needed to analyze the ethicality of

performing certain procedures. Even today, doctors and administrators who work for Catholic

institutions do not always agree with the refusal of care. In cases where doctors and hospitals

have not followed these mandates, the church has severed any connection with the institution.

Although many people and organizations disagree with this refusal of care, state and federal laws grant religious institutions the right to choose procedures allowed in the hospitals.

Balancing Church and Country Values

The values the United States holds often conflict with those of the Catholic Church. Yet because of the fundamental right outlined in the First Amendment, the Church and often associated institutions like hospitals, schools and charity organizations receive special considerations.

> In 1973, in response to the Supreme Court's decision in Roe v. Wade, Congress passed the Church Amendment, which allows healthcare providers to refuse to provide abortions or sterilizations on religious grounds. Both individual providers and healthcare facilities may refuse to even refer and or give information on abortions and birth control, meaning if a woman when refused by one pharmacist, the larger pharmacy has no obligation to serve her either. (LSRJ, 2012, p. 2).

> This landmark law has served as a precedent in countless cases and paved the way for

subsequent Federal and State laws, in all 50 states in America (LSRJ, 2012), understanding the Hyde-Weldon Conscience Protection Amendment, Balanced Budget Act of 1997, the new Health and Human Services regulation of 2008, in addition to many other refusal laws (LSRJ, 2012).

Environmental Factors

The Patient Protection and Affordable Care Act

In recent years, one of the most influential developments to the United States health care industry overall, with particular implications regarding Catholic health care systems, was the passing of the Patient Protection and Affordable Care Act in 2010. Vernacularly referred to as

ObamaCare, this influential mandate has and will continue to have lasting effects upon how health care systems and insurance companies operate, as well as how individuals obtain care. While the full ramifications of the bill have yet to take effect, many points from it have garnered attention because of the impact they will have on the Catholic Church. Although opponents of the bill targeted several different aspects of the law they disagreed with, the Catholic Church and associated organizations fought specifically against mandates that went directly against their fundamental core of ethics.

The most controversial aspect of the health care bill was the section that initially required all employers to provide health care to their employees, including preventative health services like free access to birth control. The Catholic Church immediately responded with outrage, claiming that as a religious institution it should have to supply care that violates its core beliefs. While President Obama agreed that the churches were exempt, he noted that charities, hospitals and universities associated with the Catholic Church are not included in the exemption. Discussions between Catholic clergy and the Obama administration began immediately with no initial compromise between the two parties. Reporter Jonathan Last (2012) wrote in a news article,

> Obama has left Catholic organizations a very narrow set of options. (1) They may truckle to the government's mandate, in violation of their beliefs. (2) They may cease providing health insurance to their employees altogether, though this would incur significant financial penalties under ObamaCare ... or (3) they may simply shut down. (p. 1)

Even the Catholic Hospital Association, which originally endorsed the bill, opposed the required preventative health services mandate (Filteau, 2012). While both sides were at first adamant that they would not yield, eventually concessions were made by the Obama administration. The first

compromise President Obama made was to extend the date, by one year, that Catholic-affiliated

institutions had to implement the new regulations, but Catholics refused to accept this

compromise because it simply delayed the problem the church was trying to combat. "Catholic

bishops issued a statement saying they would fight the 'edict' from the government. 'In effect,

the president is saying we have a year to figure out how to violate our consciences,' said

Archbishop Timothy M. Dolan of New York, president of the United States Conference of

Catholic Bishops" (Contraception and Insurance Coverage, 2012, p. 1). Between the upcoming

election set to happen in November of 2012, and the outspoken Catholic clergy, Obama

conceded and made another much more substantial accommodation for the Catholic Church.

While the preventative health services would still be offered, the Catholic affiliated institutions

would not be responsible for paying for them; instead, compensation for the coverage would

come directly from the insurance companies. This controversy surrounds one line of a newly

passed bill related to health care, yet numerous state and federal laws are causing discord

between the government and the Catholic Church, and there are likely to be more in the future.

While there have been several debates in the past regarding societal changes and the

effects upon the identity of the Catholic-affiliated institutions, the Affordable Care Act (2010) is

perhaps the largest in recent years. The controversy not only conflicts with the core beliefs of the

church, but it also conflicts with the fundamental religious freedoms discussed in the Bill of

Rights. Many changes will occur when the nation's new health care law is implemented, and

others may still be many years away. Nevertheless, a new trend has already developed among

hospitals to prepare to stay viable. "A combination of the law and economic pressures has forced

major institutions to wrestle with the relentless rise in health care costs. From Colorado to

Maryland, hospitals are scrambling to buy other hospitals. Doctors are leaving small private

practices. Large insurance companies are becoming more dominant as smaller ones disappear because they cannot stay competitive. States are simplifying decades of Medicaid rules and planning new ways for poor and rich alike to buy policies more easily" (Health Care Reform, 2012, p. 1).

Mergers between Secular and Catholic Hospitals

Although laws are perhaps the most formal way the identity of a hospital can be changed, economic shifts often cause health care systems to undergo mergers, which can greatly affect the hospitals' practices. While some of these mergers are between two secular hospitals, others involve one secular and one religious hospital; in fact "between 1990 and 2001, there were 171 mergers between Catholic and secular hospitals" (LSRJ. 2012, p. 2). While only Catholic hospitals must lawfully abide by these directives, the increased number of mergers between Catholic and secular hospitals has blurred the lines considerably. In most mergers the discrepancies between the religious and secular practices results in the continued use of the Catholic doctrines as applied to the hospital, but several cases have ended in a compromise that goes against the core of Catholic beliefs.

It is important for communicators constructing identity messages to understand the increased number of mergers between Catholic and secular hospitals. Caused by changes the new health care bill will force upon the industry, and the increased focus on financial stability of health care institutions "about 20 such deals have been announced over the last three years, by one estimate, and experts expect more as stand-alone hospitals and smaller systems with no Catholic ties look to combine with larger and financially stronger institutions" (Abelson, 2012, p. 1). While analysts disagree about the effects of the increase in mergers, they generally see it as a negative trend; some believe that the increased number of Catholic affiliated hospitals will

decrease the availability of health care services, while others believe that Catholic institutions

run the risk of losing their identity by merging with a secular hospital. Although mergers

between hospitals are a trend that has been prevalent for years, the Obama Administration's new

health care law significantly changes the motives and outcomes surrounding it. An article written

in *Healthcare Financial Management* noted that "healthcare reform will have three key effects

on the hospital consolidation: decreasing revenues, increasing costs, and directly rewarding or

encouraging integration" (Brown et al., 2012, p. 115).

Economics and the Affordable Care Act (2010) have forced the necessity of integration

within the health care field, yet the effect upon Catholic identity thus far has been mostly

unfavorable. In some cases, Catholic affiliated institutions have managed to keep the principles

that define them as a Catholic hospital, but in many other cases the health care institution have

forsaken their identity for the benefits that come from a merger. The religiously-affiliated

hospital Catholic Health West, CHW, recently went through several sweeping changes that

eventually resulted in a parting from the Catholic Church completely. CHW initially changed its

name to Dignity Health, because its managers claimed that it was a "handicap ... [to have]

'Catholic' in the corporate name" (Hite, 2012, p. 1). While this situation does not immediately

raise an overwhelming cause for concern, the health care system then decided to merge with an

out-of-state health care system. This merger resulted in Dignity Health changing "its affiliation

with the Catholic Church in January. Since the change, the hospital system is no longer a

sponsored ministry of the Catholic Church, but rather a self- governing nonprofit health care

system" (Hite, 2012, p. 1). While the merger itself could have resulted in a compromise of

practices in the health care system, it instead resulted in the completed submission of the

Catholic affiliated institution for the rewards it would gain financially.

Rev. Francis G. Morrisey, OMI, suggests that Catholic identity, as it is presented in the

Code of Canon Law, can be determined through the presence of three major qualities: 1)

A relationship between an institution and ecclesiastical authorities, which provides for

accountability 2) The legal establishment of the entity 3) A degree of control that the

Church exercises over the institution. Selected canons contained in the 1983 Code of

Canon Law reflect these qualities (Vowell, 2012, p. 30).

Thus, the results of this merger are a completely secular health care system.

The results of mergers are adequately documented by news entities, because the trend not

only affects the Catholic Church, but also the ramifications affect the care offered to the public.

While religiously affiliated reports on the mergers are accurate, they are also quite biased in their

findings, putting the blame on the secular parties involved, while the Catholics are equally to

blame for choosing the merger over the doctrines that define their identity as a Catholic affiliated

institution.

Research Questions

Catholic hospitals operate their businesses in a different manner than secular hospitals, or

at least claim to; this difference includes taking a stand on certain social issues and refusing to

provide patients with operations like abortions or hysterectomies. While the identity of Catholic

hospitals has a firm history rooted in the doctrines of the church, social changes have affected it

recently. Between the Patient Protection and Affordable Care Act (2010) and the increased rates

of mergers, the health care industry is being redefined. The five research questions I intend to

answer are:

RQ 1: How do Catholic health care systems portray themselves through their mission,

vision and value statements?

RQ 2: How do Catholic health care systems portray themselves through their press releases?

RQ 3: How does the national U.S. media portray the identity of Catholic health care systems?

RQ 4: To what degree are the identity messages in the mission, vision and value statements and the press releases replicated in the media's articles?

RQ 5: What do the differences and similarities found between the identity messages of the health care systems and media stories indicate about the identity construction process?

Method

In order to research the identity Catholic hospitals portray to the public, I conducted a content analysis of the mission, vision and values statements, press releases and media stories. Although commonly used last century, this methodology has gained considerably more attention in recent years. Hsieh and Shannon (2005) define content analysis as "a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns" (p. 3). Content analysis has three distinct approaches, conventional, directed, and summative, each specific to types of prospective research. While conventional best suits studies with little to no previous research to build off of, "the goal of a directed approach ... is to validate or extend conceptually theoretical framework or theory" (Hsieh & Shannon, 2005, p. 6). Elo and Kyngäs (2008) also explain the differences in the *Qualitative Content Analysis Process*, where they label the conventional approach as inductive and the directed approach as deductive. Through these labels, Elo and Kyngäs (2008) describe the type of reasoning required for the research. Hsieh and Shannon's (2005) third

approach, summative, combines inductive and deductive reasoning, but requires the researcher to focus on specific aspects, including word counts, keywords, and interpretation of content. Although the various approaches to content analysis differ, the procedure has the same basic phases, preparation, organizing and reporting (Elo & Kyngäs, 2008).

The summative approach ultimately served as the content analysis method for each phase of this research. This qualitative approach allows the researcher to interpret meaning from the words used in the text and to identify major themes. Furthermore, it is more comprehensive than the first two approaches, because it combines aspects of each into a single method. In addition to the use of the summative content analysis approach in each phase of the research, there are many other similarities in methodology between the three phases.

First, a nearly identical codebook was used in each phase, with information differing only when the type of text under analysis required it. To create the codebook, I divided it into three sections. The first was qualifying data, which included the basic information about the text. This section served to provide the contextual information for each coded entry. The information coded for included when the information was published, where it was found, and associated author and title for the entry. The second section, titled quality measures, included questions that provide insights into the level of connection between the text and the Catholic Church. The information coded for included mention of the ERD, inclusion of biblical scripture, a quote from the Catholic Church and a quote from an employee of a Catholic health care system. The last section focused on the identity messages chosen from the ERD. This section specifically coded to find the presence of these messages in the texts, thereby providing insights into the overall identity portrayed. See Appendix A, B and C for screenshots of every item coded for in each phase. Although each phase of this research relates to separate research questions that will ultimately

provide insights into the identity construction process of Catholic health care systems, the identity messages tested are exactly the same in each phase.

The messages, which I chose during the a priori portion of the content analysis process, were identified by reading the Ethical and Religious Directives for Catholic Health Care Services (ERD) and extracting the most dominant messages emphasized throughout the document. The ERD is divided in the six main sections. While the first three address the directives set forth by the Church, the last three then apply these directives to situations health care systems and their employees are likely to face. The seven messages chosen to be used in this research represent the topics that were repeatedly addressed in the text. The seven messages include:

1) *Christ-like service:* Jesus cared for all living beings, which is evident through scripture. The ERD stresses that Catholic health care systems should follow in the footsteps of Christ and live as he would live, serving others.

2) *To promote and defend human dignity:* Based on the idea of respecting every living being, this directive focuses on protecting life from conception until natural death.

3) *To care for the poor:* Health care institutions must ensure they meet the health care needs of the poor, uninsured and underinsured.

4) *To contribute to the common good:* Encompassing economic, political and social problems, this directive seeks to ensure the fundamental rights of individuals.

5) *To be a steward of available health care resources:* This directive stresses equity of care, so the health care system meets the needs of the entire community.

6) *To uphold the overall morals of the Catholic Church:* This directive essentially states that the health care institution must not go against the directives in the ERD. The health care

institution must not perform procedures or act in any way that goes against the teachings

of the Catholic Church and faith.

7) *Excellence in treatment, diagnosis and care:* Health care institutions must also provide

the best care possible.

In each phase of the research the seven identity messages were analyzed first for

inclusion in the text, which is represented in the results section as frequency. The identity

messages are also analyzed for dominance, or which message is emphasized as the most

important.

In addition to the seven identity messages, the overall tone of the text was categorized as

either business-centered or church-centered. A business-centered tone relates to texts focused on

topics like sustainability or fiscal responsibility; the overall focus is on business aspects of the

health care system. A Church-centered tone is focused on the connection to the Catholic Church,

and is exemplified through topics like voicing the ideals in the ERD. Differentiating between a

business or church-centered tone is one of the final items to be coded, because the conclusion is

informed by insights gained through the qualifying data, quality measures, and the seven identity

messages previously coded for.

All of coded text for each phase of the content analysis was published in the year 2013.

This year was chosen, because the Patient Protection and Affordable Care Act (2010) did not

take effect until 2014. Therefore the content would not be overly influenced by issues related to

the healthcare rollout. Furthermore, in 2012, much of the conversation revolved around reaching

an agreement between the Obama Administration and the Catholic Church (Last, 2012). In

summary, 2013 theoretically represented a year of normalcy in regards to the information

published, both internally and externally, about Catholic health care systems.

Intercoder reliability was assessed in the three different phases of this research. After I coded all the entries an additional coder then coded 25% of the total number of entries in each phase. Using Holsti's (1969) method to check intercoder reliability, the percentage of agreement between coders was then analyzed. The formula Holsti presents is: $2M/N_1 + N_2$, where M represents the number of coding decisions the coders agree upon and N_1 and N_2 refer to the number of coding decisions made by coder 1 and coder 2 (Holsti, 1969). In order for the results to be considered reliable, intercoder agreement must be at least 90%. After the reliability of the results was assessed in each phase, the coded material was statistically analyzed by hand.

Phase 1 and 2 share additional similarities because in both phases, the texts under analysis were created internally by Catholic health care systems, rather than externally like in phase 3. In order to maintain consistency across the phases, the same 20 Catholic health care systems were studied in both phases. Furthermore, the mission, vision, and values statements and press releases were gathered from the system websites, where the information was accessible to both internal and external publics.

Sampling Phase 1: Content Analysis of Mission, Vision, and Values Statements

In order to analyze the identity portrayed through the mission, vision, and values statements written by Catholic health care systems, I contacted the Catholic Health Association. Kim Hewitt, an employee within the media relations department, provided me with a partial list of the health care systems in the United States. Due to confidentiality laws, she could not release the list the Catholic Health Association had, but she provided a chart published in the June 2012 publication of *Modern Healthcare,* which ranked the most profitable health care systems within the United States. I then narrowed the list to solely Catholic institutions and then chose the top 20 from that list. From there, I analyzed the mission, vision, and values statements posted on

each of these Catholic health care system's websites during April of 2013, by performing a content analysis focused on the language and themes found in them.

I did the analysis of the Catholic health care institutions primarily through the a priori coding method, because legally the identity statements of Catholic health care systems are supposed to derive from the ERD. I also supplemented my findings with a moderate amount of emergent coding. After I had chosen the most dominant directives in the ERD, I coded five of the mission, vision, and values statements, which represented a quarter of the total I would analyze, to confirm what I found through a priori coding and gather additional information. I simultaneously had an additional coder go through the same process and we reconciled our separate lists into one, which served as the final coding sheet. I then used the final comprehensive coding sheet to code the 20 Catholic health care systems.

To check intercoder reliability, the additional coder coded five out of the 20 mission, vision, and values statements I coded. This yielded 155 items for comparison with agreement on 140 of the items. The intercoder reliability was 90.32%.

Sampling Phase Two: Content Analysis of Press Releases

The same 20 health care systems used in phase one were also used for this second phase of research. Gathered from each of the Catholic health care systems' websites, most of the press releases were archived on the webpage labeled "media." While using all available press releases would be ideal, the number published in 2013 was too varied, with some publishing only two all year and others publishing more than 200. Therefore, I analyzed five press releases per system or as many as were available on their website if they did not publish five within the 2013 calendar year. The five press releases were selected randomly from each system to ensure lack of bias regarding time of year or topic of release. One of the health care systems archived only press

releases for the current year, therefore no press releases were available from 2013 to analyze. The number of press releases that were ultimately analyzed totaled 90.

Once the sample was selected, the information was coded in the same manner as phase one. The additional coder then coded 25% of the total number of entries in phase 2, which amounted to 23 press releases, or 574 items for comparison. The coders reached agreement on 537 of the items, which yielded an intercoder reliability rate of 93.56%.

Sampling Phase Three: Content Analysis of Media Articles

In order to compile a list of applicable newspaper articles, I used Factiva. The online database has a pre-set list of major U.S. news and business publications that is easily narrowed to include only the articles that were useful for this study. From there, I used a keyword search for all articles that included the phrase: Catholic health care, Catholic healthcare, or Catholic health. To be selected for coding, the article had to contain either the word *Catholic* or Catholic health care system three times and had to fall between the date range: 01/01/2013-01/01/2014. The search initially yielded 202 results, with 32 duplicate articles. With the goal to ultimately code 75 articles, I used systematic random sampling, where I sorted the results by newest entry first, and pulled every odd article to be analyzed. The categorization of article type was an additional consideration when choosing the article that would ultimately be coded. For the purposes of this research only feature or news stories qualified; this reduced the number articles to 43 during round one. Because many of the entries were obituaries or other types of publications that would not yield usable insights, they were not included. With only 43 articles qualified to be coded, a second round of news articles were chosen. With the goal to now reach a minimum of 50 articles total to be coded, I followed the same sampling procedure used during round one. This time,

seven even numbered articles were randomly chosen, which brought the final number of articles to 50.

To confirm intercoder reliability, the additional coder analyzed 25% of the articles pulled, 23 total. This resulted in a total of 600 items for comparison, with agreement on 541 items, for an intercoder agreement rate of 90.17%.

Results

Phase 1: Content Analysis of Mission, Vision, and Values Statements

The results from this study show that the Catholic health care systems within the United States acknowledge and pledge to uphold the Catholic Church and the ERD through their mission, vision, and values statements. Out of the 20 Catholic health care systems coded, the largest was Ascension Health with, 73 hospitals in their system, and the smallest was Columbia St. Mary's, with only three. Although the size of these systems differs greatly, all follow the same basic structure. Every system included its strategic plan on its website; furthermore every strategic plan was then found under a tab on the home page labeled "about us" or a synonymous title.

———————————————————

Insert Table 1 here

———————————————————

As indicated by Table 1 every health care system analyzed included a strategic plan, yet none actually referred to it as such. Although all 20 systems included a mission statement and 90% included a values system, only 60% included a vision statement on their website. Thirty percent of the systems included additional information like Catholic Health Initiatives, which included cultural aspects with their strategic plan. Sixty percent presented information from each area of a strategic plan.

In regards to formatting, there was a substantial difference. Eleven out of the 20 systems

used a segmented paragraph format and one used a strictly bulleted format. Four systems

implemented a combined format, which included both paragraphs and bullet points. The length

of the strategic plans also differed, ranging from 570 words to 56; the average was 269.25 words.

Also related to formatting is whether the institution included a visual, which could include a

graph, photo, video, chart or logo. Fifty percent of the systems included a visual, mostly through

the use of pictures.

The tone of the plans were categorized as either business or church-centered. While 85% of

the systems contain a church-centered tone in their strategic plan, only 50% actually mentioned

the Catholic Church by name. The tone was perceived partially through whether a Catholic deity

was mentioned, like God, Christ or Jesus. Eighty percent of the systems mentioned a deity an

average of 1.75 times per strategic plan. Catholic leaders like the Pope or Mother Teresa

appeared in only one strategic plan, the plan belonging to Wheaton Franciscan Healthcare.

Next analyzed were the ERD messages. Although no plans contained all seven messages,

the two messages - to promote and defend human dignity and to contribute to the common good

- were present in 95% of the plans (See Table 1). Excellence in treatment, care, and diagnosis and

to care for the poor were present in 90% of the plans. Furthermore, the most dominant message

was to contribute to the common good. The two messages that appeared in the fewest strategic

plans included to demonstrate Christ-like service and to uphold the overall morals of the Catholic

Church.

Phase Two: Content Analysis of Press Releases

Although Catholic health care systems publish both mission, vision, and values

statements and press releases, the results of this study (see Table 2) show that the identity

messages emphasized in each differs. All the chosen Catholic health care systems published

press releases from 2013 on their website, except Roper St. Franciscan Healthcare. Furthermore, of the 90 press releases analyzed, all the identity messages were present, although no single press release contained every identity message.

_____
Insert Table 2 here
_____

While the identity messages were present in the press releases, very little else was found in connection with the Catholic church overall in the quality measures section of the content analysis. Only one press release referenced the Catholic Church and only two mentioned a Catholic deity, like God, Christ or Jesus. None of the press releases included biblical scripture or quotes from prominent Catholic leaders, like the Pope or Mother Teresa. Overall, the tone of the press releases was business-centered and primarily about new mergers and partnerships, system awards and new employee hires. Seventy-four percent of the press releases were business-centered, compared to only 26% that were church-centered. The press releases that focused more on religious aspects of the system were primarily announcements of events for underprivileged community members or partnerships with non-profit organizations that would contribute to the common good of the system's community.

Of the seven identity messages analyzed, excellence in treatment, care and diagnosis appeared most frequently. Appearing in 69 out of 90 press releases, excellence was present 74% of the time. The identity message - to contribute to the common good - had the second highest number of mentions, appearing in 60% of the press releases. On the opposite end of the spectrum, Christ-like service appeared the least number of times; that message only appeared in only 10 of the 90 press releases, or 11%.
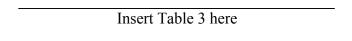
None of the press releases contained all seven identity messages. Excellence in treatment, diagnosis and care was the most dominant message in 50 of the 90, or 56% of the press releases.

To contribute to the common good was found to be the most dominant message in 13 of the 90 press releases (14%). Similarly in last place, Christ-like service was found to be the most dominant message in only 2 press releases.

In an effort to emphasize the importance of the mission, vision, and values statements of the system, some of the press releases included an "about us" section following the ### at the end of the press release, which generally signals the end. While I did not code the actual content in the "about us" section because it is not an official part of the release, I did note the presence of an "about us" section in 57% of the press releases. Furthermore, the identity messages present were generally emphasized with a quote from a leader within the system. In 64% of press releases someone from the organization was quoted in the release.

Phase Three: Content Analysis of Media Articles

Although the first round of Factiva results initially yielded 84 articles, only 43 articles met all the study's criteria, which in itself is telling. The media only publish material that is perceived as newsworthy. Due to the significant amount of change within health care industry, the Catholic health care system had a smaller news hole to potentially occupy. Nonetheless, the results still provide insights into the identity messages that are portrayed through the news articles.

Insert Table 3 here

While the seven identity messages appeared less frequently in the news articles than in the previous two phases of this research, the number of mentions referencing the association with the Catholic Church was far more frequent (see Table 3). Eighteen out of the 50 (36%) articles mentioned the Catholic Church. Eighteen percent of the articles had a quote from a leader within

the Catholic Church. However, deity mentions were still low, with a reference to Christ appearing only one time in one article.

Although all seven identity messages were found in at least one of the news articles, none of the articles contained every message. Excellence in treatment, care and diagnosis was found in 22 of the 50 coded articles. To uphold the overall values of the church and to contribute to the common good were the next most frequently found identity messages, appearing in 42% and 26% of the articles, respectively. Christ-like service was mentioned in only two.

The most dominant message found in each article did not follow the same pattern as the frequency of identity messages found. To uphold the overall morals of the church was found to be the most dominant message in 18 of the 50 articles (36%). The second most dominant identity message was excellence in treatment, diagnosis and care, in 30% of the articles.

In the majority of the articles (50%), the overall tone was business-centered. Forty-six percent of stories had a church-centered tone. It is important to note that the overall tone relates to the topic of the news article. Furthermore, because newsworthiness is a consideration, the topics are often influenced by environmental factors. The topics of the articles ranged from the renegotiation of nurse contracts and system mergers to topics like the systems' anti-abortion stance. While each of the previously mentioned article topics relate to a specific system's issues, the topics are also part of larger industry-wide issues, like fiscal instability and the need to protect the ideals passed down from the Catholic Church.

Discussion

Research Questions Answered

This research project was three-pronged; it sought to answer how the 20 health care systems portray their identity through both strategic plans and press releases, and then how these

identity messages are manifested in media articles. The strategic plans all referenced the Catholic faith, either directly or indirectly. The system identity messages showed that the primary message communicated via the mission, vision, and values statements focused on church-centered, rather than business-centered aspects. The strategic plans focused primarily on topics such as contributing to the common good and promoting and defending the dignity of their patients. While these two identity messages are not directly indicative of a connection with the Catholic Church, and may in fact be found in the mission, vision, and values statements of secular hospitals as well, both focus more on selflessness than on fiscal sustainability. Furthermore, these themes related to Catholicism are typically mentioned in the beginning paragraphs, an indicator of their importance.

The first research question examined how the Catholic health care systems compare to the doctrines set by the Church. Because the system identity messages were primarily taken from the ERD, it was a good indicator of whether the systems were upholding the guidelines set by the church. Overall, the main doctrinal messages derived from the ERD appeared in most of the systems' mission, vision, and values statements. Upholding the overall morals of the church appeared least frequently and it nonetheless was present in 60% of the statements. Although all the systems did not mention every directive, eight out of the 20 did. Overall the systems included in this stage of the research upheld the ERD via their strategic plans. This finding bodes well for the future of these systems; while outside factors can still have an effect upon their identity, the systems currently present a cohesive identity regarding the importance of faith as a partial guide during their operations. In the future, as changes become far more intrusive upon the identity of the Catholic health care systems, the systems have a firm base to refer back to and to present to the public when there are controversies.

To further strengthen their connection to the Catholic Church, the strategic plans should mention the ERD and provide a link to the document. As of now, none of the systems examined mentioned the ERD, which is the formal document where they find the guidelines the Church requires them to follow. Including the ERD would provide a direct link to the Church for the public to explore further.

The primary purpose of press releases is to disseminate organizational news, which can include topics like changes in management, corporate social responsibility efforts, or the announcement of a new building endowment. Press releases serve as an intermediary medium between mission, vision, and values statements and media articles. While the mission, vision, and values statements exist primarily to showcase the core beliefs of the system, press releases must present these core beliefs, while also providing information the media will be inclined to publish. As such, press releases solely focused on the core beliefs of a system are rare. While the content of press releases will understandably vary, messaging across different internal communications efforts must remain cohesive. Therefore, just because the primary goal of a press release is to share organizational news, does not mean that the identity messages cannot also be imbedded in the text.

In phase 2 of this research, the study primarily focused on answering the second research question, which asked: How do Catholic health care systems portray themselves through their press releases? While the innate purpose of a press release impacts the answer to this question, so does the social climate the Catholic health care institutions are currently operating in. As previously noted, mergers are becoming far more popular between both secular and non-secular health care systems due to the slow economic climate and the changing structure enforced through the passing of ObamaCare (LSRJ, 2012; Abelson, 2012; Brown et al., 2012). Therefore,

it is not surprising that 77% of press releases relate to the system's excellence in treatment, care, and diagnosis. In the current competitive climate, each system must prove its worth. Quality service differentiates systems to external publics. Not only will potential patients feel secure in choosing a hospital that provides excellent care, but also potential corporate partners will be more inclined to join forces with a system that fulfills its basic duties as a health care provider. Differentiation from competitors is a key to sustainability in the changing health care industry.

While this business-centered approach to identity construction takes priority in the presentation of Catholic health care systems' identity through press releases, the charitable roots of the systems are not disregarded. The identity message, to contribute to the common good, ranked second in overall mentions in the 90 press releases, present in 60%. Furthermore, this message was also the second most dominant message, in 14% of the press releases. While the identity message, contributing to the common good, may not directly relate to an overall church-centered identity message, it is implied as such. The articles coded as most dominantly contributing to the common good were typically describing selfless acts by the system, rather than contributing to the system's business success, therefore aligning it with a church, rather than a business.

Overall, the identity that the press releases portrayed of the Catholic health care systems was a combination of both business and church-centered messages. The social climate is perhaps the most telling factor as to why business topics were far more prevalent than church-centered ones, although the newsworthiness of the articles should also be taken under consideration. While maintaining a functioning system is most likely the primary goals of the systems' leadership, preserving a strong connection with the Catholic Church should also be a focus. The long historical background of the Church itself should be an indication that affiliation with an

entity as powerful as the Catholic Church can increase odds of sustainability, despite the social climate.

The third research question sought to examine how the media portray the identity of Catholic health care systems. At this stage in the identity construction process, the number of influencing factors on the message increases significantly. Not only do the media account for the level of newsworthiness before they publish a story, reporters do not typically consult the system published sources like mission, vision, and values statements and press releases to obtain their information. Instead, the media considers the social climate for what information the public most wants to hear about or what they need to be informed about. Unfortunately for organizations, positive messages regarding identity are overshadowed by negative information that contradicts their core beliefs. In more than one instance, the media articles coded for in this research reflected negatively on the Catholic health care system in question. With that being said, most of the articles were positive and did contain the identity messages.

Overall, the results of phase 3 indicate the identity messages are present in the media's articles. All but 9 of the 50 articles included an identity message. Although I did not systematically code for positive versus negative news stories, it is interesting to note that of the nine articles only six reflected negatively on the system in question. This surreptitious finding shows that while the positive identity messages derived from information in the press releases are present in the news, reporters write what is newsworthy, despite the effect on the system's overall identity.

In the current social climate, Catholic health care systems need to present a strong religious and fiscal front to the public. Not only are political changes seeking to affect core values, but increased economic pressure threatens the sustainability of many systems. With that

being said, the media's nearly equal presentation of church and business centered articles sends a message that Catholic health care systems place dual importance on potentially conflicting identities, as a company responsible for maintaining open doors and an institution bound to a religious entity.

The identity messages in the mission, vision, and values statements and the press releases are both internally created texts of Catholic health care systems. Yet, the identity messages presented in each channel are strikingly opposite. While the mission, vision, and values statements presented the identity as primarily church-centered, with business obligations, the press releases focused far more on the business aspects of the systems. This discovery is most likely attributable to the role of each form of communication. The systems use mission, vision, and, values statements primarily to display the in-depth identity of an organization. With no strict guidelines to how the information should be formatted or what information is absolutely necessary, the mission, vision, and values statements are the purest form of identity messaging. Furthermore, the messaging is very broad because the system is trying to identify with as many publics as possible.

Press releases play a much different role in the communication efforts of an organization. Although communication practitioners, who create the press releases, are influenced by the mission, vision, and values statements, the purpose of each text is much different. Directed at news entities, a press release provides the necessary information for a reporter to create a news story. Communicators must consider not only the newsworthiness of the story, but they must also maintain a cohesive identity message with the other communication efforts of the organization. In an attempt to balance the typical business-centered topic of the press releases, many contained an "about us" section that presented more church-centered messaging.

As the results of phase 3 indicated, the media portray Catholic health care systems as both religious institutions, heavily influenced by their Catholic roots, but also as business units that must remain viable in the marketplace. The media, like many other interpreters of Catholic health care systems' identity, may look to the mission, vision, and values statements that are published for their official presentation of the core beliefs of the system, but they also consider the messaging in the press releases they receive from the Catholic health care systems.

The fourth research question examined to what degree the identity messages in the mission, vision, and value statements and the press releases are replicated in the media's articles. As evidenced by the results, the media articles contain sources of internal identity messaging, which influences the construction of identity messages portrayed in the news. As noted in the previous paragraphs, mission, vision and values statements were highly focused on religious aspects of identity, and the press releases displayed messaging related to the business aspects of the organizations. The fact that the media articles results were distributed fairly evenly between church and business focuses is no coincidence; reporters are notoriously thorough professionals, considering all information available regarding the topic of a story. Furthermore, the business messaging was slightly higher, which is also logical because the press releases serve as a source for the media articles, and therefore because business identity messaging was higher in the press releases, so should the media articles.

Key Concepts Found in the Identity Messages

A more in-depth look at the results in regards to the key concepts of the identity construction process provides insights into the role the communication media play in progressing the messages through the communication process. Identity, image, values and issues (Cheney & Vibbert, 1987) each influence how the basic identity of organizations is portrayed in each

medium. From the main message creator, through interpretive intermediary texts, to the media, the results of this research show that the identity messages consistently manifested throughout multiple channels. Identity (Cheney & Vibbert, 1987), which is the focus of this entire research project, is not found in one communication medium, but all three. Most dominantly featured in the mission, vision, and values statements because of the nature of the channel, the seven core messages identified in the ERD were echoed in both press releases and media articles. In each phase, all seven of the core beliefs held by the Catholic health care systems were found in the text. While the frequency and dominance differed in each stage, the mere reiteration of messages after reinterpretation by more than one public is conclusive of the cohesive identity of Catholic health care systems.

Values are another key concept in the identity construction process and one that communicators perceive as having significant influence to the overall identity (Cheney & Vibbert, 1987). Viewed as a direct representation of the system's foundational ethics, values serve as the guiding moral ideals. Found in all three phases of the research, values are constantly repeated and despite multiple manifestations of the identity messages, they remain unchanged through the communication process. Perhaps because values derive from the core beliefs of the organization, communicators emphasize their importance, thereby influencing the subsequent interpreters to emphasize them in their writings as well. To contribute to the common good was an identity message but also a value; throughout the three phases, to contribute to the common good was constantly reiterated and consistently ranked as one of the most frequently found messages.

Image, the third key term, is similar to identity but characterized by having more fleeting effects to the overall identity of the systems (Cheney & Vibbert, 1987). This third term, was

most dominantly found in the media articles, as they presented the only example of negative messaging towards the Catholic health care systems. An example found in the coding results was the necessity to renegotiate the contracts of nurses; while the unjust pay may cause some to view the health care systems negatively, it is unlikely once the problem is solved the negative image will persist. Consistent identity messaging will likely overtake a single negative image in time because identity has a more powerful, long-lasting effect on the overall perception of an organization.

Issue is the last key concept in the process of identity construction (Cheney & Vibbert, 1987). Found primarily in the press releases and media articles, both internal and external publics present their viewpoints on issues through their writing. In the systems' press releases the identity message, to uphold the overall morals of the church, inherently coded for the presence of the Catholic health care systems taking a position on social issues related to the doctrines set by the church. The ERD, which concludes with practical examples of how to apply the doctrines to situations in health care institutions, essentially stresses the necessity of aligning with the Catholic Church on issues. For example, the controversy over abortion has consistently presented itself in the media over the years, and it was even mentioned in some of the articles examined in this research. In all cases, the news articles presented the health care systems as against abortion, just as the Catholic Church is. Issues are an opportunity for Catholic health care systems to reinforce their identity within public discourse because identity messages can be reiterated. Image, values, and issues are present throughout the different stages of the identity construction process studied for this research. The results of this study show that Catholic health care institutions purposefully use them to positively shape the environment and their positioning.

Tensions Found in the Identity Messages

As the Catholic health care institutions manage multiple identities in an attempt to identify with as many different publics as possible, tensions between their messaging arise (Cheney & Christensen, 2001). Five different areas of tension were originally presented: (1) openness versus closedness of the system, (2) religious versus technical obligations of the system, (3) the words used to portray the identity versus the action of the systems, (4) identity messages in mission, vision, and values statements versus press releases, and (5) how the organization seeks to be portrayed versus how they are actually portrayed. Although these tensions were not explicitly coded for during the research process, inductive analysis of the results revealed the presence of four of the tensions. Openness versus closedness of the system was the only tension that could not be accounted for using the results of the study.

Surreptitious findings of the analysis showed distinct similarities between the four tensions that were accounted for. Each can be categorized further into two groups: internal dissonance and perception versus reality. Internal dissonance accounts for the conflict found in the various responsibilities of the system, which can manifest through contradictory messaging. The responsibilities of the systems do not always align with each other, but instead battle for prevalence in system messaging. Tension (2) the religious versus technical obligations of the systems and tension (3) identity messages found in mission, vision, and values statements versus press releases are categorized into the internal dissonance group. Perception versus reality represents the desire Catholic health care systems have to portray a certain identity versus the actual identity presented and held by the public. Tension (4) the words used to portray the identity versus the action of the systems shares similarities with the tension (5) how the organization seeks to be portrayed versus how they are actually portrayed, therefore classifying each into a group looking at perception versus reality.

The tension in identity messaging was felt most strongly in the internal dissonance group, specifically between balancing the religious versus technical obligations of the system. The two tensions in this group are interconnected; the religious versus technical obligations of the system become evident through analysis of mission, vision, and values systems versus press releases. Mission, vision, and values statements focus on emphasizing church-centered identity messages, or the religious obligations of the system. The results of this study show that press releases, on the other hand, focus more on business-centered identity messages, or the technical obligations of the system. Because these two obligations are emphasized in separate channels, the existence of the tension is evident. Yet, by focusing on each in this way perhaps the practitioners are actually attempting to present a cohesive image, where analysis across different channels shows that the systems take each obligation seriously.

A second area of tension exists between the idea of perception versus reality. This is most dominantly seen in the words used by an organization to present their identity compared to the actions of their employees and the system as whole. Health care systems logically only present the positive aspects of their organization when constructing identity messages, yet employees and the system as a whole can make decisions that run contrary to the image presented. Furthermore, when discrepancies between messaging and actions occur, the media often reports on it; their presentation includes both the good and bad reality of an organization's identity. This tension between how the system seeks to be portrayed versus how they are actually portrayed is the second tension in this group. Obviously interconnected, the identity messages systems present corresponds to how they want to be portrayed; furthermore their actions influence how they are actually portrayed. While these two tensions were initially studied as separate, the results show that they are far more interconnected and influence each other through a reciprocal

relationship. The health care system presents a certain identity; this subsequently influences how the media portray the system. Furthermore, the media's portrayal in turn influences future identity messaging by the health care system. Throughout this cyclical process, the actions of employees influence the messaging of both the system and the media, which in turn also affects the system's overall identity.

These tensions exist because of the complex nature of Catholic health care systems. Unlike a typical brand such as Nike or Ralph Lauren, Catholic health care systems are associated with the Catholic Church; an entity that extends back centuries and already has a firmly rooted identity. Existing in a secular world, these Catholic health care systems are walking a tightrope and each must independently decide how much to assimilate with the Catholic Church. While some systems choose to downplay their association, and offer minimal indication of such an affiliation, others place their primary focus on their Catholic roots. In the end, these system specific identification choices will determine likelihood of sustainability.

Implications

As exemplified through the presence of the key concepts (Cheney & Vibbert, 1987) and tensions (Cheney & Christensen, 2001) in the identity construction process, the differences and similarities found between the identity messages of the health care systems and media stories indicate that identity is in a constant state of flux (Cheney & Christensen, 2001). While this answer addresses the fifth research question, it may not comfort communicators who create positive identity messages for their brand only to watch the messages be overshadowed by negatively positioned news articles. Fortunately, negative images portrayed in the media are often fleeting and do not affect its basic identity; with a strong core of identity messaging woven

into communication efforts, public perception is generally redeemable (Cheney & Vibbert, 1987).

With that being said, there are several implications that communications practitioners can take away from this research. First, to fully understand the basic identity of an organization, it is important to analyze messaging as presented through multiple channels. Even internally created messages can portray opposing manifestations of the organization's identity. Furthermore, monitoring of external publics, like the media, who can influence identity, should be integrated into every communications plan. This study also implies that to provide a cohesive brand identity to the public, it is important to imbed key messages throughout all appropriate publications; repetition of the same information is integral to reinforcing an organization's message.

This is especially informative for communications practitioners who work for a Catholic health care system. Not only does this information present the collective identity of their specific industry, but it also shows that its basic identity is cohesive enough to stay consistent despite several different manifestations across different channels. In this time of uncertainty in the health care field, a cohesive brand image will help the Catholic health care systems stay sustainable. A Catholic health care system that is viewed as a religiously centered, successful business will be considered more viable for partnerships and financial backing than competitors that do not have a strong identity.

In addition to the insights this study offers to communications practitioners, it adds to the collective knowledge regarding organizational identity construction. Perhaps the most significant implication this study has upon past research is that it combines separate concepts into a single approach to better understand identity construction. This research combines identity construction and tension to show a more complete picture of the social construction of identity. This research

also offers a streamlined process for capturing a snapshot of an organization's identity. Unlike Cheney, who focuses primarily on the convoluted social nature of identity, which is constructed through the simultaneous and interweaving interpretations of different publics, this research analyzes the identity messages from different texts within a single year. This simplified approach to identity construction offers a streamlined assessment of how an organization is perceived. This research also illustrates that identity messages are able to undergo several manifestations in both internal and external channels, and still maintain the original basic identity.

Concluding Thoughts

The collective identity of Catholic health care systems in the United States is rooted in its association with the Roman Catholic Church. Despite the environmental factors that threaten Catholic health care systems in the United States, the identity of the systems is in little danger of drastically changing. In summary, this paper shows that while the process of identity construction is complex, but portraying a cohesive identity across both internal and external channels is possible.

Limitations and Possibilities for Future Research

The research is limited by the method used. Although content analysis is quite common and provides useful information, it can only describe what is analyzed; the method itself cannot prove the causes of the findings. Furthermore, because identity construction is a process based on human interpretation and social construction, the research study could have been expanded to include an additional method like interviews with Catholic health care employees. Because only messages published in 2013 were analyzed, the narrow amount of time is also a limitation. By looking at several consecutive years, a wider variety of issues reported upon by the media would have been included and therefore potentially shown a clear picture of the overall identity of

Catholic health care systems.

        The first opportunity for future research would be to interview individuals to see if their perception of the identity of Catholic health care systems coincides with the results of this study. The results would help to show which identity messages the public actually retains or perceives. It would also be interesting to look at how the mission, vision and value statements have changed over the years and determine whether the identity of Catholic health care institutions are in fact being diluted. This would help to forecast the likelihood of Catholic health care systems remaining sustainable with the current environmental factors previously discussed.

References

Abelson, R. (2012, February 20). Catholic hospitals expand, religious strings attached. *The New York Times*. Retrieved from http://www.nytimes.com/2012/02/21/health/policy/growth-of-catholic-hospitals-may-limit-access-to-reproductive-care.html.

Aristotle. (2001). *Nicomachean ethics*. (W.D. Ross, Trans.). Blacksburg, VA: Virginia Tech University. (Originally work published 350 B.C.E.)

Branaman, A. (August 1994). Reconsidering Kenneth Burke: His contributions to the identity controversy. *The Sociological Quarterly*, *35*(3), 443-455.

Brown, T., Werling, K., Walker, B., Burgdorfer, R., & Shields, J. (March 2012). Current trends in hospital mergers and acquisitions. *Healthcare Financial Management. 66*(3), 114.

Burke, K. (1969). *A rhetoric of motives*. Berkeley: University of California Press.

Catholic Health Association of the United States. (January 2012). Catholic health care in the United States: Mini profile. Retrieved from http://www.chausa.org/Pages/Newsroom/Fast_Facts/.

Catholic Health Association of the United States. (2012). A passionate voice for compassionate care: CHA Brochure. Retrieved from http://www.chausa.org/Pages/Newsroom/Strategic_Issues/Strategic_Issues_We_are_Addressing/.

Cheney, G. (1983a). The rhetoric of identification and the study of organizational communication. *The Quarterly Journal of Speech*, *69*, 143-158.

Cheney, G. (1983b). On the various and changing meanings of organizational membership: a field study of organizational identification. *Communication Monographs, 50*(4), 342-362.

Cheney, G. (1991). *Rhetoric in an organizational society: managing multiple identities.*

Columbia, SC: University of South Carolina Press.

Cheney, G., & Christensen, L.T. (2001). Organizational identity: linkages between internal and external communication. In F.M. Jablin & L.L. Putnam (Eds.), *The new handbook of organizational communication.* (p. 231-269) Thousand oaks, CA: Sage.

Cheney, George, and Steven L. Vibbert. (1987). Corporate discourse: Public relations and issue management. In F.M. Jablin, L.L. Putnum, K.H. Roberts, & L.W. Porter (Eds.), *Handbook of organizational communication: an interdisciplinary perspective*. Newbury Park, CA: Sage Publications.

Corbin, J., & Strauss, A. L. (1990). Grounded theory research: procedures, canons, and evaluative criteria. *Qualitative Sociology*, *13*(19), 3–19.

Curran, C. E. (1997). The Catholic identity of Catholic institutions. *Theological Studies*, *58*(1), 90-108.

Elo, S., Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*. *62*(1), 107-115.

Filteau, J. (2012). Catholic charities, Catholic Health Association challenge HHS mandate. *National Catholic Reporter*. *48*(19), 9. Retrieved from http://ncronline.org/news/ politics/catholic-charities-catholic-health-association-challenge-hhs-mandate.

Fonner, E. (March 1996). Catholic hospitals struggle to keep identity. *Healthcare and PR and Marketing News*. *5*(5).

Griffin, E. (1994). *A first look at communication theory*. (2nd ed.). United States of America: McGraw-Hill, Inc.

Happney, S. (2011). Appeal to conscience clauses in the face of divergent practices among catholic hospitals. Retrieved from http://www.catholichospitals.org/dissertation.pdf.

Hite, R. (21 August 2012). Guest viewpoint: Hospital merger reflects a changing corporate

    reality. *The Register-Guard*. Retrieved from http://www.registerguard.com

    /web/opinion/28621654-47/health-catholic-care-system-dignity.html.csp.

Holsti, O.R. (1969). *Content analysis for the social sciences and humanities.* Reading, MA:

    Addison-Wesley.

Holy Bible: New International Version. (1984). Grand Rapids: Zondervan House.

Hsieh, H., & Shannon, S. (4 October 2005). Three approaches to qualitative content analysis.

    Qualitative Health Research. *15*(9), 1277-1288.

Last, J. (2012 February 13). ObamaCare vs. the Catholics: The administration's breach of faith.

    The Weekly Standard. http://www.weeklystandard.com/articles/obamacare-vs-

    catholics_620946.html.

Law Students for Reproductive Justice. (2012). Religious hospitals, mergers & refusal clauses.

    http://lsrj.org/documents/factsheets/12_Religious%20Hospitals.pdf.

McCauley, B. (2011). American Catholic Hospitals: A century of changing markets and

    missions. *Bulletin of the History of Medicine*, *85*(4), 666-668.

Modern HealthCare. (June 2012). Healthcare Systems Ranked by 2011 Net Patient Revenue.

    Retrieved from www.modernhealthcare.com/reprints. (p. 1-5).

O'Rourke, K. (2001). Catholic hospitals and Catholic identity. *Christian Bioethics*, *7*(1), 15-28.

Patient Protection and Affordable Care Act, 42 U.S.C. § 18001 (2010).

Stempsey, W. (2001). Institutional identity and Roman Catholic hospitals. *Christian Bioethics*,

    7(1), 3-14.

The New York Times. (2012, November 8). Health Care Reform. Retrieved from

http://topics.nytimes.com/top/news/health/diseasesconditionsandhealthtopics/health_insur

ance_and_managed_care/health_care_reform/index.html.

The New York Times. (2012 May 21). Contraception and insurance coverage (religious exemption

debate). Retrieved from http://topics.nytimes.com/top/news/health/

diseasesconditionsandhealthtopics/health_insurance_and_managed_care/health_care_refo

rm/contraception/index.html.

United States Conference of Catholic Bishops. (15 June 2001). Ethical and religious directives

for catholic health care services. Retrieved from http://old.usccb.org/

bishops/directives.shtml.

Vowell, T. (March 1992). Preserving Catholic identity in mergers--an ethical and canon law

perspective. *Health Progress.* Retrieved from http://www.ncbi.nlm.nih.gov

/pubmed/10116501.

Witting, M. (3 March 2006). *Relations between organizational identity, identification and

organizational objectives: An empirical study in municipalities.* (Unpublished Article for

Graduation). University of Twente: Enschede, Netherlands.

Wrench, J. S. & Punyanunt-Carter. (29 December 2012). An Introduction to Organization

Communication. Retrieved from http://2012books.lardbucket.org/books/an-introduction-

to-organizational-communication/s01-about-the-authors.html.

Appendix A

Screenshots of Codebook for Phase 1

Qualifying Data													
ID Number	System Name	System Website	System Size	Is the strategic plan found on their website?	Where on the website is the strategic plan found?	Is the Mission Included?	Is the Vision Included?	Are the Values Included?	Additional Section with the Strategic Plan?	What is the format of strategic plan primarily?	Length of strategic plan	Title of strategic plan
Enter a unique strategic plan ID number here begin with 100	List name as it appears on the system's website	Enter the URL Below for the official Catholic health care system website	Number of hospitals listed in the Catholic system	Yes=0 No=1	Home Page=0 About Us Tab=1 Other=2	Yes=0 No=1	Yes=0 No=1	Yes=0 No=1	Yes=0 No=1	Paragraph=0 Bulleted=1 Infographic=2 Other=3 Multiple Formats=4	Enter the word count below	Enter full title below, including formatting

Quality Measures									
Tone of strategic plan	Mention of Catholic Church	Is a Catholic deity mentioned? (God, Christ, Jesus, Holy spirit, ect.)	Prominence	Dominance	is the Ethical and Religious Directives for Catholic Health Care Services mentioned?	Visual	Is there a quote from a Catholic leader? (A Pope, Mother Teresa, a Father)	Is Biblical scripture inlcuded?
Business-centered=0 Church-centered=1 Other=2	Yes=0 No=1	Yes=0 No=1	If a Catholic deity was mentioned, where did it appear first? 0=Title 1=First Paragraph 2=Other paragraphs (not the first 3=it did not appear at all)	How many times is a Catholic deity mentioned? Enter the number of mentions including those in the title, photo caption, chart, etc.	Yes=0 No=1	Inclusion of any graph, photo, video chart or logo Yes=0 No=1	If yes, then enter the name below If not then enter a 1	Yes=0 No=1

Interpretation of Identity Messages									
Christ-like service	To promote and defend human dignity	Care for the poor	Contribute to the common good	Stewardship of available health care resources	Upholding the overall morals of the church	Excellence in treatment, diagnosis and care	Overall Interpretation of Catholic health care systems' identities	What is the most prominent identity message?
Is the identity message mentioned: Yes=0 No=1	Is the identity message mentioned: Yes=0 No=1	Is the identity message mentioned: Yes=0 No=1	Is the identity message mentioned: Yes=0 No=1	Is the identity message mentioned: Yes=0 No=1	Is the identity message mentioned: Yes=0 No=1	Is the identity message mentioned: Yes=0 No=1	Business centered=0 Church Centered=1 Other=2	Below, list the identity message that is emphasized the most None=0

Appendix B

Screenshots of Codebook for Phase 2

Qualifying Data			
ID Number	Associated health care system title	Date Published	Headline
Enter a number specific to the article being coded	Enter the title of the system	mm/dd/yy	Enter the headline of the article 0=No headline

Quality Measures											
Is the Catholic Church Mentioned?	Dominance of Catholic Church	Is a Catholic Deity Mentioned? (God, Christ, Jesus, Holy Spirit, etc.)	Prominence of Deity Mentions	Dominance of Deity Mentions	is the Ethical and Religious Directives for Catholic Health Care Services mentioned?	Is an About Section Included?	Is there a quote from a Catholic leader? (A Pope, Mother Teresa, a Father)?	Is there a quote from a system employee? (Only from the system found most prominent/dominant within the article)		Is Biblical scripture included?
Yes=0 No=1	How many times is the Catholic Church mentioned?	Yes=0 No=1	If a Catholic deity was mentioned, where did it appear first?	How many times is a Catholic deity mentioned?	Yes=0 No=1	Yes=0 No=1	Yes=0 No=1	If yes, then enter the name below If not then enter a 0	Yes=0 No=1	If yes, then enter the name below If not then enter a 1 Yes=0 No=2	Yes=0 No=1

Interpretation of Identity Messages										
Christ-like service	To promote and defend human dignity	Care for the poor	Contribute to the common good	Stewardship of available health care resources	Upholding the overall morals of the church	Excellence in treatment, diagnosis and care	Overall Interpretation of Catholic health care systems' identities	What is the most prominent message?	What is the topic of the press release?
Is the identity message mentioned: Yes=0 No=1	Is the identity message mentioned: Yes=0 No=1	Is the identity message mentioned: Yes=0 No=1	Is the identity message mentioned: Yes=0 No=1	Is the identity message mentioned: Yes=0 No=1	Is the identity message mentioned: Yes=0 No=1	Is the identity message mentioned: Yes=0 No=1	Business centered=0 Church Centered=1 Other=2	Below, list the identity message that is emphasized the most=1 None=0	Type a brief description below

Appendix C

Screenshots of Codebook for Phase 3

Qualifying Data			
ID Number	Associated health care system title	Date Published	Headline
Enter a number specific to the article being coded	Enter the title of the system	mm/dd/yy	Enter the headline of the article 0=No headline

Quality Measures										
Is the Catholic Church Mentioned?	Dominance of Catholic Church	Is a Catholic Deity Mentioned? (God, Christ, Jesus, Holy Spirit, etc.)	Prominence of Deity Mentions	Dominance of Deity Mentions	is the Ethical and Religious Directives for Catholic Health Care Services mentioned?	Is an About Section Included?	Is there a quote from a Catholic leader? (A Pope, Mother Teresa, a Father)?	Is there a quote from a system employee? (Only from the system found most prominent/dominant within the article)	Is Biblical scripture included?
Yes=0 No=1	How many times is the Catholic Church mentioned?	Yes=0 No=1	If a Catholic deity was mentioned, where did it appear first?	How many times is a Catholic deity mentioned?	Yes=0 No=1	Yes=0 No=1	Yes=0 No=1	If yes, then enter the name below If not then enter a 0	Yes=0 No=1	If yes, then enter the name below If not then enter a 1 Yes=0 No=2	Yes=0 No=1

Interpretation of Identity Messages										
Christ-like service	To promote and defend human dignity	Care for the poor	Contribute to the common good	Stewardship of available health care resources	Upholding the overall morals of the church	Excellence in treatment, diagnosis and care	Overall Interpretation of Catholic health care systems' identities	What is the most prominent message?	What is the topic of the news article?
Is the identity message mentioned: Yes=0 No=1	Is the identity message mentioned: Yes=0 No=1	Is the identity message mentioned: Yes=0 No=1	Is the identity message mentioned: Yes=0 No=1	Is the identity message mentioned: Yes=0 No=1	Is the identity message mentioned: Yes=0 No=1	Is the identity message mentioned: Yes=0 No=1	Business centered=0 Church Centered=1 Other=2	Below, list the identity message that is emphasized the most=1 None=0	Type a brief description below

Table 1

Identity Messaging Found in Catholic Health Care System's Mission, Vision, and Values Statements

Measures Coded	Statistics n(%)
Inclusion of mission statement	20 (100%)
Inclusion of vision statement	12 (60%)
Inclusion of values statement	18 (90%)
Tone of strategic plan	Business-centered – 3 (15%) Church-centered – 17 (85%)
Mention of Catholic Deity	16 (80%)
Prominence of Deity mentions	First Paragraph – 8 (40%) Other Paragraphs – 8 (40%)
Dominance of Deity mentions	Average – 1.75 times per MVV statement
Mention of Ethical and Religious Directives for Catholic Health Care Services	0 (0%)
Inclusion of quote from a Catholic leader	1 (5%)
Inclusion of Biblical scripture	3 (15%)
MESSAGE: Christ-like service	13 (65%)
MESSAGE: To promote and defend human dignity	19 (95%)
MESSAGE: To care for the poor	16 (80%)
MESSAGE: To contribute to the common good	19 (95%)
MESSAGE: Stewardship of available health care resources	15 (75%)
MESSAGE: To uphold the overall morals of the church	12 (60%)
MESSAGE: Excellence in treatment, care and diagnosis	18 (90%)

Note. Statistics are based on the 20 systems analyzed
*n=the number of systems out of 20

Table 2

Identity Messaging Found in Catholic Health Care System's Press Releases

Measures Coded	Statistics n(%)
Mention of Catholic Church	1 (1%)
Mention of Catholic Deity	1 (1%)
Prominence of Deity mentions	First Paragraph – 1 (1%) Second Paragraphs – 1 (1%)
Dominance of Deity mentions	Average: .033 times per press release
Mention of Ethical and Religious Directives for Catholic Health Care Services	1 (1%)
Inclusion of an about section	51 (57%)
Inclusion of a quote from a Catholic leader	0 (0%)
Inclusion of a quote from an employee of the system	58 (64%)
Inclusion of Biblical scripture	0 (0%)
MESSAGE: Christ-like service	10 (11%)
MESSAGE: To promote and defend human dignity	12 (13%)
MESSAGE: To care for the poor	21 (23%)
MESSAGE: To contribute to the common good	54 (60%)
MESSAGE: Stewardship of available health care resources	31 (34%)
MESSAGE: To uphold the overall morals of the church	11 (12%)
MESSAGE: Excellence in treatment, care and diagnosis	69 (77%)
Tone of strategic plan	Business centered – 67 (74%) Church centered – 23 (26%)

Note. Statistics are based on the 90 press releases analyzed
*n=the number of press releases out of 90

Table 3

Identity Messaging of Catholic Health Care Systems Found in U.S. Media

Measures Coded	Statistics n(%)
Mention of the Catholic Church	18 (36%)
Mention of Catholic Deity	1 (1%)
Mention of a specific Catholic health care system	Yes, only one – 36 (72%) Yes, more than one – 6 (12%) No=8 (16%)
Dominance of Catholic health care system mentions	Average: 3.72 times per media article
Inclusion of a quote from a Catholic leader	9 (18%)
Inclusion of a quote from an employee of the system	15 (30%)
Mention of Biblical scripture	0 (0%)
MESSAGE: Christ-like service	2 (4%)
MESSAGE: To promote and defend human dignity	3 (6%)
MESSAGE: To care for the poor	8 (16%)
MESSAGE: To contribute to the common good	13 (26%)
MESSAGE: Stewardship of available health care resources	6 (12%)
MESSAGE: To uphold the overall morals of the church	21 (42%)
MESSAGE: Excellence in treatment, care and diagnosis	22 (44%)
Tone of strategic plan	Business-centered – 25 (50%) Church-centered – 23 (46%)

Note. Statistics are out of 50 news articles coded
*n=the number of news articles out of 50