Title  Vision and Achievement – An investigation into the foundation of the modern Hospice Movement to identify the role of corporate vision in the non-profit and voluntary sector.

Name  Martin Johnson

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VISION AND ACHIEVEMENT

An investigation into the foundation of the modern Hospice Movement to identify the role of corporate vision in the non-profit and voluntary sector.

by

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A thesis submitted for the degree of Doctor of Philosophy of the University of Luton

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April 1998
VISION AND ACHIEVEMENT:
An investigation into the foundation of the modern Hospice Movement to identify the role of corporate vision in the non-profit and voluntary sector.

MARTIN JOHNSON

ABSTRACT
This investigation examines the management concept of corporate vision in organisations. The study includes an investigation of the etymology and definitions of vision, and considers existing views of its application in management theory. Research was carried out into the foundation of independent voluntary hospices in Britain, using case studies, interviews, hospice histories, and a questionnaire survey. Information was obtained from 11 case studies and from questionnaires responses of 140 founders of seventy-two separate hospices. The principal finding is that corporate vision is a valid concept in organisations, and a definition of successful corporate vision is derived from the evidence obtained. The content of successful vision was shown to admit detailed analysis, and a feasibility test was devised which was then applied to a number of projects. The feasibility test showed a clear correlation between feasibility scoring and project time to completion. It is also shown that there are several common elements between hospice visions and the activity of a small number of successful visionary individuals both in business and charitable work. A relationship is demonstrated between leadership and corporate vision which shows that the leader is subordinate to the vision. Team structure and behaviour in hospice founding groups is shown to be at variance with those commonly found in business organisations. Hospice founders do not appear to use relative measures either for progress or success, and accept substantial changes to financial targets largely without concern. The only common factor related to failure of hospice projects is shown to be visions that were defective at the outset, in that they were not shared. The context of corporate vision is considered, and it is concluded that corporate vision as a concept is not necessarily applicable to all types of organisation.
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1 INTRODUCTION

Aims.
This investigation is intended to test the management concept of corporate vision in organisations. The word "Corporate" is used in the sense that a group of people working together with shared aims and objectives may be said to act in a corporate way, and in this research its antonym is "Personal". This study will include an investigation of the etymology and definitions of vision, and consider existing views of its application in management theory. The main part of the study is empirically-based research into the existence and nature of corporate vision as will be shown to exist in the foundation of independent charitable hospices in Britain. It is intended that this will provide an accurate working definition of corporate vision, and also establish that there are factors affecting the feasibility of visionary projects. This research is an attempt to learn from the activity of groups of dedicated and capable people who set out separately to accomplish major projects in their spare time, in the hope that lessons may be learnt for the benefit of others.

This chapter establishes the background and context of the research, and indicates its relevance to management. It is intended that the empirical data will establish more than just objective facts, and will also give evidence of the more subjective factors motivating the people involved. In our present culture, it often seems that established facts of a scientific kind are the essential evidence on which truths may be demonstrated. The problem with this is that the behaviour of people often does not appear to be based on rational logic and objective facts, but on feelings, relationships, and beliefs. The practice of management is concerned at least in part with understanding the behaviour of people in groups, and attempting to regulate or control it. The underlying aim in embarking on a study of corporate vision is attempting to establish truths about the power and effect of the human imagination, and whether such truths may have any useful applications in the management of organisations.

The Origin of the Project.
As a function of the research will be an attempt to trace the origins of visionary ideas, I believe it is necessary to explain my own background and the events that drew me into researching this particular topic. This project has its origin in an observation I made on the 3rd of April 1990. During my career in the Royal Air Force, I had travelled widely and served in many different locations. I had usually become involved in the life and activities of local churches and Scout Groups wherever I was based, and regarded these voluntary organisations as an essential part of
social life. During the period 1971-3 I had been stationed near the city of Lincoln, and together with a small group of other Scout Leaders, had set about trying to create a camping ground at a place called Sudbrooke Park, a few miles out of the city. Six acres of derelict parkland had been donated to the local Scouts, but as work was about to start, the Foot and Mouth outbreak of 1966/67 took place, and access to the site had been blocked for reasons of disease control. Four years later, we were introduced to acres of chest-high nettles and brambles, with many rotten and fallen trees everywhere.

By the time I moved away from the area in 1973, we had tamed the site, and constructed some essential facilities, but much remained to be done. A few of us had discussed the projects that were needed to complete the camp site, and knew that there was a major problem not just in the amount of building work involved, but the cost which was in the order of tens of thousands of pounds, a vast amount of money at that time for a small organisation with an income of around a few hundred pounds each year. Barely two years after I had moved away, my friend who had been the acknowledged leader and inspiration for the project died of cancer. The last time I had seen the camp site was on the 31st of January 1975, after my friend's funeral. Soon afterwards I learnt that another leader who had been an integral part of our little group and who had recruited and organised much of the workforce had also died.

On the 3rd of April 1990, for the first time in fifteen years, I found myself near Lincoln with a time to spare before my next appointment, so I decided to visit Sudbrooke Park to see what had happened to the place. I was mentally prepared to find decay and dereliction, knowing how much work had been required just to keep the plant life at bay. To my astonishment, I discovered the site not only in excellent order, but with all the expensive projects we had envisioned so many years before now complete and established. It was quite a shock to find that the vision shared between a few of us, of whom I was the only surviving original member, had become adopted and completed by others. It seemed to me that the ideas we had developed between 1970-73 for improving the camp site must have possessed a power and momentum of their own, which had inspired others to carry them through.

This notion interested me, and I became aware of visionary projects in other fields, particularly the impressive works of Christian leaders ranging from Paul Yonggi Cho of Korea to Oral Roberts in Oklahoma. In 1958, Paul Yonggi Cho founded his first church in a slum area of Seoul, South Korea. By 1983, the church had long outgrown its first, second, and third buildings, and work was well advanced on a church building that could seat 60,000. By then, this building was not large
CHAPTER I  INTRODUCTION

enough to contain all the members of the church, even with seven services each Sunday. So a further expansion was being planned to increase this capacity to 80,000.¹

Oral Roberts was an evangelist working in Oklahoma and the surrounding areas, when he believed that he was being called by God to found a Christian University. The University was opened at Tulsa, Oklahoma, in 1965 costing $250 million². Subsequently a medical school, hospital, and research centre were added. Professor Singewald of John Hopkins University has said “In the last century only one man founded a university and a medical school and teaching hospital, all working together as a unit. That man was John Hopkins. In this century, only one American has built a university, medical school and hospital, all working together, plus a research centre... That man is Oral Roberts”.³

An essential problem (from the management perspective) was that in both of these cases, the whole of the achievement was attributed to the active power of God. Although it may be appropriate to allow for a proper humility even in such dynamic Christian ministers as these, I felt that, while there was clearly a possible place for the effect of the divine, there was much more that needed to be understood about the capabilities and potential of individual people.

In the Spring of 1994 I began work as the General Manager of the Luton and South Bedfordshire Hospice, in a role comparable to a chief executive in a small company. The Hospice, was an independent charity founded by volunteers, had fifty-eight paid staff, and some 300-plus volunteer workers, not counting the army of people who helped with fund raising. Turnover was in the order of £1,000,000 p.a. to support an expenditure budget of £750,000. The balance sheet of the charity showed a total asset value of £2,300,000. This project had been initiated in October 1986, and had opened for patients in April 1991.

As I learnt more about the hospice movement, I discovered that there were over one hundred other hospices similar to the one at Luton. Some had been founded by groups of people on the basis of a deep personal Christian faith; others, like the one at Luton, by people with no shared religious affiliation, but with a deep concern for the needs of the sick and dying. I saw that the modern hospice movement in Britain provided a unique opportunity to study the mechanism of shared vision, and one that may hopefully supply answers that could enable future groups of people to

³ Ibid p. 358
approach their visionary projects with greater confidence. If nothing else, it should be possible to identify the nature of the motivational ideas which inspired such achievements.

**Motivation**

The motivational idea, or corporate vision, is in this context a mental image of a project which inspires a group of people to work voluntarily and with commitment and skill to achieve their shared goal. This latter statement is not an attempt yet to define corporate vision, but merely to describe its effect (definition: page 40). Therefore, a successful corporate vision is at root something that is powerfully motivational, and the research is an attempt to establish if there are any qualities or characteristics that can be discovered which appear to produce such powerful and consistent motivational effects as can be seen in the founding of the modern hospice movement.

In this sense, it is not a study of personal motivation, such as Maslow⁴ or Herzberg⁵ have established, but rather one set of factors that has the same effect on a variety of different groups of individuals. It may be argued that for the individuals participating the effect of this kind of project falls within the top levels of the Maslow hierarchy, "Self Actualization". Maslow ranked human needs in a six-tier hierarchy, with physiological needs at the lowest level, security and safety at the second, love and feelings of belonging third, competence, prestige and esteem fourth, self-fulfillment fifth, and curiosity and the need to understand at the top. These factors are normally presented as a pyramid structure. Rather than considering motivation from this perspective, I felt that the analysis of David McLelland⁶ would be likely to be more relevant, with his identification of three 'primary social motives', the need for achievement, the need for affiliation, and the need for power and influence. As McLelland had pointed out, for most people in the developed world the survival needs were not usually a dominant matter, and his primary social motives reflected particular personality types in a way that did not appear to change with changing circumstances.

At the early stages of this research I considered attempting to complete an analysis of individual motivation of leaders and supporters, but I had to conclude that this was not feasible.

Although theories of motivation such as those referred to above are useful in explaining the behaviour of people as individuals, the behaviour of groups of people engaged on a corporate project is normally considered in the context of leadership or management rather than psychology⁷. In relation to corporate vision, as will be shown, the general assumption is that

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⁷ Cormack, David (1987) *Team Spirit*. Bromley, Kent: MARC Europe, p. 31
developing and communicating vision, and managing the consequences, are all typically seen as the responsibility of the leader. This begs a number of questions about the relationship of leaders to visionary ideas, and whether the visions developed are actually personal or corporate. In the case of each project it will be shown that many people of widely differing backgrounds, skills and professions acted in a way that Maslow would probably have described as “self actualizing” together and at the same time. Therefore we are witnessing a phenomenon of group rather than personal motivation.

**Vision as a management tool.**

If it is the case that gifted individuals have personal visions of projects that are inspirational and motivational, and they also possess the leadership skills necessary to gather together the people needed to complete their vision, then there is no real management application that can be used on a consistent basis. Visionary projects become a completely hit-and-miss affair. Once in a while, the right person arrives at the right time with the right vision, and everything else happens as a consequence. That is not a scenario that can be managed in any realistic way. Alternatively, if groups of people share in the development of a visionary idea until it becomes a feasible project, then it is possible to manage the process whereby a vision is developed in such a way as to alter the final outcome.

If visions can be truly corporate, then it follows that such visions, arising from the ideas and information contributed by a number of individuals, can be analysed on the basis of their content and against a background of similar projects that have already been carried out. It should also follow that such an analysis could indicate the relative feasibility of the project. For this to be possible, it is necessary to possess relevant information on a large number of similar projects in order that valid and effective comparisons can be made.

**Advantages of using Hospices as a basis for study**

The hospice movement in Britain offered a good basis for such a study, because there were so many hospices that had been founded in a short space of time. There are less likely to be confusions over different economic systems or major historic or cultural changes, and the independent hospices have all been started “from scratch” by groups of volunteers. There should therefore be no confusions between possible causes of change in an organisation, where what may by one be described as “visionary” may in fact be primarily a reaction to a range of other compelling factors, or where ‘visionary leadership’ may in fact be financial coercion of others not free to express their own views or ideals when they are at variance with the leadership. As we shall see, in these voluntary organisations, the leaders expected to succeed by gaining the agreement of their groups.
Conflicts of Interest.

Establishing whether a vision is truly shared and engenders personal commitment is very difficult in a business setting. An employee working for a company may be hard working and effective, but his motivation may have no ultimate foundation in the vision of the company. His interests and those of the organisation differ, and may even potentially be in conflict. He may simply be motivated by a desire to earn high wages or to seek promotion and improve his future employability prospects outside the company. Conversely, a business or organisation may fail despite its employees being totally committed to it, because the vision they were working for was unattainable.

Corporate vision needs to be tested in situations where conflicts of interest can be ruled out, and where its relationship to the individual members of the group can be exposed. In addition, organisations already in existence may undergo substantial changes simply in response to perceived threats, based on their ‘survival purpose’. Therefore, from the point of view of the organisation there may be conflict of interest issues in analysing the reasons for change, so that what is claimed as a new, positive, visionary change for an organisation may simply be a creative response to a threat.

The first obvious move to eliminate conflict of interest issues among individuals is to look for settings where their participation is purely voluntary. This should remove motivation factors related to the lower levels of the Maslow hierarchy. The second is to look for visionary projects conducted by volunteers that involve creating a new organisation, so that it is a new foundation, not a change from a former state that may not be a genuinely visionary change. A third consideration is the feasibility test: testing the claim that vision concerns ‘big, hairy, audacious goals’\(^8\). In order to avoid any other possible confusion in this research, a visionary project needs to be something beyond the previous experience of the participants; a large-scale enterprise that is also a ‘first time’ for its participants.

The assembling of a group of volunteers to build a charitable hospice provides a setting where these conditions can be met. These considerations show why the modern hospice movement is ideal for the purposes of this study.

Outcomes.
The following outcomes are expected from this research:

1. A demonstration that corporate vision exists in organisations.
2. A definition of successful corporate vision based on the evidence obtained.
3. An analysis of corporate vision that will permit a detailed analysis of the content of successful corporate vision.
4. A feasibility test against which future projects can be assessed.
5. A comparison between vision in hospice foundation and that in business.
6. An identification of the management issues relating to leadership, teamwork, and finance in hospice foundation evidenced during the research.
7. An identification of any factors that appear to be closely associated with failure in visionary projects.

Structure
Chapter two is intended to provide an overview of the modern hospice movement, and to establish its position in the systems of health care and charity organisation in Britain.

Chapters three and four comprise the literature survey and are concerned with the usage, derivation, and definition of vision in management literature at the present time.

Chapter five describes the methodology used in the research, and the associated development of the research project as it progressed.

Chapter six contains the information obtained from case studies of hospice projects.

Chapter seven reports the findings obtained from a questionnaire survey of hospice founders, in an attempt to test the hypotheses developed in chapter five.

Chapter eight reports the development of a feasibility test for corporate vision, using evidence from the case studies, the questionnaire survey, and the hospice histories that were obtained.

Chapter nine identifies issues that may prove suitable for further research. These are issues that were identified as being of possible interest during the research, but were not considered to fall within the scope of this project. These include: leadership with vision, financing a vision, and delays and failures of vision. These are topics of interest and value to managers of visionary
organisations. There is also a study of a possible means of categorising organisations related to their propensity for corporate vision, and a series of minor issues.

Chapter ten collates the evidence and conclusions drawn in chapters six to ten, and presents the findings of the research as related to the hypotheses. Factors that appear to distinguish the practices of hospice founders from those common in business are also explored. Some possible applications of the findings are discussed.

Appendix 1 is an examination of personal vision in the lives of six famous individuals, to attempt to establish factors that may be common to both personal vision and corporate vision, and also to explore the relationship between personal vision and corporate vision. This should help to identify ways in which corporate vision is distinct from personal vision.

Appendix 2 contains a copy of the survey questionnaire used for the main survey, together with summarised results obtained.

SUMMARY.
The research has been shown to be based on personal experience and observation. These gave rise to questions about the power of vision in the life, behaviour, and activity of people, but it did not seem possible to me to find answers to any of these questions until I discovered what had happened in the modern hospice movement in Britain during the past thirty years. The modern hospice movement offered a field of study where a number of potential conflict of interest problems were less likely to occur, and where abundant information was available. While not being a study of personal motivation, this research is exploring factors that appear to have provided powerful motivation for many groups of people, and the primary management relevance of the research lies in this field. From this background, it became possible to identify a set of possible outcomes for research, and to establish a structure within which to work.

As will be demonstrated, corporate vision is a term widely used in management theory, but often in ways that appear confused and contradictory. This research will show that corporate vision is an authentic phenomenon, and one that can be shown to contribute to the success of projects. It will also be shown that the context is important, and that accurate definition is a key factor.
CHAPTER 2 HOSPICES IN THE BRITISH CONTEXT

2 HOSPICES IN THE BRITISH CONTEXT

Introduction
If corporate vision exists and is to be found in any organisations, then of all places and types of organisation the modern hospices are surely among the most likely. For those familiar with modern hospices, this will come as no surprise: they will know that the local hospice is probably the most prominent and active charity in the local area, and it will have a reputation for first-class care for both patients and families. This chapter provides an overview of the modern hospice movement, and also attempts to establish it within the cultural, historical, and legislative framework of the United Kingdom. It will be shown that hospices are substantial charitable enterprises, in terms of their building and operating costs, even if they are very small by comparison with modern general hospitals. The nature of the work carried out at hospices will also be explained. This establishes the context within which this research project has been conducted.

Typical Hospices
The “average hospice” in the United Kingdom has fifteen in-patient beds, a day care centre, and a home care service. The typical value of the buildings and grounds is around £2,000,000, and the annual running cost is approximately £1,250,000. Of that annual cost, central government supplies between £300,000 and £500,0009. This is borne out to a great extent by the hospices participating in this study, as seen from the examples in Table 2-1 below.

In Table 2-1 freehold valuations are based on published accounts, which were checked with the managers of each hospice, who also supplied the budget details for the current year and the percentage of NHS funding. The older establishments show relatively lower freehold valuations, based on the depreciated costs of existing buildings.

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9 The Hospice Information Service conducts an annual survey of all British hospices, and publishes the result in this directory. The details above were extracted from the reported information for each establishment listed. In 1996, 8% of hospices had four or fewer beds, 23% had between five and nine, 42% had between ten and nineteen, 19.5% had between twenty and twenty-nine, 7.5% had thirty or more. Hospice Information Service (1996) Directory of Hospice and Palliative Services. London: St Christopher’s Hospice.
Table 2-1 Property values and expenditure budgets of In-patient hospices surveyed by author

<table>
<thead>
<tr>
<th>Hospice</th>
<th>Year open</th>
<th>No. Beds</th>
<th>Freehold Property (1996 estimate)</th>
<th>1996/97 Budget</th>
<th>% NHS Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willen</td>
<td>1981</td>
<td>22</td>
<td>£955,000</td>
<td>£1,600,000</td>
<td>28</td>
</tr>
<tr>
<td>Myton Hamlet</td>
<td>1982</td>
<td>25</td>
<td>£1,600,000</td>
<td>£1,220,000</td>
<td>40</td>
</tr>
<tr>
<td>St Francis</td>
<td>1986</td>
<td>8</td>
<td>£400,000</td>
<td>£700,000</td>
<td>34</td>
</tr>
<tr>
<td>Luton &amp; South Beds</td>
<td>1991</td>
<td>10</td>
<td>£1,400,000</td>
<td>£966,000</td>
<td>31</td>
</tr>
<tr>
<td>Katharine House</td>
<td>1992</td>
<td>12</td>
<td>£1,500,000</td>
<td>£800,000</td>
<td>30</td>
</tr>
<tr>
<td>St Nicholas</td>
<td>1992</td>
<td>10</td>
<td>£2,000,000</td>
<td>£1,100,000</td>
<td>49</td>
</tr>
<tr>
<td>St Luke’s</td>
<td>1998</td>
<td>12</td>
<td>£3,000,000</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Average of sample</td>
<td></td>
<td>14.1</td>
<td>£1,550,000</td>
<td>£1,064,000</td>
<td>31</td>
</tr>
</tbody>
</table>

The founding group of each of these hospices has achieved both a major capital fund raising target to acquire and build their buildings, and has also accepted the ongoing commitment of financing the hospice from charitable funds. In addition, these groups of mostly non-medical people have grappled with advanced concepts of medicine and care in order to produce and manage a working establishment. In Mansfield, a District General Manager, speaking of the trustees of the local hospice project said that the trustees:

spent a tremendous amount of time becoming educated about hospice care and they’d been everywhere...and they have travelled widely and extensively to talk to people and to go to conferences and in doing that they have become members of the national societies and organisations for hospice care...they had become experts in terms of the provision of care, non-professionals except for a general practitioner...other than that they were not professionals in the service, but they had become experts.¹⁰

These trustees are typical of many others, and their counterparts could be found in most of the hospices in the short list above.

The Origin of the Modern Hospice Movement

It is possible to see how the various ideas that distinguish the modern hospice movement came together through the life and work experience of Cicely Saunders, whose story is recounted at greater length in Appendix 1. Her training in the years prior to opening St Christopher’s Hospice

in Sydenham in 1967 included gaining a PPE degree from Oxford, training as a Nightingale Nurse, and as an Almoner (the now-obsolete title for a hospital social worker). Subsequently, she encountered a unique approach to pain control, and care within a deeply religious but tolerant environment at St Luke’s Hospital where she served as a volunteer for seven years. Her work with the terminally-ill was continued at St Joseph’s, a hospice founded in Hackney by a group of Irish nuns. Her training and qualifying as a doctor was followed by an appointment as a research fellow studying pain control. Thus we see that the vision by which the modern hospice movement was inspired contained many components from the diverse training and experience of one individual gained over a period of many years.

The implementation of the vision for St Christopher’s took a further eight years while Cicely Saunders recruited others to her project, and tried to find suitable land and the funds with which to construct the buildings. The situation in which she then found herself was that of a pioneer in medicine and care. St Christopher’s was not an end in itself, but a platform from which the worldwide movement was launched. While the biography shows that she had a desire to help a much larger number of people than could be cared for at a single home, beyond the intention to train doctors, there is no indication of any belief that a large number of establishments would ever be founded.

**Palliative Care**

All these hospices provide Palliative Care, which is defined as: ‘The active, total care of patients whose disease is not responsive to curative treatment. Control of pain, of other symptoms, and of psychological, social and spiritual problems is paramount. The goal of palliative care is achievement of the best possible quality of life for patients and their families. Many aspects of palliative care are also applicable earlier in the course of the illness, in conjunction with anti-cancer treatment.’

Palliative Medicine is now an accepted speciality in the field of medicine, with an accredited diploma available for doctors, and many established consultant physician grade posts not just in Britain, but also in most countries of the developed world. Palliative Care has similarly become a specialist field of nursing, with a range of diploma courses available. It is now accepted that Palliative Medicine and Palliative Care can make a very considerable difference to the experience of people suffering from incurable disease. These are direct results of the pioneering work of

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Cicely Saunders, and this work has become established and widespread through the hospice movement.

The Present-Day Need For Hospices
The need for hospices is closely linked to the growing incidence of cancer as one of the three principal causes of death in Britain\(^\text{13}\). While there are a few hospices established specifically for AIDS patients and for children with life-threatening diseases, these are very much in the minority. This reflects the much lower incidence of these diseases among the British population. As medicine has successfully reduced the incidence of death caused by a large range of other diseases such as heart disease and pneumonia, so the average life expectancy of individuals has risen sharply. Cancer is generally a disease of the elderly, and so the longer people live, the more likely they are to contract cancer.

From surveys conducted in the period 1991-1994, it has been estimated that there are approximately 2,800 deaths annually from cancer in UK per million of population\(^\text{14}\) and that the most commonly-occurring symptom was pain (in 2,360 out of 2,800 cases). Non-cancer deaths (excluding accidental death and suicide) totalled an average of 6,864 per million.

Despite the considerable work and research that has taken place to find both the causes of and cures for cancer, still a very high percentage of cancers ultimately prove untreatable. The nature of most cancers is that they often take months and sometimes years to develop fully, and the process can be a slow death. The accompanying symptoms, if untreated, are usually painful, embarrassing, and very distressing, both for the patient, and also for the family.

Because nearly one third of all deaths in Britain are caused by cancer, it is very unlikely that any adult over thirty years of age will not have had close personal experience of a friend or relative dying of cancer. Often, where the hospice movement has not been involved, that experience will not have been good. Confronting the fact of death can be complicated by the feeling that the final days or hours were handled in a very impersonal way by the care professionals involved. The medical and nursing professions would like to be able to do better, but they do not have enough manpower for the task before them. Hospices, by contrast, have nurse-to-patient ratios ranging from 1.3:1 up to more than 2:1\(^\text{15}\), levels that would normally only be found in the intensive care wards of general hospitals.

\(^{13}\) Higginson, I. (1995). pp. 10-16

\(^{14}\) Ibid p. 15.

\(^{15}\) National Council for Hospices and Specialist Palliative Care, from reports supplied to the author during 1997 which have yet to be published.
In studying the possible existence of corporate vision in the hospice movement, it must be noted
that hospices are ultimately concerned with improving the quality of death for their patients. They
do not offer any form of cure, and so any vision concerned with hospice development cannot be
related to a desire for “happy endings” as normally understood. Even worse, the concept of a
“good death” still involves a patient dying, a situation which would normally be seen as failure by
doctors. However, the prevalence of cancer brings virtually everyone in contact with it, so a very
large proportion of the population can identify with the need for good care for terminal cancer
patients.

The Legal Position Of Hospices
All the hospices reviewed are registered charities. The concept of charity was established in
Western Europe certainly by late medieval times, and English charity law refers back to legislation
from the reign of Queen Elizabeth I, the Charitable Uses Act of 1601. This seems to have
acknowledged what was even then long-established practice. At that time, charitable objects were
defined under four main headings. These were: Education, Relief of poverty, Care for the sick,
and the promotion of religion. Since that time, a considerable body of law has been developed in
England concerning the control and management of charities. This includes the following 16:

Charitable Trusts Act 1853;
Charitable Trustees Incorporation Act 1872;
The Pemsel case of 1891, defining charitable objects as: The relief of poverty, Education,
Religion, and General benefit to the Community;
Trustee Acts 1925;
Charities Act 1960;
Charities Act 1992;
Charities Act 1993;
Charitable Institutions (Fund Raising) Regulations 1994;
Charities (Accounts and Reports) Regulations 1995.

Taxation Regime of Charities
The Charities legislation of more recent years is aimed at preventing mismanagement of charities,
and establishing a register of charities entitled to claim fiscal concessions. The principal tax
advantages of charity registration in UK are an exemption from Corporation Tax on surpluses,

Sector Press. pp. 385-399. Also checked and confirmed by a member of staff at the Charities
Commission
income tax on investment and other income, and also from property taxes. Charitable status also
entitles charities to reclaim income and corporation tax paid by private and corporate donors on
donations that are made subject to deeds of covenant or under the gift aid scheme.

There are a variety of exemptions from Value Added Tax that can be claimed by charities,
particularly those working in the Health Care sector and in support of people with physical
disabilities. Registered charitable status is a valuable concession for the typical hospice, and
represents a hidden cash benefit in excess of £100,000 each year.

Registration Requirements
Hospices are registered as nursing homes, and are subject to annual inspection and compliance
with nursing homes regulations. In addition, all normal Health and Safety and Food Hygiene
legislation must be observed. The financial operation of charities is subject to the supervisory
scrutiny of the Charities Commissioners. Recently-introduced regulations have required charities
to become more careful about such issues as the holding of surpluses, the declaration of restricted
funds, and the ratio of fund raising costs to net amounts raised. Trustees of charities need to be
mindful of the fact that there is a statutory body with a duty to observe the management of their
charities.

Hospices In The Wider Charity Context In Britain
The book "Dimensions of the Voluntary Sector"\textsuperscript{17} contains a comprehensive statistical review of
charitable organisations within the United Kingdom. It describes the size and scope of the sector,
and the sources of support for voluntary organisations. In 1994 a total figure was recorded of
178,609 registered charities. A 1990-91 survey showed that, when certain types of charitable
organisation were excluded (ostensibly government bodies, purely financial bodies, and
universities, colleges, housing associations, friendly societies, trades unions, places of worship
which are all covered by other regulating or funding bodies), then less than 100,000 general
charities remained. Of these 7,785 (9\%) had incomes in excess of £100,000, only 476 (0.5\%) of
them had incomes in excess of £1,000,000, and a mere eighty-six (0.1\%) of these had incomes in
excess of £10,000,000.

All the hospices surveyed which are currently operational have incomes in excess of £750,000. All
of these hospices are therefore within the top 1.5\% of all fund raising charities in Britain. A study
made by the Hospice Information Service based on a survey published by Charities Aid
Foundation from accounts ending 1993 shows forty nine independent hospices in the top 500

\textsuperscript{17} Pharaoh, Kathy (1996) editor, \textit{Dimensions of the Voluntary Sector}. West Malling, Kent: The
Charities Aid Foundation.
charities. With the growth in both the number and size of hospices over the subsequent three years, as many as 100 of the 500 fund raising charities with the highest annual incomes (the top-earning 0.5%) in Britain are now likely to be Hospices.

In the traditional British culture, there are a large number of examples of these kinds of project carried out by groups of people. Virtually all the hospitals and schools founded before 1940, and most organisations caring for children were originally established as charities.

**Relationship between Charities and national government.**

Following a national survey carried out by the Marie Curie organisation in 1961, a series of subsequent studies all showed the grim picture of neglect, inadequate support, and lack of pain control which was the normal lot of the patient with terminal cancer in Britain at that time.\(^\text{18}\) This is the background against which the hospice movement was conceived. Despite a clear demonstration of need, however, government response was negligible for nearly three decades.

A government statement on 13th July 1990\(^\text{19}\) stated that the allocations for hospices that year totalled £11,030,000, and the aim was to match voluntary giving “pound for pound”. The aim to provide 50% funding for hospices was confirmed again later by Mrs. Virginia Bottomley the then Secretary of State for Health. Dedicated government funding for hospices was £17 million in 1991/92, £37.2 million in 1992/93, and £47.7 million in 1994/95. This dramatic increase in government payments to hospices arose after the completion of the majority of projects under study. Of the hospices individually case-studied, only Myton Hamlet had any form of commitment of NHS funding prior to its commencement. The rise in government support seems, therefore, to be a response to a successful movement rather than a causative factor.

The 1990-91 survey\(^\text{20}\) shows that central government funding of one form or another accounted for 24% of total charity income. Although government policy between 1991-1994 was to aim for 50% funding of hospices, the overall figure achieved of 34%\(^\text{21}\) in 1994 is still considerably above the average for the voluntary sector as a whole, and indicates a very favourable attitude of central government towards voluntary hospices when viewed in comparison with other charities.

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\(^{19}\) Hansard 13 July 1990 p. 551 Baroness Blatch


\(^{21}\) Estimate provided by Marie Curie Organisation 1994
CHAPTER 2 HOSPICES IN THE BRITISH CONTEXT

Religious Attitudes
The British culture has also changed significantly within the past fifty years, and with it our approach to death and bereavement. Familiarity with Christian concepts of death and the afterlife has dwindled remarkably: the “religious indoctrination” of children in state schools has virtually ceased. The role of the local vicar has changed, so that he (or she) is no longer regarded as a main point of contact within the community by people experiencing grief and suffering.

The number of clergymen within the established (Anglican) church has also been greatly reduced, so their ability to act in this role is generally confined only to the members of their own congregations. Hospices, by contrast, are perceived as places with a relevant experience of and approach to death, and which are available to all members of the community without regard to religion or other status. Hospice staff are regarded as “experts” in the subject of death, and bereavement care forms an active part of the work of many hospice staff. This extends the involvement of the hospice within the community well beyond that of direct care for patients.

SUMMARY
We have seen that the modern hospices in Britain represent a very substantial movement. Although they are charities, governed by volunteer trustees, they still operate to very high standards of medical and nursing care, and they depend on the support of the general public for the majority of their income. The existence of hospices arises from the visionary work of Dame Cicely Saunders, founder of St Christopher’s Hospice in Sydenham, and pioneer of methods of pain and symptom control. The massive support given to the hospice movement by the public must be related to the prevalence of cancer as a major cause of death, and to the distressing symptoms that often accompany the disease in its terminal stages.

We have noted also that this form of charitable movement is not a unique phenomenon, and that the British legal and fiscal framework recognises the existence of charitable organisations, and provides certain statutory concessions for charities. It was also shown that active government support appeared to have followed the creation of a successful movement, rather than preceding it. We saw that the changing religious culture in Britain may play a part in affecting the attitude of people towards death, and consequently influence their desire to support hospices.

Even though we have demonstrated the existence of hospices in Britain as a phenomenon unique in their time, and have shown that they were built to serve a pressing health and social need, we have not yet given any explanation as to how they were created. Even to suggest that their creation in a response to social need is a phenomenon that has earlier parallels in British culture possibly several centuries old is still not an explanation for the growth of such forms of organisation.
Finally, these establishments have been created by groups of people working as volunteers. We have seen that such volunteers display energy and commitment of the highest order, and we can study the fruits of their efforts. This study of corporate vision is based on the idea that in vision and its motivating effects we shall find an explanation for the hospices, and if for the hospices, then possibly also for other types of organisation.
3 MANAGEMENT VIEWS OF VISION: LITERATURE SURVEY

PART 1

Aim
The initial aim of this review of literature on the subject of corporate vision in the context of managing organisations is to seek to discover whether there is general agreement on the application and relevance of corporate vision in the context of organisational management. The relationship of corporate vision to leadership and management is also explored. Simply put, the questions about corporate vision are; “What is it? What effect does it have?” and, “Does it matter?”.

How Is “Vision” Described?
The terms ‘vision’, ‘strategic vision’, ‘organizational vision’, ‘shared vision’ and ‘corporate vision’ appear to be used in very elastic ways in management theories, and this demonstrates the need for the working definition established in chapter four. This chapter will therefore begin by identifying examples of these terms in use, and seek to establish the contexts in which each term is used. Related matters are planning, mission, the use of vision statements in organisations, and leadership. There are also recent examples of the word foresight being used in similar ways to vision, and these will be considered.

Strategic Vision
Strategic vision is a concept that appears to be well recognised in Europe and the USA among large companies. Lynda Gratton reports on the development of strategic visions in seven European Multi-national companies. She describes how human resource factors were taken into account, and how strategies were developed and planned, with great attention given to risk analysis associated with the corporate visions. This study demonstrates the use of Strategic Vision as a part of the planning process of a corporation. The content of the visions was quite specific:

For this group the vision for the year 2000 was clear: to be market leader in their key product areas, to be a low cost producer, to strengthen their regional presence whilst expanding in the Asian Pacific Region.

CHAPTER 3 MANAGEMENT VIEWS OF VISION

The strategic vision in this context is designed to help a company view its likely future in a competitive environment. In this article, Lynda Gratton also equates vision with any desired future state, so any planning aimed at anticipating threats and challenges to a company would involve 'vision'. This is clear in the description of the visions of the seven companies - and one need not be an executive in any of the companies concerned to guess that the intentions or desires of the companies in question would be 'to be market leaders in the respective products'. The time scale involved in these strategic visions is some five years, not a period of time that involves much prescience when considering the development cycles of many modern products. In this analysis, the vision and mission of the companies are synonymous, and are merely aids to necessary strategic planning.

In 1992, warning notes were being sounded about inappropriate uses of the concept of strategic vision. Colin Coulson-Thomas reported on three surveys conducted during 1991 by British-based organisations. These showed marked divergence between aspiration and reality:

Major companies devote considerable effort to communicating corporate visions and missions...A gap has emerged between rhetoric and reality...A widespread desire for corporate transformation is not matched by understanding of how to bring it about. 23

In this article, 'strategic vision' is used synonymously with 'corporate vision'. It seems that strategic vision is often being regarded as a form of panacea solution for problems, which becomes irrelevant in times of acute difficulty.

Paul Taffinder writes 'To set about producing and then sticking to a long-term vision simply because everyone else does this, is more common than you might believe24. The practical experience of Harari25 is the same as many other writers on the subject: too often, he says, vision is simply a jargon term that has no real effect on most businesses or organizations, but is simply a concept that people pay lip-service to.

The truth of this use or abuse of vision as a jargon term is illustrated in the work of the American cartoonist, Scott Adams, with his Dilbert cartoons which are published in the daily press in the USA and Britain 26. The context of this satirical humour is a nameless corporation, but such humour could only be appreciated on the wide scale that it is if it accurately reflected contemporary business culture. Mission and vision statements in particular are savagely lampooned.

Perhaps the truth is that vision statements, intended to inspire and inform managers and employees, in most of these cases, were never genuinely shared or truly inspiring, but an alternative possibility is that there was a failure to communicate the vision in an adequate way.

A CEO summed up the dilemma: "I face a real conflict of interests, between the long term demands of the vision, and a short term imperative to survive. I don’t want the vision to become an epitaph." 27

Organizational Vision

Another term that appears regularly is organizational vision. It does not appear to describe a concept different from strategic vision, but is another way of describing the concept of vision in the management of an organization.

For the past several years, there has been growing interest in the concept of organizational vision.... Researchers have seen vision as important to leadership, strategy implementation and change 28.

The words strategic and organizational as applied to vision both seem to relate to the application of the same concept of vision, in the first instance it relates to planning the future of an organization in a competitive environment, and in the second it describes an approach or technique used in the management of an organization that may be a commercial company, but could also be a not-for-profit institution, such as a school or university. These writers make a very unexpected observation on the nature of vision:

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27 Coulson-Thomas, C (1992) Strategic vision or strategic con? Rhetoric or reality? p. 84
Yet vision technically remains a 'hypothetical construct' - one that is not directly observable and that seemingly carries meaning beyond any single or simple description.29

The oddity of this remark lies simply in the fact that the word vision implies something that can be visualised. Something that can be made visible must therefore be observable. What are these writers describing? Is vision being used to describe an intangible immaterial and invisible construct?

The vision is the foundation upon which the organization is built. It serves as an energy source for all the organization’s stakeholders. The vision should provide a template by which the organization can analyze external threats and opportunities. Furthermore, the vision should help the organization to organise and focus internal resources to bring the vision into reality.30

The grand claims made for vision in this quotation demonstrate the panacea potential of vision, and indicates that the earlier scepticism reported by Colin Coulson-Thomas had not dented the enthusiasm of proponents of vision.

At this point, the terms strategic vision, corporate vision, and organizational vision are describing different uses or applications of the concept of vision. What they have in common is the context, that is the concern for a means of managing an organization. Thus, at this point, we have seen vision as a concept used in managing a large organisation, but without defining how it may be related to managers and staff of such an organization. As a concept, vision must obviously reside in the mind or thinking of a person or people, and here some differentiation becomes evident.

Shared Vision
A number of authors insist that vision in an organisation must be shared to the extent that all the members of the organization shall not only know what the organisation’s vision states, but that it will also reflect their own personal values.

The deceptive little word 'shared' is the rain-maker ... the vision...must engender a sense of ownership, agreement and commitment throughout the organization - and

CHAPTER 3 MANAGEMENT VIEWS OF VISION

generate a deep mindfulness of the organization's purpose... People must share the core vision and values.\(^3\)

In the view of Harari, if the vision is not shared it will be ineffective. He is able to describe the characteristics of a vision that is shared, and he points to the effect that such sharing has on the people involved.

This, in turn, means that they understand and embrace their roles in carrying out the vision and values, and that they believe the organization's systems and leadership fully support their efforts\(^3\).

From this perspective, vision is a very desirable thing in an organisation, and a considerable aid to management. The challenge becomes how to achieve such an enviable state of employee commitment. How can such a vision be brought into operation? It would seem natural to suppose that, if such a state can be identified, it may also be achievable following prescriptive methods.

Forth and Nordvik believe that this can be accomplished. They take the view that not only is it essential that an organization's vision must be shared, but also that the members of the organisation should all participate in developing it. They explain how to assemble groups of people and develop what they call a corporate vision from the group. They explain that these processes have been developed over ten years with more than 3,000 people of thirty to forty different nationalities.\(^3\) They rely on a form of spontaneous creativity operating within the groups, but advocate a prescriptive procedure by which they say that creativity will be induced.

A more typical view of vision origination is that of Quigley, who says that vision development is an essential responsibility of leaders, whether in commercial or not-for-profit organizations. The process he describes, however, requires the leader to establish the vision on the basis of the shared values of the organisation, and to involve the other leaders or managers within the organisation in the formulation of the vision. 'This book gives a step-by-step description of how the leader and the leadership group can develop a distinctive corporate or institutional vision that creates shared ownership and commitment'.\(^3\)

Quigley believes that corporate vision can be built in a very prescriptive way, and he has produced what amounts to a ‘how to’ manual. He compares corporate vision to the growth of the major religions ‘some of the earliest and strongest visions were religious in nature’ 35, but the shared values he discusses could include things much more prosaic than religious ideals, such as the need to make a profit.

The corporate vision described by these authors is not synonymous with the idea of strategic vision described earlier, in that an organisation’s strategic vision does not necessarily require the involvement of all staff in its formulation. It must be asked whether it is accurate to describe as corporate a vision unless it is shared by the members of the body corporate both in the creation and the application.

Vision Statements

Although some authors view vision itself as an ethereal concept, the vision statements produced by organisations are observable phenomena, and they exist in profusion. Quigley is of the view that corporations must have vision statements 36, and this belief is widespread among both the teachers of management theory and the practitioners of management in large US companies.

Larwood et al report on extensive research into vision statements submitted by business chief executives in the USA 37. This followed an earlier survey of vision statements among American Business School Deans. The study itself was aimed simply to provide a more complete understanding of the content of the visions of top executives, and was the first large-scale study of its type. 328 out of 331 respondents provided a written vision statement, which indicated that they felt they knew what a vision was and that theirs could stand up to analysis. This level of response also demonstrates conclusively that vision is a very widely-used concept in current business management practice. The vision statements appear to relate to definite business goals, but the analysis did not go beyond comparisons of content and respondents.

We focused on the content and context of visions. We take the view that vision is what those charged with having a vision think it is. In that sense, the present work is still definitional.

Thus, this detailed and informative research carries us no further forward in our attempts either to understand the origination and importance of vision. Although a high level of similarity was found

35 Quigley, Joseph V. (1993) p. 3
36 Ibid p. 6
in the vision statements provided, there was no evidence offered to show that these had actually proved influential or effective in the planning and management or the success of the organisations involved.

Harari is very specific as to the content of vision, and asserts that successful vision statements must reflect the values and purpose of an organisation. He supplies sufficient criteria to enable people to check a vision statement and to determine whether it is adequate.

The specific content of the vision depends on the particular organization and its industry. Naturally, the vision should describe a set of ideals and priorities, a picture of the future, a sense of what makes the company special and unique, a core set of principles that the company stands for, and a broad set of compelling criteria that will help define organisational success.\(^{38}\)

**Vision And Strategic Planning**

The Strategic Planning Society is a body established to promote strategic planning and promotes formal disciplines as a means of eliminating uncertainty in business\(^{39}\), following the observation that 'Virtually all organisations have one dominant purpose which is common, namely autonomous survival.' Strategic vision is placed second in a list of definitions of substantive elements in plans, following corporate purpose. If nothing else, this demonstrates that strategic vision is established as a respectable component of strategic planning for organisations. Tregoe, discussing strategic vision, then analyses vision in terms of driving forces which facilitate planning.\(^{40}\) Bryson, discussing nonprofit planning, says that a vision is not necessary to produce an improvement in performance, while going on to list 11 categories of benefit that a vision of success can produce.\(^{41}\)

Mintzberg explores the history and experience of the management discipline of strategic planning. The visionary approach to strategic planning is just one of nine different approaches that he outlines, but it is one that occupies his attention considerably. The distinction he emphasises most strongly is the one between the learning and the visionary approaches. The former approach is associated with groups of people, experimenting and then integrating their knowledge, and the latter with a single creative strategist. He discourages the belief that strategies can be created

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through formal procedures, and asserts that vision has a primary role in planning. It is true to say that Mintzberg is sceptical about planning as a formal discipline when taken to extremes, and he obviously feels that planning should properly commence only after a visionary or learning overview of the situation has been obtained. 'an over emphasis on planning - in fact, a belief that strategies can be created through formal procedures - tends to drive out the other two'. [visionary and learning approaches] 42

Mintzberg approves of the visionary approach to strategy formation, but is of the opinion that the visionary approach has to be the result of the creative activity of a single individual. This also implies a leadership role for that individual.

Vision sets the broad outlines of a strategy, while leaving the specific details to be worked out ... Thus, changes that appear turbulent to organizations that rely heavily on planning may appear normal to, even welcomed by, those that prefer more of a visionary or learning approach.43

The content of vision is perceived as providing a broad overview rather than being concerned with specifics. It appears therefore that vision is contrasted with specific goals, and also with formal detailed planning. Mintzberg does not believe that vision can be planned, but that it results from the activity of individuals who are visionary in themselves, and provide leadership. He cites Langley in support of his view.

Because strategic planning is universally viewed primarily as a means of making strategic decisions, people imagine that a mere formal process can generate a strategy ... But this is the wrong solution to the problem. The CEO may agree to do it, but this will not transform him or her into a person capable of taking strategic decisions. Strategic vision from above was crucial to the planning process in all three organizations. Strategic planning cannot provide this strategic vision on its own, and is totally useless without it. 44

Perhaps it should be noted that, in citing Langley's work, the obvious weakness is that her study only dealt with three companies, all large multi-nationals. In all of this, Mintzberg is much more

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43 Ibid pp. 209-210
clearly expounding what vision is not than what it is. The emphasis is heavily upon the role of the individual, and the characteristics of the visionary leader are exhibited in insight and intuition. These qualities are, in his view, essential characteristics related to an ability to handle ‘soft, speculative information’, and to integrate them into final decisions.

In summary, Mintzberg’s view is that vision is a legitimate approach in forming a corporate strategy, but that it must originate with a single leader or manager. He also associates it with an intuitive approach. In quoting Langley, and emphasising the role of the individual, he is drawing attention to the issue of leadership. In sharp contrast, the type of vision statements analysed by Larwood et al, result from a formal approach to management and planning. These much more extensive surveys demonstrate a normative approach to planning that would seem to be anathema to Mintzberg and those that share his view.

In complete contrast to Mintzberg, Quigley is firmly of the opinion that not just strategies can be formally planned, but vision itself can result from a formal planning process. He compares vision-building to other planning. His view is simply that it is ‘more collegial, consensus, or group-orientated than other planning processes’.45

Quigley sets forth a very prescriptive approach, to be implemented by the CEO, that will produce a corporate vision. This is a top-down driven process that yet seeks to draw forth ideas from members of the management team as it goes forward. Quigley Bryson and Tregoe are among very few writers on general management to consider the role of vision in other types of organisation, including Not For Profit. They do not make any significant distinctions in this respect.

Vision And Mission
There are diverse views concerning the relationship between mission and vision. The Strategic Planning Society offers definitions of Vision and Mission46:

Strategic Vision: A short succinct statement of what the organisation intends to be at some point in the future.
Mission: the core tasks which an organisation intends to carry out to achieve the corporate purpose within the constraints of the corporate vision.

This definition of “mission” subordinates “mission” to “vision”, with mission equating to tasks subsidiary to the corporate purpose, which itself is contained within the corporate vision. Quigley

46 Denning, B. (1994), p. 185
shares this understanding of the relationship between mission and vision, and he states that a fully-developed corporate vision comprises a statement of the values, mission, and goals of the organisation.\footnote{Quigley, J. (1993) p. 6} Mission is defined here as a statement of what the organisation is today and what it aspires to be.

Another view is that vision is subordinate to mission. Nolan et al articulate this opinion clearly, while also stressing the importance of vision: 'Thus, the vision must be clearly articulated in the organization's mission statement...The vision must also be present in the minds of all the organization's significant stakeholders. It should serve, at least in part, as the basis for every important decision made by the organization.'\footnote{Nolan, T. et al (1993) p. 32} By placing the vision in the mission statement, they are showing that in their view, mission comes first.

Others view mission as a distinct and separate concept: Bennis and Nanus\footnote{Bennis, W. and Nanus, B. (1985) 'Leaders: the strategy for taking charge'. New York: Harper and Row. pp. 39-41} contrast vision with mission, and they argue on the premise that vision represents a distinct objective for an organisation that at some stage will be achieved. This presumes that a vision does indeed represent an attainable achievement goal, and does not go on endlessly (in contrast, say, with the vision 'to be a market leader' cited above). It is obvious from their analysis that these writers would describe such an aim as mission, and they distinguish vision (associated with a specific goal) from mission which, in their view, is more associated with a way of behaving. They do acknowledge that the two concepts can be difficult to distinguish in times of change, because both 'will be a mental image of a desirable future state...Both of these are timeless concepts and can supply an unbounded source of fulfillment and energy.'

Almost mystical attributes are given to mission in this book: it is 'timeless...emotional and deeply personal...not intellectual', and so on. Mission is seen as a continuing concept, that can embrace and pass a series of goals. On this view, vision is subordinate to mission, but the concern is still to establish and manage some form of strategic planning, aimed at the long-term existence of an established organization. Of interest, it is still regarded as important that the organisational mission represents beliefs and values that are acceptable to and shared by the workforce if it is to be successful.

Thus we cannot claim any common understanding on the relationship between mission and vision, except to note that mission is not described as a concept involving creativity. A further problem
remains, and that is that the context of these views on vision and its related topics is established organizations. This offers no help in establishing how vision comes about where no organisation exists at the outset.

**Leadership And Vision**

As had been noted already, many writers see a direct connection between vision and leadership. Bennis and Nanus appear to be in agreement with Mintzberg that vision originates with an individual leader, and Quigley demonstrates very clearly the responsibility of corporate leadership in formulation of vision. That this is a widely-believed view was also demonstrated in the surveys of Larwood et al, because in those cases, it was assumed that the vision statement was held by the CEOs, and this assumption was proved correct. The only question mark over this issue is the one sounded by the critics of vision statements, where it would appear that the statements are not always relevant to the current situation of the organisation or necessarily shared by the workforce.

However, the point is made that leadership is primarily about establishing a direction for the movement of an organisation.\(^{50}\) In order to lead, the leader must first have a destination in mind, which he or she is able to visualise. Therefore, leadership is essentially a visionary activity, and if corporate vision is a valid concept, then the implementation of it must logically be an exercise of leadership. This does not imply that the leader must necessarily be the originator of vision. These views are addressed, in different ways, by Larwood et al and also by Nolan et al\(^{51}\). Larwood observes that 'some authors have suggested that vision is a form of leadership in which a visionary leader alters an organizational culture to bring others to understand, accept, and carry forward his or her plans for the organization.'\(^{52}\) This view also implies that origination and ownership of vision begin with the leader. Larwood et al did not share this view, but felt that the concept of vision included leadership theory. Nolan et al relate vision (in excess) to dreaming, and implicitly contrast it with management. Like the others, however, they recognise that it is a quality or characteristic of leadership.\(^{53}\)

Taffinder identifies vision as a characteristic of 'transformational leadership', which is contrasted with 'transactional leadership'\(^{54}\). Transformational leadership is appropriate, in his view, to the emergent and decline stages of corporate lifecycles, where major adjustments are needed. The role of transactional leadership appears to be managing organizations at a time of relative stability, i.e.

\(^{50}\)Bennis W. and Nanus B., (1985) p. 89
\(^{54}\)Taffinder, P. (1995) p. 135
when they are not ‘going anywhere new’. This would seem to require management, as distinct from leadership, so there appears to be an internal inconsistency in Taffinder’s views.

Although Forsth and Nordvik describe a method for bringing groups of people together in order to generate a corporate vision, it must be acknowledged that the very act of assembling a group of people for any purpose demonstrates leadership on the part of at least one of the people involved. If a leader assembles a group of people in order to draw out a shared vision, or alternatively to share a vision already held, then obviously leadership skills must include communicating vision.

It is the firm belief of Harari that visionary leaders are capable of inspiring others to complete tasks which had they not previously thought feasible: he quotes Stanford’s James Collins referring to ‘big, hairy, audacious goals’ and goes on to say ‘Leaders who inspire create coherence out of fragmentation, and with that coherence they raise the bar on what people believe is possible’.

**Foresight**

Perhaps some of the confusion about the concept of vision arises from the necessity of organisations to try and anticipate future change. Any forward planning must assume some model of a future situation, either one that will have changed or one that will stay the same. To develop any assumption about a future state will involve the exercise of foresight. A plan that merely seeks to accommodate an organisation to a changed future situation will manifest foresight, but could hardly be described as visionary. Richard Slaughter has analysed foresight, saying that it includes a number of vitally-important tasks: ‘scanning, warning, direction-setting, determining priorities, educating decision makers, informing and involving the public... The institutions that carry them out can be metaphorically likened to the headlights on a car, the radar in a plane, or the skilled judgment of a ship’s pilot’. This analysis appears to combine vision and strategic planning: vision, in that direction-setting presupposes a clear destination, and strategic planning in that reaching such a destination may be accompanied by all manner of difficulties.

Gary Hamel is also of the view that it is foresight, as opposed to vision, which is the key factor in strategic planning. The point being made by Hamel is that too little time is spent by managers in looking to the future, and that more time should be allocated for this purpose. Raimond develops a concept of foresight further, making a distinction between predictive foresight and creative

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55 Harari, O. (1995) p. 27  
foresight. The first involves the identification of key factors which will shape the future, the second depends upon key people creating an imagined vision of the future and then planning effective means to make it happen. Quite simply, Raimond’s ‘Creative Foresight’ is indistinguishable from what other writers are describing under the name of corporate vision. What this distinction does bring into focus, however, is the difference between planning against anticipated change, which is a typical strategic activity, and planning to create something that has not previously existed, which is clearly an activity involving vision.

McDermott brings a more philosophical approach to foresight, saying “The quest for foresight involves as many paradoxes as its attainment would provide....Foresight is conspicuously absent in our lives when it is needed most because neither our minds nor our social reality operates the way we think they do or should.” This view is true in so far as the exercise of anticipating the future is simple prediction, and if it is agreed that foresight means only what it says, without containing an attempt to change the course of future events. The distinction is between attempting to place a successful bet on a racehorse, or instead attempting to breed and train a winning racehorse. Both are difficult, but the second approach creates something that would not otherwise have existed. The task of attempting to create a future state is more than simple foresight, as shown by Raimond. Writers on foresight are either forced to admit that it is simple future prediction, or it is a form of attempting to create a future state, which is then indistinguishable from other discussions on vision.

Differentiating Between Strategic Vision and Corporate Vision

In some cases we have seen, strategic vision is regarded as primarily a planning activity, which on occasion may simply be described as the application of foresight. Strategic planning exists within a context of known or foreseeable situations which are continuations of established trends. Therefore, strategic vision as described by various writers does not necessarily require the exercise of creativity, that is to say that it does not presuppose the creation of a future state or condition for an organisation that would not otherwise have come about. The word corporate has been used in two senses, firstly merely to describe the activity of a corporation without necessarily including the commitment of the members of the corporation, and secondly to describe activity that is corporate in the sense that it involves the membership of a body corporate.

Collins and Porras question whether or not corporate vision even exists, and while they accurately describe the general confusion about the use of the word vision discussed here, their attempt to dismiss the concept of corporate vision while at the same time developing their description of a visionary company is alarmingly inconsistent. Their conclusion, including that the long term survival and success of a company does not correlate with the use of vision statements, or with charismatic visionary leaders, is of little use to us if the term visionary is not defined in any way.

If we accept that strategic planning need not involve any visionary activity, and that on occasion strategic vision is used to describe a more specific planning-related concept than corporate vision, and if we also restrict the use of corporate to include only activity involving the membership of a corporate body, then we can easily distinguish between the terms strategic vision and corporate vision.

Corporate Vision is therefore distinct from Strategic Vision, in that it does not exist until the commitment of those people who are needed to implement it has been achieved, and that vision requires a creative view of a future state. This is the situation addressed by Peter Senge, whose definition of corporate vision is:

The capacity to hold a shared picture of the future we seek to create....The practice of shared vision involves the skills of unearthing shared pictures of the future that foster genuine commitment and enrollment rather than compliance.

Summary Of Views
All writers are of the view that it is a good thing for organizations to plan for the future, but vary in their opinions as to the methods which should be used, and whether or not “vision” is or can be used effectively in every situation.

Those writers who attack the use of vision appear to be addressing situations where it is being used to describe statements that have not won the support of most of those people who they are intended for, that is, vision statements that have failed to motivate and inspire. The assumption seems to be that this is a failure of management or communication. No-one appears to consider the possibility that corporate vision may simply not be appropriate to some categories of organisation.

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61 Ibid p. 10-11
62 Ibid p. 7-8
Diagram 3-1 illustrates the diversity of opinion about the importance and effectiveness of vision statements. This itself is hardly a satisfactory finding. It seems that a very large number of organisations have adopted the use of vision statements, but that there is very sharp division of opinion about their value.

It is by no means clear in any event that strategic or organizational vision statements are genuinely statements of a corporate vision, in that they frequently appear to express the desires of a senior manager or management team that may easily fail to address the needs or desires of the majority of the employees. This is inevitable, because strategies for the future survival and prosperity of a business may well be damaging to the individual interests of some of the employees.

The surveys reported and analysed by Laurie Larwood et al., and Coulson-Thomas, describe situations where vision statements are used to express the aims of the senior executives of organisations. The view of the Strategic Planning Society, that the dominant purpose of most organisations is survival, is echoed strongly in the words of the CEO reported by Colin Coulson-Thomas. In addition, 328 out of the 331 organizations surveyed by Laurie Larwood et al. cannot all be visionary in the sense understood by Stanford’s James Collins and his colleagues, of seeking ‘big, hairy, audacious goals’. In fact, the high level of risk aversion reported in the surveys by Laurie Larwood et al. implies exactly the opposite. Colin Coulson-Thomas observes that too often, the focus of corporate vision is ‘more of this, extra of that’, reflecting a Victorian notion of

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54 Coulson-Thomas, C (1992) Strategic vision or strategic con? Rhetoric or reality? p. 84
progress, a treadmill involving harder and harder work.\textsuperscript{65} Values must be included which reflect joint and shared aspirations of the people needed to accomplish the vision.

Therefore, a firm distinction must be made between vision as used in practice to describe the mid-to-long range planning activities of organisations, and the kind of vision that inspires groups of people to levels of outstanding achievement.

While most writers concern themselves with the need for managers to have an effective means of planning for the future of their businesses, Forsth and Nordvik, and Harari, in particular stress the need for the commitment of the whole workforce. In the event that a vision for an organization was truly shared by all the people concerned, and had won their willing and active commitment, then it could be true to say that such a vision would be truly corporate.

Peter Senge concurs with this summary. He contrasts the attempts of a traditional hierarchical organisation to impose vision from the top with the value of shared vision that incorporates the ideas and commitment of other members of the workforce. An illustration used is that of Digital Corporation in 1982 determining to become a fully-networked organisation, at a time when computer networks were in their infancy.\textsuperscript{66} In this analysis Senge discusses the problems of vision statements which are ineffective, and assumes that the difference between an organisational vision as reflected in a corporate vision statement and a shared vision reposes both in the nature and the origin of the vision.

\textbf{Leadership And Management}

Nolan \textit{et al} make a clear distinction between leadership and management, which Taffinder seeks to blur. In the view of Nolan \textit{et al}, managing is concerned with maintaining an organisation in good order, while leadership involves implementing change (i.e. movement). The word leadership implies the establishment of direction and initiating movement. Where no movement or change is desired, then leadership could be argued to be irrelevant but management is essential. Thus, when Taffinder describes his concept of transactional leadership, he is describing a leader whose role is to uphold, organise, and maintain a status quo. That is a description of acts of management, not a type of leadership. Therefore, while management can include leadership, leadership itself is a distinct and different function, and the act of leading in organisational management situations may require the leader to act in accordance with a visionary idea.


\textsuperscript{66} Senge, P. (1990) pp. 212-218
Is Corporate Vision Relevant?
From this point of view, it must be asked if it is proper or desirable for the majority of established organisations to be committing themselves to radical change? If, as indicated by Taffinder (who considers that normally the middle part of a company's lifecycle is more concerned with control than change) the answer to this question is no, then it must be concluded that vision (certainly as described by Stanford's James Collins) cannot and should not be a normal part of the short or medium term planning process for most organisations. Vision, on this understanding, is involved with starting and growing an organisation, or with finding an alternative to impending decline and failure.

In their discussion of mission and vision, Bennis and Nanus are acknowledging the inevitable consequences of successful vision: it becomes fulfilled, and a new state of existence has been achieved for the organization concerned. Why should it be deemed necessary to keep seeking further radical change? Perhaps, in their analysis, they are really combining the value of a good philosophy or purpose in an organisation together with the concept of mission. But such a philosophy or purpose should, surely, result from a successful vision.

Although all the writers studied have opinions on vision, and some offer definitions and describe the characteristics, the only clear descriptions of vision content relate to vision statements which are descriptions of a desired future state of a business or organization. The typical contents listed by Larwood et al., etc., seem not to conform to the criteria set out by Forsth, Nordvik, Harari, and those other writers who believe that vision should express or be based on values and beliefs.

The references to strategy in forward planning for organisations indicates a prevailing assumption that existing organisations are in a situation where they are threatened either by competitors, or wider forces. This suggests that a predominant aim for most organisations is survival, so that they can merely continue their established missions. In these circumstances, the managers of the organisations could be forgiven for concentrating on this aspect of their work, rather than seeking some aspirational future condition for their organisation which bears little relationship to present circumstances.

Diagram 3-2 illustrates the different ways in which organizational visions have been described as being formed. Although Forsth and Nordvik describe a prescriptive technique for facilitating group vision creation, they are not prescriptive about content. The only mode of creation not described, therefore, is group prescriptive. The range of ways in which organisational visions (and the vision statements that proceed from them) are formed is as diverse as the reported importance and effectiveness of those statements themselves.
Diagram 3-2. Responsibility and means of vision creation.

**How?**
Prescriptive → Spontaneous

<table>
<thead>
<tr>
<th>Leader</th>
<th>Harari</th>
</tr>
</thead>
<tbody>
<tr>
<td>→ Quigley</td>
<td>Taffinder</td>
</tr>
<tr>
<td>→ Gratton</td>
<td>Mintzberg</td>
</tr>
<tr>
<td>→ Larwood</td>
<td>Nolan</td>
</tr>
<tr>
<td>→ Bryson</td>
<td></td>
</tr>
<tr>
<td>→ Tregoe</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>→ Tregoe</td>
<td>Senge</td>
</tr>
<tr>
<td>→ Forsth &amp;</td>
<td>Nordvik</td>
</tr>
<tr>
<td>Group</td>
<td></td>
</tr>
</tbody>
</table>

Does A "Good Vision" Produce Success?

Despite extravagant claims for the benefits of vision, no-one has reported any consistent demonstrations showing that the possession of a vision for an organisation is any guarantee of success. Odd examples of successful visions in established organisations do not square with the hundreds of organisations reported to be in possession of vision statements, and there have been no examples cited in this literature of organisations with visions that have failed. Given the very high rates of business failure prevailing over the past few years, the probability must be that at least a few of these would have believed that they had visionary aims in conformity with the best practices advocated by the authors cited in this chapter.

Most writers and respondents seem to be of the view that a vision is desirable, though even the extensive surveys of Larwood et al do not demonstrate how. The type of vision described by Forsth, Nordvik and Harari is one that participants obviously find congenial, but what does it produce? How many people are there, say, who would agree that ‘adding shareholder value’ corresponds to their personal ‘deeply held beliefs’? Conversely, if interviewed, how many employees with an interest in their career are prepared to be completely honest in evaluating the basis for their commitment to their present employer? There is an acute dilemma in trying to find empirical ways of testing these issues in a normal commercial environment, simply because it involves exploring the motivations of individuals in situations where profound personal conflicts of interests are likely to exist.

**CONCLUSIONS**

1. Vision as a management concept has been used to describe virtually any type of desired major change from an existing situation.
2. There is considerable disagreement about the importance and effectiveness of organisational vision, and about whose responsibility it is to create it, and about whether visions can be created by prescriptive methods.

3. Organizational Vision describes a concept that can include both strategic and corporate vision.

4. Corporate Vision is capable of being distinguished from Strategic Vision.

5. When Corporate Vision is distinguished from Strategic Vision, it is generally used to describe a form of organisational vision that wins the commitment and compliance of those people who are needed to implement it.

6. Not all organizations want or need major changes.

7. Corporate Vision cannot exist in any meaningful way apart from the leadership needed to share and communicate it.

8. Effective Corporate Vision is reported to involve a sense of high purpose among those participating.

9. Corporate Vision has not been demonstrated consistently to produce successful outcomes in the organisations that claim to have it.

These conclusions demonstrate the need for a close examination of corporate vision itself, and the research into hospice foundation will provide a range of information based on case studies, interviews, and a survey of hospice founders. It should not be assumed that any of the writers cited in this chapter are wrong in what they have said or reported, despite the wide diversity of views, but that there may be adequate explanations for each situation. The requirement is for empirical evidence to establish the existence, importance, and effectiveness of corporate vision (vide diagram 3-1), and also to expose the means of vision formation and the people responsible (vide diagram 3-2).
DERIVING A WORKING DEFINITION OF CORPORATE VISION: LITERATURE SURVEY PART 2

Aim.

Chapter three demonstrated a considerable diversity in the use of vision in the management of organisations. Much of the confusion has probably arisen either from the lack of an agreed definition, or the possibility that the word is being used in inappropriate contexts. Before context can be considered, a definition is required. The aim of this chapter is to ascertain the main definitions of the word vision, and to review definitions used in the various forms found in management writing. A preferred definition will be identified and its use in the development of this study justified. This approach is vital, as without a fixed definition to work with, it would not be possible to attempt any form of empirical investigation.

It was my intention to try and find a definition already offered in management literature, because I wanted to offer it to the recipients of my questionnaire survey. I hoped for a good response from the questionnaire survey, knowing the very supportive nature of the hospice movement, and the willingness of people to share information. If offered a definition to hospice founders, and invited them to either accept or reject it, I considered they would feel less inhibited rejecting someone else’s definition rather than my own. I expected that the research findings would validate the working definition, or alternatively justify its modification, so my aim was to find a definition that contained as many of the key qualities that could be established in this chapter.

Derivations Of ‘Vision’ In English Usage

Before looking at definitions of vision in current management use, it is helpful to note the derivation of the word. The early introduction of the word vision into the English language originated with Biblical usage, in the context of Christian teaching. The source texts of the Bible were originally written in Hebrew and Greek, later translated into Latin. The Latin Bible was the predominant version used in Europe from the fifth century until translations into local languages started to appear in the sixteenth and seventeenth centuries. All the Hebrew and Greek words listed below are translated ‘vision’ in the Authorised version of the Bible, and the word ‘vision’ is a transliteration of the Latin ‘visio’.

### Table 4-1 Derivation of Vision

<table>
<thead>
<tr>
<th>Hebrew Root words</th>
<th>Greek root words</th>
<th>Latin</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>chazon Vision</td>
<td>optasia</td>
<td>visio</td>
<td>From the root verb מִתָּחַזָּה chazah. Look, see, behold, prophesy</td>
</tr>
<tr>
<td>mareh Sight, vision appearance</td>
<td>orama</td>
<td></td>
<td>From the root verb רְוֶה ro’eh. See, look at, inspect</td>
</tr>
</tbody>
</table>

#### Hebrew Usages.

In Hebrew, the words *ro’eh* and *chazah* were used to describe the receiving of divine revelation, with *mareh* being used to describe the outward appearance as opposed to inner reality. *Chazah* and related forms tend to be used for other than the bare literal sense of seeing, and metaphorical and special senses are more common, including the special way in which a lover gazes at his beloved. There is also the idea of ‘seeing to’ something, as in securing needful things against a foreseen need or occasion. The word is frequently used for revelatory vision.

#### Greek Usages.

In Greek, also, distinctions were made between seeing a physical object and a mental image. The word *optasia* was used to translate *mareh/ro’eh* and related forms, while *orama* was used to translate *chazah* and related forms. Thus, a distinction could be made between an idea that could be formed and visualised mentally, and ‘an appearance’, perceived with the normal senses, of either natural or supernatural origins. The Greek translation of the Hebrew scriptures was carried out in the second century BC, and is known as the Septuagint.

The New Testament, written some two hundred years after the Septuagint translation, during the first century AD contains many instances of supernatural appearances witnessed by leading characters. The word *orama* can be found used to describe the vision on the Mount of Transfiguration (Matthew 17:9) and also that seen by Ananias (Acts 9:10), while *optasia* is used for the vision of the angel seen by Cornelius (Acts 10:3), the sheet full of animals seen by Peter at Joppa, (Acts 10:19), and of Paul’s vision on the Damascus Road (Acts 26:19). This illustrates the

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fact that, by the middle of the first century AD, the usage in Greek had begun to blur the clear distinctions found only two centuries earlier. Greek was the dominant language in the Mediterranean area covered by the Roman Empire until the rise of Latin in the third century AD. By the time the Latin language had developed, these distinctions had been abandoned, and the same word *visio* was used to translate *mareh* and *chazah*, and *orama* and *optasia*.

**Etymology**

Thus the word vision in English derives from the Latin root *visio* meaning both 'something seen' and 'an idea or notion'. The first usage in English is recorded in 1290, when the word came to be used mainly for the supernatural experiences of saints and prophets. In the fifteenth century it was first used for the act of seeing, and in the eighteenth century was used to discuss sight in its scientific aspects. The supernatural sense in English has become modified to include anything imagined with particular vividness, and in 1926 vision was noted as enjoying a vogue in the sense of statesman-like foresight or political sagacity. Thus the confusion to be found in management usage of the word vision has deep etymological roots indeed.

This continuing diversity of usage has continued, and can be the cause of some confusion, particularly when dealing with religious people. Mother Teresa of Calcutta, for instance, is adamant that she did not see a vision when she received the “call” to begin her work, but it is certain that she was able to form a clear mental image of the project before her.

Thus vision is a word used in many different contexts. As was shown earlier, in management literature vision is sometimes described as a characteristic of a type of leader or a management style; otherwise it describes a component or initiator of corporate change, and in other places may be described as virtually an irrelevance, or a way of obfuscating what might otherwise have been regarded as an example of good strategic planning.

I did find that in education circles, there was no dispute about the dominance of the visual sense in learning, and as will be seen later, this resulted in modifying the list of hypotheses initially prepared for testing.

**Studies of Vision Statements**

Larwood *et al* have probably carried out more widespread and detailed research into the use of vision statements in business schools and commercial organisations in the USA than anyone else.

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70 Morrish, J. (1997)
CHAPTER 4 DERIVING A WORKING DEFINITION OF CORPORATE VISION

While reporting on the content of vision statements used at some 400 establishments, they comment on the lack of general agreement over definitions of "vision" 73:

Despite its seeming importance, vision is still not defined in a generally agreed upon manner, and statistically based empirical research on the phenomenon may be held back by the various ways in which vision has been treated.

If this observation is true, then we may expect to find a wide variation in definitions offered by different writers. The extensive literature dealing with or referring to vision in management terms is therefore either describing different aspects of the same concept, or alternatively describing different concepts that overlap in such a way as to cause confusion.

Various Attempts at Practical Definition
Nolan et al illustrate the potential for confusion in the use of vision, and offer a definition both of what they believe vision is not and what it should be:

For us, a vision is not an idle dream of magical solutions to today's organizational problems. Rather, it is a clear image of what an organization could and should become if it is to realize its full potential. Such a vision provides an organization and its members with a picture of how things could be - what the Promised Land looks like - and a sense that it is possible to arrive there safely. 74

The essence of this statement is that vision is 'a clear image of what an organization could and should become', and this is a practical definition of a vision for an organisation, though without any indication of who is expected to create it or implement it. The reference to 'the Promised Land' demonstrates both that the writers are aware of the biblical concept of vision, and also that they expect their readers to be familiar with this allusion. Writing in the Strategic Planning Society's membership list, Basil Denning offers a definition of strategic vision:

Strategic Vision: A short succinct statement of what the organisation intends to be at some point in the future. 75

This confirms a widely shared view, that vision is an integral part of management planning for organisations, and is simply a form of achievement target for an organisation. If this were all that were involved, there would be no potential for confusion, but there is because many writers feel that additional factors must be included. The definition here is inadequate because if there is not necessarily a significant change of state, then there is no need for mental imaging, nothing to visualise. The definition needs to contain the necessity of developing a mental visual image which therefore must differ significantly from the condition currently in existence. Forsth and Nordvik offer a definition suggesting that vision must also contain qualities based on values and beliefs.

At one level, a vision is a representation of a wanted future situation. More profoundly it is an expression of deeper, inner feelings, beliefs and hopes. A good vision aligns with our deepest values and beliefs, even if these are not explicitly expressed while building the vision, or in the vision itself. The inclusion of values and beliefs is helpful in establishing parameters that will motivate people to work together in achieving the vision, but the notion that people will work together spontaneously without clear guidance or leadership is not what these writers intend to convey, so the definition needs to include some reference to these factors, by representing aspirational and motivational goals.

**The Gallup Organization**

The Gallup Organization has been investigating leadership as a general subject since the early 1970's, and for over a decade has been conducting research into what makes outstanding leaders. Over 10,000 interviews have now been conducted in these fields, and the essential tasks and key strengths of leaders have been identified. All leaders establish the purpose and direction for their organisation, and develop the drive, motivation, relationships, management systems and processes necessary to achieve that purpose.

Although the evidence gained by these means may not have been validated to academic standards, it does represent a very large body of empirical data which cannot be ignored. Of the twenty key strengths of successful leaders, the one found to be vital to establish purpose and direction is vision. Vision is defined by Gallup as: 'The capacity to create and project beneficial images to be achieved into the future to which the leaders can be dedicated.'

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CHAPTER 4 DERIVING A WORKING DEFINITION OF CORPORATE VISION

This definition relates to 'desired future states' for organisations, implies the need for leadership to effect the vision, and points to a need for commitment. The commitment here appears only to be envisaged as necessary for the leader, but the use of the expression 'beneficial images' implies that values and beliefs are central. Since 1991, Gallup’s studies in leadership have identified six qualities as essential for a successful vision. A successful vision:

1. is beliefs based; and other people-centred. Values are key.
2. is futuristic: it states what you want to achieve in the future.
3. has passion: an inner drive, to touch the lives of others in a positive way.
4. shows a capacity to think and see in vivid picture form.
5. shows an ability to articulate the picture so that it motivates and inspires others.
6. is one in which the articulation is so powerful that it lives in people’s heads when the leader is dead.

Considerations.
The main aim of this study, however, is to discover whether or not a vision can be assembled from components contributed by a variety of people and in such a way as to offer a good prospect of successful accomplishment. A definition focused on the role of the leader could therefore be misleading and possibly even counter-productive. It will therefore be necessary to explore some examples of visionary leadership, and to study the origination of visionary ideas.

CONCLUSION.
A working definition of corporate vision must contain the following key features:
1. That vision is a visual image of a future state.
2. The picture shall represent a state that would not exist without the creative activity of the people concerned.
3. The concept of sharing in the creation and development of the vision
4. The vision will involve beneficial effects for people affected by it.
5. It must also incorporate personal values of the participants so as to generate their strong commitment to the project.

This does not preclude the possibility that research will identify other factors not included in the above list, or alternatively that some of those listed above may be found not to be valid. The primary use of the working definition is to establish a parameter for respondents to the questionnaire survey, and because of this I chose to seek a definition already in existence rather than attempt to derive a new one. Among the various definitions already in existence, the one that
relates most closely to these criteria appeared to be the one offered by Peter Senge. Table 4-2 below shows the relationship of this definition to the list of five key features given above. This is the working definition of corporate vision which will be used throughout this research:

**Working Definition.**

The capacity to hold a shared picture of the future we seek to create. The practice of shared vision involves the skills of unearthing shared pictures of the future that foster genuine commitment and enrollment rather than compliance.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Key words</th>
<th>Working Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. That vision is a picture (visual image) of a future state.</td>
<td>Picture</td>
<td>The capacity to hold a shared picture of the future we seek to create</td>
</tr>
<tr>
<td>2. That the picture shall represent a state that would not exist without the creative activity of the people concerned.</td>
<td>Future we seek to create Unearthing</td>
<td>The capacity to hold a shared picture of the future we seek to create The practice of shared vision involves the skills of unearthing shared pictures of the future</td>
</tr>
<tr>
<td>3. The concept of sharing in the creation and development of the vision</td>
<td>Shared</td>
<td>The capacity to hold a shared picture of the future we seek to create The practice of shared vision involves the skills of unearthing shared pictures of the future</td>
</tr>
<tr>
<td>4. The vision will involve beneficial effects for people affected by it.</td>
<td>Enrollment</td>
<td>that foster genuine commitment and enrollment rather than compliance</td>
</tr>
<tr>
<td>5. It must also incorporate deeply-held personal values of the participants in such a way as to generate their strong commitment to the project.</td>
<td>Commitment (antonym) Compliance</td>
<td>that foster genuine commitment and enrollment rather than compliance</td>
</tr>
</tbody>
</table>

It is likely that the findings of the research will modify the list of factors given above, and thus provide a basis for a revised definition.

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5 METHODOLOGY

Aim
The aim of this chapter is to provide a complete account of the methodology of the investigation. It will be demonstrated that the methodology was formulated in close relationship to the actual structure and culture of the hospice movement. In fact, it is the very open and collaborative nature of the hospice movement as a whole, and especially of the founders themselves which made much of this investigation possible.

Aims and Objectives of the Investigation
Aim: to investigate a range of hospices of similar size and offering a similar range of services having varying times from inception to completion, with a view to determining the role played in each, if any, by corporate vision. In determining the role played by vision, it is also hoped to be able to trace the origination of visionary ideas and the way in which they become developed into viable projects.

Objectives:
1. Investigating the existence of corporate vision in the development of voluntary hospices.
2. Establishing whether concepts of corporate vision as developed in current management theory and largely arising from commercial examples have any relevance or direct bearing on the development of voluntary hospices.
3. Establishing common factors relating to corporate vision in the development of a number of hospices.
4. Investigating the possibility of weighting factors relating to corporate vision for their relative influence on the time taken from inception to completion of the project, and the financial viability of the project.
5. Assembling such factors as may be discovered into a matrix for the purpose of guidance on future projects.
6. Comparing the results of the investigations into different hospices.

I considered at the outset that the main criterion for measuring success would be the time taken for completion of a project from first inception, coupled with the rate at which funds are raised. Therefore, a project which was completed more quickly than one of a similar size could be considered more successful. I had formed the assumption about time and rate of funds raised
because of my background of experience as a senior manager both in a state sector organisation and with small and medium-sized businesses. Project management in all these types of organisations had required close attention to both of these factors. I had no reason to suppose that charitable projects on the scale of hospices would be any different, and I interpreted the focus on fund raising seen in early case studies on this basis. As will be seen later, I eventually concluded that this interpretation was incorrect.

I thought that I would find that founders of larger projects would consider their success on a relative basis comparing the size of their projects with others they were aware of. At a very early stage I recognised that this did not happen, so excluded this as a possible criterion. I had also expected that the anticipated feasibility of a project would relate to the size of financial targets, and that there would be absolute levels above which targets would not be felt feasible. I had based this assumption on the very first hospice project I case-studied, where a major change in the financial target (from £500,000 to £2,000,000) had caused severe problems within the founding group. Further studies, however, showed that hospice founders did not compare their achievements with other similar projects, nor was there any additional evidence to support the assumption about relative levels of financial targets.

Following my initial case studies, I considered the factors that appeared to relate to feasibility. Consequently, I believed that it should be possible to test the following propositions about vision as an instrument of change, and that these propositions would form the basis of my main hypotheses:

1. That a corporate vision can be assembled in a non-commercial setting.

2. That the feasibility of a corporate vision can be assessed before implementation.

3. That feasibility criteria are
   a) Clarity
   b) Community interest
   c) Individual motivation of supporters
   d) Individual motivation of leaders
   e) Commitment level of supporters
   f) Commitment level of leaders
   g) Benign government climate
   h) Supportive cultural climate
4. That there will be a direct correlation between the ease of implementation of a corporate vision and the extent to which it satisfies the feasibility criteria (Ease will be evidenced by a lack of delays or more generally a low level of the kind of problems that occupy the attention and effort of members).

In visiting and studying a small number of hospices, I considered the information that I was able to obtain from minutes of meetings and published histories. I had also carried out the initial literature searches into vision and the related topic of strategic planning, and as a result I developed my initial list of hypotheses.

Hypotheses
The core hypothesis of this research is that corporate vision exists as an observable phenomenon.

The principal concern is to establish what factors are required for a corporate vision to succeed. The demonstration of this will be through the three generic hypotheses listed below in Table 5-1, for if corporate vision exists, then it must be possible to describe and test it. A test of corporate vision requires means of gauging success or failure. Without this, it is not possible to differentiate between visions that were fully realised or only partially realised. Therefore, it follows that measurement hypotheses are needed. The remaining hypotheses are those intended to determine the relative feasibility of visionary projects.

Indicators And Sources Of Evidence
If corporate vision exists and has an effect on the growth and development of organisations, then those effects should be measurable. The hypotheses listed in Table 5-1 were designed to demonstrate the presence of corporate vision and to attempt to identify the factors contributing to the success of visionary projects. To measure a hypothesis, indicators need to be identified which can be measured, and sources of evidence need to be found which are adequate for this purpose. The aim is to find three separate sources of evidence for every hypothesis.
Table 5-1 Initial list of hypotheses

<table>
<thead>
<tr>
<th>HYPOTHESES</th>
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<tbody>
<tr>
<td>GENERIC HYPOTHESES</td>
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<tr>
<td>1</td>
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<td>3</td>
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<tr>
<td>MEASUREMENT HYPOTHESES</td>
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<tr>
<td>4</td>
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<tr>
<td>5</td>
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<tr>
<td>COMMUNICATION HYPOTHESES</td>
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<tr>
<td>7</td>
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<tr>
<td>LEADERSHIP AND TEAMWORK HYPOTHESES</td>
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<td>13</td>
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<tr>
<td>EXTERNAL STAKEHOLDER HYPOTHESES</td>
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<td>14</td>
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<td>15</td>
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<td>16</td>
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</table>

Generic Hypotheses

1. **A corporate vision can be assembled in a charitable /non-profit setting.** This explores the possibility that a corporate vision that can be "constructed", i.e. assembled from the ideas of different people, who then reach shared agreement. The qualification of a "charitable /non-profit setting" is necessary because of the research context.

   **Indicator:** The existence of successful visionary projects, using a definition of corporate vision, requiring evidence of visual representation and exhibiting sharing of a vision to which two or more individuals contributed.

   **Source of Evidence:** published hospice histories; founding committee minutes; questionnaires; interviews with hospice founders.
2. **The feasibility of a corporate vision can be assessed before implementation.** This assumes that some corporate visions are more feasible than others. It must therefore be possible to determine relative variations, and thus derive a system for assessing the feasibility of a project.

   **Indicator:** Successful visionary projects will exhibit common attributes and qualities, and a predictable pattern in their development.

   **Source of Evidence:** hospice histories, founding committee minutes, project financial data, interviews with founder members.

3. **There will be a direct correlation between the ease of implementation of a corporate vision and the extent to which it satisfies the feasibility criteria.** It is assumed that “ease of implementation” of a project will be demonstrated in the history of the project, and will correlate to total time taken, major delays noted, number of committee meetings required, and a rate of fund raising sufficiently rapid to meet targets set.

   **Indicator:** The success of a project will be proportionate to the extent to which a project satisfies the feasibility criteria.

   **Source of Evidence:** findings of current project research, founding committee minutes.

**Measurement Hypotheses**

4. **There are performance criteria against which the success of a project can be measured.** This posits that “success” is a term that can be established on a recognised and agreed basis, and that some projects will be more successful than others.

   **Indicator:** Successful projects are those which achieve their planned services without significant shortfall from the original intentions, and without significant delays.

   **Source of Evidence:** historical data from committee minutes, financial records, questionnaires, interviews.

5. **There are performance criteria against which the progress of a project can be measured.**

   It is easy to say of a project “it’s progressing well” - or “badly”, but the very use of such expressions assumes that there is a datum against which progress is understood. This proposition assumes that it must be possible to derive objective measures of the rate of progress of a project on a basis that will be agreed.

   **Indicator:** The key measure is time, which must be based on intended time periods for completion of phases of a project.

   **Source of Evidence:** historical data from committee minutes, financial records, questionnaires, interviews.
Communication Hypotheses

6. **The most successful visionary projects are visible.** Because the word vision refers to the sense of sight it is proposed that a project which has a visible outcome is going to be easier to communicate, and therefore more likely to succeed.

   **Indicator:** A project which can be presented in a visual form will be more successful than one which cannot.

   **Source of Evidence:** the reported use of pictures, models, and other visual aids during the development stage of the project, as communication aids. Questionnaires, interviews.

7. **Communicability of a visionary project is necessary for success.** This is similar to hypothesis 6, but includes all forms of communication in addition to visual representation.

   **Indicator:** A project which can be communicated easily will be more successful than one which cannot. A successful project will exhibit qualities of simplicity in written, oral, and visual communications.

   **Source of Evidence:** samples of publicity material used to promote the project. Questionnaires and interviews.

Leadership And Teamwork Hypotheses

8. **A visionary project needs individually motivated supporters.** This assumes effective sharing of vision, and also that the vision has engendered a high level of motivation in the supporters. The distinction between motivation and commitment has been made in these hypotheses to establish whether or not there is any difference between the terms in practical use.

   **Indicator:** Success will be proportionate to the motivation level of the supporters.

   **Source of Evidence:** attendance levels at events, committee minutes, questionnaire and interviews.

9. **A visionary project needs an individually motivated leader.** This proposal assumes the connection between leadership and corporate vision, and that the connection is an essential one. It also presumes that motivation is more significant than management ability or the possession of other relevant skills.

   **Indicator:** Success level of a project will be proportionate to the motivation level of project leaders.

   **Source of Evidence:** committee minutes, questionnaires, interviews.
10. A visionary project needs a highly committed leader. Commitment is easier to recognise and measure than motivation.

**Indicator:** success will be proportionate to the commitment level of the leader.

**Source of Evidence:** attendance at events, minutes, questionnaires, interviews.

11. A visionary project needs highly committed supporters.

**Indicator:** success will be proportionate to the commitment level of the supporters.

**Source of Evidence:** attendance at events, minutes, questionnaires, interviews.

12. A visionary project needs a project champion. A project champion is an individual who is not usually regarded as the formal leader of the group, but who plays a major role in maintaining the vision during implementation.

**Indicator:** a successful project will have an individual who can be identified throughout as the champion of the project.

**Source of Evidence:** committee minutes, questionnaires, interviews.

13. A visionary project needs effective teamwork. This assumes that successful projects are completed by teams who work in a consensual and participative way, with the specific skills of the individuals being recognised and respected. The leader will operate by seeking the support of the members, rather than in a directive manner.

**Indicator:** a successful project will show evidence of effective teamwork.

**Source of Evidence:** committee minutes, questionnaires, interviews.

**External Stakeholder Hypotheses**

14. A visionary project requires to satisfy community interest. This assumes that visionary projects require the support of their local communities, and thus sets vision in a social context implying that community values are intrinsic to corporate vision.

**Indicator:** projects that meet a large and clearly-identified community need will be more successful than those that do not.

**Source of Evidence:** statistical reports, e.g. NHS surveys into the incidence of cancer and other diseases. Evidence of death rates from these diseases. Interviews. Questionnaire evidence of community support.
15. **A visionary project needs a benign government climate.** This proposition is similar to 14 but with a wider scope. It presumes that there can be a range of responses by central government to visionary projects, from active support to hostility.

**Indicator:** success will be proportionate to the government climate relating to the project.

**Source of Evidence:** evidence of government support for hospices, official policies, legislation. Regional and local health care policies.

16. **A visionary project needs a supportive cultural climate.** This assumes that there is such a thing as a cultural “climate”, based on the history and traditions of a society, which can be identified.

**Indicator:** Success will be proportionate to the cultural climate relating to the project.

**Source of Evidence:** historical information relevant to the project. Evidence of such cultural values as may be relevant, questionnaires.

**Review Of Hypotheses**

The original methodology envisaged detailed studies of between fifteen and twenty hospice projects, with follow-up interviews and questionnaire surveys of their founders and of a number of their supporters.

**Case Studies**

I selected case study as my organising paradigm because it offered the greatest range of types of evidence and would also be likely to bring me into direct personal contact with a number of hospice founders. In short, it offered the best means of access to the best information. I expected the case studies themselves to supply information showing the scale of each project, the timetable of events, and the ways in which the groups worked. If vision was observable, then the case study evidence should provide documentary proof of the results of vision.

Case studies were to be conducted on hospices with in-patient units of between five and twenty nine beds. This was to avoid encountering possible differences peculiar to the very small number of larger hospices, and also to discount much smaller projects. At this time, as noted earlier, I had expected that the size of financial target would be a significant factor in the minds of the founding group, and that very high financial targets would create differences in perceived feasibility. Following the detailed survey of twelve hospice projects, which included two that had failed, and one that had no building, the sixteen sub-hypotheses were re-evaluated. At this stage it had become clear that little additional evidence would be forthcoming from more case studies, but that
the questionnaire survey could be far more wide-ranging than originally envisaged. The case-study programme was therefore stopped at twelve hospices.

With the majority of hospices I expected financial targets to fall within a fairly narrow range, somewhere between £750,000 and £1,500,000 at 1996 levels. I made a study of the Ian Rennie Hospice At Home, because that had no building, and aimed to provide its services in the homes of the patients. This meant that it faced a problem in fund-raising, without a visible building, but its running costs were comparable with a hospice of around six to eight beds. I also hoped to find some projects that had not succeeded as planned.

**Case Study Implementation**

Using the criteria outlined above, I began establishing contacts with managers of different hospices. I developed a list of twenty-two hospices, and then proceeded to find out which of them still had a full set of records. This eliminated three. I then asked if I would be permitted access to the records. Permission in every case had to be given by the governing body. Two declined and one that did give me permission to study their records later refused to permit publication of their details. I then worked through the remaining list, with a conscious attempt to identify a variety of different settings. The hospices case studied included those serving urban and rural areas, wealthy and deprived areas, new towns and long-established towns. I also relied on the advice of the Hospice Information Service, who identified five projects that they had held on record which had subsequently been closed. I managed to make contact with people connected with only two of these five, and discovered that records were only available for one (the Home Counties Hospice Project, HCHP). I established that, of all the projects which had closed, HCHP was the only hospice known to have opened and admitted patients before failing. I had also separately made contact with representatives of the Corby Hospice project.

The first study was carried out with a hospice that is not included in the studies in chapter six, during June 1995. The trustees withheld permission to publish information from their records because of their concern for the privacy of founder members and other prominent supporters. This project was a hospice in an urban area, and well within the middle range of in-patient hospices in size. Information available included correspondence, minutes, and publicity literature from the start of the project, and this highlighted a number of factors, including:

- The availability of information on the foundation of the hospice.
- The scale of changes that could follow the initial decision to found a hospice.
- The kind of people who may become involved as members of the founding group.
- The levels of difficulty in managing a group of committed volunteers.
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The need to respond to other projects being planned in neighbouring areas.
The possibility of influence by individuals and charities with a similar aim.
The influence of existing hospices.
Differences of opinion or recollection between founders.

Eleven more projects were studied, including two that had not succeeded as planned. In each case, the minutes of the founding group were examined, together with such correspondence and written historical information that was still available, including published accounts. The summarised information extracted from minutes and records was in every case returned to the hospice concerned with a copy of the initial historical review for checking and validation by, wherever possible, a member of the founding group. All the information used has therefore been validated as far as possible by the most authoritative sources available at each hospice.

Minutes gave evidence for the composition of the founding groups, the frequency and locations of the meetings, and the decisions taken. Division votes were always recorded, and the reports given to meetings indicated what information was considered important. Some of the committees studied received detailed financial reports at most of their meetings, and for these hospices it proved possible to construct graphs showing the rate at which funds were raised.

Literature Survey
The literature survey comprised a series of searches, using Strategic Planning, Vision, and Foresight as search words. This helped determine the hypotheses that needed testing, particularly as a result of the different descriptions of vision. The following hypotheses were removed from the list:

No. 6 The most successful visionary projects are visible. I decided that visibility was an aspect of communication (page 47), and therefore this was a sub-category of hypothesis No. 7. I suspected that there was existing research available in education which would demonstrate the relative importance of different forms of communication, and that this would help to put this into context.

No. 8 A visionary project needs individually motivated supporters. It became obvious that each hospice had been dependent on a huge number of supporters, so that it would be very difficult to decide how many might be a meaningful sample, and even more difficult to test these samples against current theories of personal motivation. On the other hand, a MORI poll existed showing the preferences of people when deciding to support charities, which is one means of demonstrating commitment. This would help to support the feasibility analysis. I felt that it was
not necessary to analyse individual motivation in order to demonstrate feasibility, when good alternative evidence of commitment was available.

The best evidence of support for a hospice project is the donations of funds required for the project, and this can be measured easily. Once hospices are completed, they typically use large numbers of volunteers to carry out their care activity, but these people, though they may have been involved in fund raising prior to completion, would have been very difficult to identify. I found that once hospices have commenced operating, good records of volunteers are kept, but not for volunteers who assisted with fund raising and support prior to opening.

No. 9 A visionary project needs an individually motivated leader. Each of the initial projects studied had one or more leaders and evidence was available to show the level of commitment involved. To test motivation, however, the same problems arose as with the supporters. The second issue here was that the aim of the research was not to test and evaluate different theories of motivation but vision. Commitment levels of leaders could be measured empirically, by such things as attendance at meetings, length of service, perseverance through difficulties, and commitment could then be related to vision, but motivation in the technical sense did not appear to have any direct relevance to vision. For the purposes of this research, it did not matter why an individual should choose to be leader of a hospice project, rather it mattered what he or she did.

No 16 A visionary project needs a supportive cultural climate. All the hospices studied were located in the British Isles. Some information was available from studies of voluntary organisations in the USA, but there was insufficient information to attempt an analysis of possible cultural differentiation between the USA and UK. In order to validate this hypothesis, it would be necessary to identify factors which permitted clear differentiation between the hospice projects researched and similar projects in countries with different cultures, and then to research hospices established in countries with other cultures. Further difficulties would arise, particularly concerning the influences one culture may have on another. Table 5-2 shows the distribution of Palliative Care services world-wide, and for the purposes of this table a hospice with in-patients, day care, and a home care team would count as three services. There are more hospices with in-patient units per head of population in the British Isles than elsewhere\(^79\), but the factors causing this could include different national health care policies, economic systems, or even the simple rate of dissemination of information about the modern hospice movement into other countries, as

\(^79\) Information from the Hospice Information Service, who also provided table 5-2. The Hospice Information Service, based at St Christopher's Hospice in Sydenham, maintains contacts with hospice services in all countries where modern palliative care is provided and acts as a central registry for the movement world-wide.
well as factors that may be considered cultural. These deletions left twelve remaining sub-hypotheses which were believed to be capable of being tested. These are listed in table 5-3 below.

Table 5-2 Distribution of Palliative Care Services World-wide 1996

<table>
<thead>
<tr>
<th>Continent</th>
<th>No of Services (est.)</th>
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</thead>
<tbody>
<tr>
<td>Europe</td>
<td></td>
</tr>
<tr>
<td>UK &amp; Ireland</td>
<td>726</td>
</tr>
<tr>
<td>Rest of Europe</td>
<td>585</td>
</tr>
<tr>
<td>Africa</td>
<td></td>
</tr>
<tr>
<td></td>
<td>61</td>
</tr>
<tr>
<td>Asia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>75</td>
</tr>
<tr>
<td>North America</td>
<td></td>
</tr>
<tr>
<td>USA/Caribbean</td>
<td>2504</td>
</tr>
<tr>
<td>Canada</td>
<td>580</td>
</tr>
<tr>
<td>Latin America</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Australasia</td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>160</td>
</tr>
<tr>
<td>New Zealand</td>
<td>35</td>
</tr>
<tr>
<td>Total</td>
<td>4741</td>
</tr>
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</table>

Table 5-3 Final list of hypotheses

<table>
<thead>
<tr>
<th>GENERIC HYPOTHESES</th>
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<tbody>
<tr>
<td>1 A corporate vision can be assembled in a charitable /non-profit setting</td>
</tr>
<tr>
<td>2 The feasibility of a corporate vision can be assessed before implementation</td>
</tr>
<tr>
<td>3 There will be a direct correlation between the ease of implementation of a corporate vision and the extent to which it satisfies the feasibility criteria</td>
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<table>
<thead>
<tr>
<th>MEASUREMENT HYPOTHESES</th>
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<tbody>
<tr>
<td>4 There are performance criteria against which the success of a project can be measured</td>
</tr>
<tr>
<td>5 There are performance criteria against which the progress of a project can be measured</td>
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<table>
<thead>
<tr>
<th>COMMUNICATION HYPOTHESES</th>
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<tbody>
<tr>
<td>6 Communicability of a visionary project is necessary for success</td>
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</table>

<table>
<thead>
<tr>
<th>LEADERSHIP AND TEAMWORK HYPOTHESES</th>
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<tbody>
<tr>
<td>7 A visionary project needs a highly committed leader in order to succeed</td>
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<tr>
<td>8 A visionary project needs highly committed supporters in order to succeed</td>
</tr>
<tr>
<td>9 A visionary project needs a project champion in order to succeed</td>
</tr>
<tr>
<td>10 A visionary project needs effective teamwork in order to succeed</td>
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<tr>
<th>EXTERNAL STAKEHOLDER HYPOTHESES</th>
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<tr>
<td>11 A visionary project requires to satisfy community interest</td>
</tr>
<tr>
<td>12 A visionary project needs a benign government climate</td>
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Questionnaire Development

After I had investigated the sources of information available through case study, I concluded that while this supplied ample evidence of the development of the projects, much of the thinking and experience of the founders remained obscured. I felt that it was essential to obtain primary evidence directly from hospice founders.

My original plan was to devise two forms of questionnaire, one to be used in interview with hospice founders, and one to be sent to a larger number of supporters. An initial form of questionnaire was tested with one of the founders of the HCHP. This demonstrated that a satisfactory range of information and opinion was available. I then considered the possibility of using a questionnaire to test more of the hypotheses than had been originally intended, so a further one was devised, with the intention of testing hypotheses including leadership and teamwork using opinion scores from 1 (lowest) to 7 (highest) on some questions. The range of 7 was selected because of advice (given in a research methods course) that British respondents to opinion questions tended to avoid giving answers using the extreme scores on questionnaires, so that an effective range of 2-6 was expected.

Both of the first two questionnaires were then given to one of the original founders of the Luton & South Beds Hospice, who found no difficulty in completing them. I then took the decision to combine the two existing questionnaires, and to expand the range of questions with the aim that all of the hypotheses were tested by at least three different questions. The final version of the questionnaire contained a full explanation of its aim and purpose (see Table 5-4). I felt that this would prove an effective way of accessing a large number of hospice founders directly, and should prove that further interviews would be unnecessary, and would be unlikely to add to the information available from the questionnaire survey.

Using the experience gained in my work within hospices, and through carrying out case studies, I considered it was important to begin the questionnaire with an explanation and justification that would encourage a response from founders. I was aware that many were already elderly, and that I was asking them to recall details of events often ten to twenty years earlier. I also decided to offer a definition of Corporate Vision. I considered asking respondents to offer me their own definitions, but concluded that it would be preferable to give a definition that they could agree or disagree with. I used my working definition as discussed in chapter 4.

The first section of the questionnaire (questions 1-9) covers the origination of the project, and is aimed at assessing how the full project idea developed. The second section (questions 10-19) is concerned with the progress of the project, and the effect of changes in circumstances or plans.
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The third section (questions 20-24) was intended to give a picture of the composition of the team, and to explore the situation and role of leadership within the group.

The fourth section (questions 25-37) explicitly seeks opinions rather than facts, and revisits the questions of origination progress and leadership, as well as incorporating questions relating to the perceived effect of community and government support. It was hoped that this section would help to both validate and cross-check answers given in the earlier sections.

Conduct Of Survey

The 1996 Directory of Hospice and Palliative Care Services was used to establish the survey field. A letter was addressed to the managers of 134 hospices, which were all those shown as being independent charitable establishments which had or were in the process of constructing In-patient units. (With the exception of the Corby project, which was scheduled for completion as a Day Hospice in 1997, but which was originally envisaged as having an in-patient unit). Each manager was supplied with three copies of the questionnaire, and asked to find, if possible, up to three members of the founding group and invite them to complete the questionnaires. Hospices not included in the survey were St Christopher’s, Sydenham, St Joseph’s, Hackney, and Trinity, Clapham. The latter two were built in the early years of the century, before the modern hospice movement, while St Christopher’s is the birthplace of the modern movement.

The chains of hospices belonging to the Sue Ryder and Marie Curie organisations were also excluded, because these were all founded as part of their parent national charities, and did not necessarily depend on local leadership or support for their construction. In several cases, they were long-established nursing homes for cancer patients which adopted hospice techniques and methods. Inadvertently, a set of questionnaires was sent to one of the Marie Curie Centres, and the then-Director General of Marie Curie, Major General Carleton-Smith sent a detailed reply in which he explained why, in his view, the Marie Curie hospices were not comparable with independent hospices.

Conversely, a number of the NHS-owned hospices had been built as a result of local fund-raising initiatives, but the organisation control and management of these had generally remained in the hands of NHS-employed professionals throughout, so they were not necessarily dependent on the same set of requirements as the voluntary independent units.

Children’s hospices and AIDS hospices were also excluded, because the information available showed that they had not been founded on the basis of support from local communities. Their fund
raising and support was derived from regional communities, so it would be difficult to make valid comparisons of community support and need.

Survey Response
Of the 134 hospices approached, one turned out to be a Marie Curie Centre, two were NHS hospices, and one was a hospice that was now independent but had been founded under NHS management. This left a maximum possible number of 390 responses. Of the remaining 130, a few managers contacted me to say that it was no longer possible to find founder members, as they had died or become too infirm. The final number of valid and useable responses was 140, and these came from a total of seventy-two hospices.

Considerations Relating To The Questions

Section 1 - Where Did The Ideas Come From?
Question 1. Who first had the idea to start the hospice? Case studies had shown that opinions differed within projects on this question. The issue I felt that could be safely tested was whether the people concerned believed that visionary ideas originated from individuals or from group interaction. I hoped that the answers to this question would also demonstrate a starting point in the origination of a corporate vision. This was intended to test hypotheses 1, 7, and 9.

Question 2. Did this idea come following contact with an existing hospice? There seemed to be a view that the hospice movement had spread “evangelistically” by direct contact. This process could certainly be seen through St Francis’, Berkhamstead and St Luke’s, Harrow. Alternatively, it was possible that the hospice idea was one which could be known about in a non-specific way, in which case greater variety might be expected. This was intended to test hypotheses 2, 3, and 6.

Question 3. Did representatives of the local community express a desire for the hospice project before it was started? This question was intended to address hypotheses 2 and 11, and see if community leaders had acted on a recognised need to launch a hospice.

Question 4. At what point did you feel that the project “gelled” and became clearly defined? I hoped to establish whether or not there was a point in the early stages of project development that could be recognised as the moment when the vision crystallised in the minds of the members. Answers could support the core hypothesis, and also hypotheses 1 and 2.

Question 5. If you felt that vision was an important factor, was it a) consistently important throughout; b) more important at the start than later; c) more important at the intermediate
stages: d) more important at the later stages? This question tested parameters of vision not directly included in the hypotheses, but answers would bear on hypotheses 3, 4, and 5.

Question 6. Did the detailed vision as used: a) originate with the original leader; b) originate from another person; or, c) originate following joint discussion? Answers to this question related to the pattern of origination of corporate vision, and hypotheses 1, 7, and 9.

Question 7. Was there any other individual whose ideas and thinking had a major influence over the ultimate design and operation of the hospice? Case studies had shown that some groups appeared to receive advice while others didn’t. Positive answers would support the view that a corporate vision could include contributions from sources outside the founding group. Answers bear on hypotheses 1, 2, and 9.

Question 8. Was there any other organisation whose ideas and thinking had a major influence over the ultimate design and operation of the hospice? I had seen reference to Cancer Relief Macmillan actively assisting hospice founders in the records of a few hospices. I suspected that support of this nature might be commonplace, with various interested organisations contributing to the founding visions. It may demonstrate that some hospices were not spontaneous creations, but had been fostered by other organisations in furtherance of their own objectives. Again, answers to this question would bear on hypotheses 1, 2 and 11.

Question 9. Were there any major changes to the project after it had been clearly defined? I had seen evidence that significant changes could be very disruptive to teams, and create challenges to leadership. Positive answers to this question could demonstrate that corporate vision was not crystallised at an early stage, but was simply a set of ideas that could change with circumstances. Hypotheses 4 and 5.

Section 2 - The Project Itself

Question 10. Did the project encounter serious delays, or “run out of steam” at any stage? I had seen projects stalled by difficulties over planning consent, and by participators from the state sector. This question was designed to discover whether the founders had felt demotivated or discouraged, and answers should relate to hypotheses 2, 3, 4, and 5.

Question 11. What was the main cause of the delays, if any? I hoped that this would help the issue of feasibility, hypotheses 2, 4, and 5.
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Question 12. When did you feel that the fund raising “took off”? Case studies had shown that there appeared to be a point at which fund raising “took off”, and after which eventual success became assured. This was intended to test hypotheses 3 and 5.

Question 13. Was there any key factor that triggered the “take-off” in fund raising? (If yes, what?) Case studies had shown “take off” points occurred in fund raising, but had indicated a variety of possible causes. Positive answers would be relevant to a feasibility assessment: hypotheses 2, 3, and 6.

Question 14. Were visual images/models of the proposed building used at fund-raising events? This is a communicability issue. It is conventional wisdom that the public find the concept of a hospice building much easier to comprehend than that of a type of care. This was also the firm view of the Administrator/Fund Raiser of Ian Rennie Hospice At Home. Educationalists report that vision is the dominant sense used in learning. If these assumptions are valid, then there should be a difference between the projects that used visual images and those that did not. Hypothesis 6.

Question 15. What was the cost of the project originally expected to be? Answers provided a datum for measuring cost changes in projects. They could also indicate if there was a level of project cost that people felt feasible, and were happy to aim at. Hypotheses 2, 3, 4, and 5.

Question 16. What was the final cost of the project? This shows the scale of changes to the original plan. Hypotheses 2, 4 and 5.

Question 17. Were there any community bodies or organisations which played a significant role either as providers of funds or fund raisers, of helpers, or any other resources needed by the project? I had already seen evidence that hospice projects attracted support from a wide variety of community organisations, and that implied that the project was meeting a community need. Hypothesis 11, but also 12.

Question 18. Which of the following were originally planned (and, ultimately,) constructed: In-patient unit; Day Care service; Home care service; Bereavement care service; Training facility? This list comprises the categories of services offered by hospices, and was intended to provide an indication of the of hospice originally envisaged, defining the original vision. A variation in the services completed would show whether the vision was completed as originally intended. Hypotheses 3, 4, and 5.
Question 19. From what type of source did the majority of the financial support come in the early days? Nominate top 2 or 3 sources). Central Government (NHS); Local Authorities; Charitable Trusts; Private Donations; Clubs and Social Organisations; Small and medium companies; Large Companies; Trading Activities; Other (please specify). This list was derived from case studies. The strength of support from a particular category could imply their level of interest or awareness of need, but could also indicate the level of communication achieved. Hypotheses 6, 11, 12.

Section 3 - The People Who Made The Hospice

Question 20. Did the founding group have a single individual who was the leader, whether acknowledged or not? The answers to this question would help to demonstrate the existence of leadership in these groups. Hypotheses 7 and 9.

Question 21. Was the group leader in the role of chairman throughout? The position of chairman is the obvious role for a group leader, but case studies had shown leaders acting other than as chairman. Hypotheses 7 and 9.

Question 22. Did the leadership of the group change during the development of the project? Case studies showed leadership changes on occasions in projects that had been completed. This could demonstrate that a good vision attracts capable leaders, rather than the other way round. Changes of leadership in a successful team would indicate effective teamwork. Hypotheses 7, 9, and 10.

Question 23. What professions, vocations, and trades were represented in the founding group? Accountant; Journalist; Architect; Nurse; Business Manager; Politician; Clergy; Sales/Marketing; Doctor; Solicitor; Housewife; Teacher; Other (specify)? Answers to this question would illustrate the composition of groups, and the list was based on case study evidence already obtained, with the exception of journalists and sales and marketing people. I included these two specifically to see if they had been involved anywhere, given that most hospices were very high-profile projects in their local areas, and usually newsworthy. Hypotheses 8, 10.

Question 24. What were the numbers of men and women in the group? The answers to this question would not only give the gender breakdown, but also the size of the group, which should correlate with the answers to question 23. Hypotheses 8 and 10.
Section 4 - Informed Opinion

Respondents were invited to score between 1 (irrelevant/not at all) and 7 (vital/completely). Each question correlated to information given in one or more of the previous questions.

Question 25. Did corporate vision exist in the planning and development of your hospice project? Correlate questions: 4, 5, 6; core hypothesis, and hypotheses 1 and 2.

Question 26. To what extent was the corporate vision (if any) of your project shared by the founding group? Correlate questions: 6, 7, 8; core hypothesis, and hypotheses 1, 6, and 7.

Question 27. Were the changes (if any) at question 9 important factors affecting the success of the project? Correlate questions: 9, 10, 11, 15/16. Hypotheses 2, 3, 4.

Question 28. How important was the initial cost estimate in encouraging members of the group to launch the project? Correlate questions: 15/16. Hypotheses 2, 3, 5.

Question 29. Did the change of cost (if any) prove to be an important factor affecting the ultimate completion of the project? Correlate questions: 10, 11, 15/16. Hypotheses 2-5, and 8.

Question 30. Was leadership by one or more members of the group an important factor in the success of the project? Correlate questions: 1, 6, 20, 21, 22. Hypotheses 7, 9.

Question 31. Was the commitment of all the members of the group an important factor in the success of the project? Correlate questions: 7, 22, 23. Hypotheses 8, 10.

Question 32. Did the commitment of the members of the group increase once suitable land or buildings had been identified? Correlate questions: 10, 11, 12, 13. Hypotheses 8, 10.

Question 33. Were the personal values and beliefs of the members of the team an important factor in the success of the project? Correlate questions 13, 17, and 23. Hypotheses 7 and 8.

Question 34. Did all members of the group share the same values and beliefs (in relation to the project)? Correlate questions: 6, 23. Hypotheses 8, 10.

Question 35. Was the need of the community for the hospice an important factor in the success of the project? Correlate questions: 3, 17, 19. Hypothesis 11.
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Question 36. Did you believe from the beginning that the government would support the hospice with NHS funds? Correlate questions: 3, 17, 19. Hypothesis 12.

Question 37. Was the founding group united in its understanding of the project? Correlate questions: 4, 5, 7, 8, 18. Hypotheses 7, 10.

Table 5-4 overleaf displays the relationship of questions to hypotheses in a diagrammatic form

The Researcher As Participator
One important context of this work into corporate vision is that of the researcher as an involved practitioner in the field. I must also declare an interest in the outcome, as I expect to apply any lessons learnt in the course of my own work and voluntary spare time activities. This research is not the work of a disinterested and detached observer. On the other hand, it is only as a practitioner within the field that one is able to have a working understanding of the phenomena one is observing. The issue that is important is an openness to a variety of possible outcomes, and it will be seen that this research destroyed a number of my previous assumptions about the management of visionary projects.

It must be noted that the primary reason for my selection of hospices as a field of study for this research is my post as the General Manager of the Luton and South Bedfordshire Hospice. The possible drawbacks include the fact that it is not possible for me to have a detached viewpoint on subjects such as the value of hospices, or particular styles and methods of management.

Alternatively, my work with hospices generally has given me a good understanding of how they operate, the types of people typically found in connection with them, and matters which are considered important by supporters. This knowledge was certainly of great value both in framing the questions used in the survey, and in evaluating the replies.

In addition, the movement operates many professional networks and these afforded me access to the hospices selected for the case studies. I also believe that the response to the questionnaire survey was very good because the respondents knew they were dealing with someone already involved in running a hospice, and were therefore disposed to help.
Table 5-4 Hypotheses Related to Survey Questions

| No | Hypothesis                                                                 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | count |
| 1  | A corporate vision can be assembled in a charitable/non-profit setting        | * | * | * | * | * |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | *  |    |    |    |    | 7  |
| 2  | The feasibility of a corporate vision can be assessed before implementation  | * | * | * | * | * | * | * | * | * |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | ** |  **|    |    |    | 14 |
| 3  | There will be a direct correlation between the ease of implementation of a corporate vision and the extent to which it satisfies the feasibility criteria | * | * | * | * | * | * | * | * | * | * | * | * | * |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 10 |
| 4  | There are performance criteria against which the success of a project can be measured | * | * | * | * | * | * | * | * | * | * | * | * | * |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 9  |
| 5  | There are performance criteria against which the progress of a project can be measured | * | * | * | * | * | * | * | * | * | * | * | * | * |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 10 |
| 6  | Communicability of a visionary project is necessary for success              | * |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5  |
| 7  | A visionary project needs a highly committed leader                          | * | * | * |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 9  |
| 8  | A visionary project needs highly committed supporters                        | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | 7  |
| 9  | A visionary project needs a project champion                                 | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | 7  |
| 10 | A visionary project needs effective teamwork                                  | * |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 7  |
| 11 | A visionary project requires to satisfy community interest if it is to win the support necessary. | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | 5  |
| 12 | A visionary project needs a benign government climate                         | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | 3  |
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Origination Of Visionary Ideas.

In the introduction to chapter one I noted that the antonym for “Corporate” was “Personal”. While the evidence from the independent hospices could reasonably be expected to provide information about the foundation of each establishment, I felt that there were problems concerning the origination of visionary ideas which would not be adequately addressed by the evidence available. Firstly, all the hospices were acknowledged to be part of a movement resulting from the work of Dame Cicely Saunders, and secondly corporate vision as evidenced in hospices may bear little or no relationship to that in business organisations.

I felt that it would be necessary to research the background to the achievements of Dame Cicely, and also to seek information on other visionary works of a comparable scale. The intention was to trace the pattern of origination of visionary ideas (if any), and also to see whether visionary work in other fields exhibited any common patterns, and whether it may be possible to draw any clear distinctions between corporate vision and personal vision. It was relatively easy to determine two comparators for the work of Dame Cicely: both Florence Nightingale and Mother Teresa had carried out work with results on a similar scale and in a similar field, and had the advantage of being the subjects of detailed biographies. In the field of business, there were many more people to choose from, but I used the yardstick of people whose work had had a worldwide impact, and who were acknowledged to have been the first in their respective fields. I also attempted to find individuals who also paralleled the timespan from Florence Nightingale to Dame Cicely. I settled on Thomas Edison, Henry Ford, and Bill Gates.

The only information available on three of the six individuals was biography. Since the information I required was generally outside the controversial issues that attached to some of these people, and was intended for illustrative and comparative purposes I considered that this would be sufficiently reliable. I was able to test this approach: I sent a thesis draft to Dame Cicely Saunders, with the request that she examine all the references to herself and her work. I was advised by her staff that she was noted for close attention to detail. She corrected four minor details, only one of which changed a point in the comparison between herself and Mother Teresa and Florence Nightingale.

It was not possible to research the lives of these individuals in great depth within the scope of this study, but the biographical information readily available on these individuals threw up some interesting comparisons both with each other and with the work of the hospice founders. It is included at Annex 1.

SUMMARY

The end result was a list of hypotheses suitable for testing, and a project capable of empirical study. The other product is a series of case studies of major voluntary projects, and what is believed to be the most comprehensive survey in existence of founders of such projects.
6 case studies - the hospices

aim
In this chapter are the results of studies of eleven hospice projects, including one that had no building, one which closed shortly after it opened, and one which failed in its original plans, and was substantially altered as a result. Each project will be reviewed, and evidence referred to the hypotheses. This evidence will then be compared to evidence from other sources in chapter 11.

katherine house hospice, banbury

summary of development history.
Katherine House is a new-build unit with twelve in-patient beds, a day care centre, and a community nursing team serving the area around Banbury in Oxfordshire. The building is located on a very attractive site on the outskirts of this large market town. The first meeting of the founding group was on 25th October 1984. Their intention was to construct an In-patient hospice for cancer patients with ten/twelve beds. The sum of money required was estimated at £500,000, though within two months it was realised that about £1,000,000 would be required. The hospice was opened for patients seven years and five months later, in a building that was also offering Home care nursing and Day Care, and following an appeal that had raised nearly £1.5 million.

The team faced many challenges, including uncertainty over NHS policy with regard to hospice work, establishing relationships with the National Society for Cancer Relief, planning problems concerning access to the site, and a lack of experience in establishing such a large-scale operation. At the third meeting, it was reported that another group of people in the same area had intended to found a hospice, but had reduced their aims to a Day Care centre. This was incorporated into the project. The critical challenge of finding a suitable site was overcome as a result of an offer of land from a Charitable Trust. For the first four years, meetings were held twice-monthly. The main purpose of meetings appears to have been sharing information. Attendance at the seventy meetings for which records are available between 1984 and 1989 averaged ten (9.86) people at each meeting. The highest attendance was fourteen, and the lowest (only one occasion) was four. Membership of the group varied, and meetings were open to people other than the trustee/directors alone. There is no evidence of division votes.
Fund raising was slow to get started, but showed a sustained increase after April 1986, and further increase in rate after August 1987 and October 1988. The committee relied on the services of different professional fund raisers during the period. The first started work in January 1986 and was employed until September 1987. The second professional fund raisers started work around July/August 1988. Ninety meetings are recorded from the start until the appointment of builders in September 1989. Shortage of funds resulted in a decision to commence the building with some secondary features deferred. These were completed in due course.

Chart 6-1 Katharine House Hospice Fund Raising

Chart 6-1 shows funds raised during the period from the first meeting to the summer immediately prior to the decision to start building is. The rate of fund raising increased at, April 1985, August 1987, and October 1988. Significant events which may relate to the change in fund raising performance were:

- **April 1985**: the decision at the end of March 1985 to proceed with the land offer, the development of a publicity brochure at that time, and the receipt of the first large donation £7,000 in April 1985
- **August 1987**: The grant of planning permission; agreement over the land; the formation of the first “operating committees”. A single donation of £100,000.
• **October 1988**: The success of the shop, opened in June. The insistence of the new fund raisers on targets. Planning of possible start dates for the building, and for the opening of the Day Hospice. Planning of key appointments.

**Analysis**

**Assembling the vision.** The first meeting took the decision that the hospice was to be a ten or twelve-bedded in-patient unit, named Katharine House. Within three months, it was learnt that a group in the area were planning a day hospice. This idea was immediately incorporated into the plan. Discussions with the National Society for Cancer Relief introduced the idea of offering home care nursing. This was also incorporated into the plan. The idea of seeking a close relationship with the NHS hospital was rejected. Evidence strongly supports Hypothesis 1.

**Measures of success and progress.** There is no evidence that variations in the rate of fund raising had any effect on the success of the project. It was decided to defer parts of the building project until funds were available, but in the meantime the rest was completed and a service was commenced. The delaying factor that gave greatest concern to the committee was planning permission, and concerned access to the highway. The project was completed as envisaged, but with additions, and there was no reported discussion over timetables for completion. There is no evidence that the delay experienced was regarded in any adverse way, so although progress was measured, it was not done in any comparative sense. While to a certain extent an awareness of progress may support Hypothesis 5, there is no evidence at all to support Hypothesis 4.

**Leadership and teamwork.** This group operated without any change of chairman throughout, and it appears that the chairman exercised a leadership role. Once the hospice was completed, the chairman also worked voluntarily as the hospice manager until the end of 1996. The lack of division votes shows a consensual approach. Evidence tends to support Hypotheses 7, 8, and 10.

**External stakeholders.** A close relationship was formed at an early stage with NSCR, and also with the NHS, and their views were certainly taken into account in planning and operation (notwithstanding the decision not to build in NHS hospital premises). Evidence tends to support Hypothesis 11.

**THE HOSPICE OF ST FRANCIS, BERKHAMSTEAD**

**Summary of development history.**

The Hospice of St Francis, Berkhamstead is a converted large house in a suburban area near the centre of Berkhamstead, a town in close to the M25 and the M1 motorways on the outskirts of
Greater London. It has six in-patient beds, a day care centre, and a home care service. It is one of very few hospices that does not have a separate fund raising department.

The first meeting of the founding group was on 30 June 1979. It was evident that they had researched, and the references to St Christopher’s indicate that their understanding of hospices was firmly based on the work of Dame Cicely Saunders.

The decision to locate in Berkhamstead implied finding a building suitable for conversion. The initial cost estimate of £100,000-£250,000 proved accurate: the building cost just under £90,000, but needed considerable expenditure for conversion. The group regarded the project as a Christian work of service, and they expected the support of the churches in their community. They thought the NHS would support the project, but this did not happen.

On a practical level, they decided to carry out research into similar hospice projects, and to try and assess the health need of the area from NHS statistics. On a minor note, the first meeting was convened to look into the possibility of building a hospice - the one decision that was never recorded was the decision to do this! One member of the group, who took an influential role throughout the founding years evidently had experience of Hospice Home Care Nursing, and this influenced the pattern of early development. A noteworthy feature of this hospice is the number of doctors who were involved, with between two and four attending meetings.

In July 1980, the first Home Care Nurse began work. After three years as many as four full or part-time nurses were working for the Hospice. The decision to open a Day Care Centre was taken in June 1983, and this opened early in 1984. The In-Patient hospice opened 1st September 1986.

In July 1979, a Franciscan Convent came under consideration. There seems to have been sympathy between the leading nuns in this community and the hospice founders. On 14 August 1979, the decision was taken to call the hospice “The Hospice of St Francis”. This decision is interesting, because it does not appear to have been discussed in depth, and it received unanimous assent. The story of the next three years is one of hopes raised and dashed and raised again, as one problem after another surfaced to obstruct the acquisition and use of the convent building by the hospice founders.

After 27 Shrublands had been bought and paid for, there was still more than enough money available to carry out the conversion quickly, but caution seems to have taken over. At one stage, there was a reluctance to show members of the public around the building because of the lack of progress. This may have been because of concern about the level of funds needed to maintain the
CHAPTER 6 CASE STUDIES - THE HOSPICES

Home Care service; or it may simply have been that the existence of home care removed a sense of pressure to act because a service was already being provided.

Between eight to ten people usually attended meetings, with occasionally as many as twelve, and only once as few as five. The period June 1979 to February 1984 saw a total of fifty-nine meetings, and while these were usually at monthly intervals, meetings were held at closer intervals when difficulties arose.

After about two and a half years from the start of the project, a newcomer became involved, who over a period of some three months became elected onto the committee as a full member. At this time, some criticism took place of the founder chairman, and one committee member became unsettled and resigned. Serious reverses were being experienced to the plans to acquire 27 Shrublands (the convent). The newcomer was a person of influence. A bid was mounted to take over the chair, which the previous year had been an uncontested election. Attempts were made to force an election, and the “boardroom battle” scenario being played out would be familiar among company directors.

After a series of deadlocked meetings, the Bishop was brought in as a mediator. This resulted in the election of the newcomer, and the evident distress of the founding chairman. The really strange feature, however, is that following this election, the successful candidate attended no more meetings, while the founding chairman accepted a continuing role in the development of the hospice. This may be a demonstration that “business methods”, which may use constitutional procedures in a superficially valid way, are not appropriate for the operation of a developing charity. During the period of hostilities, numbers attending meetings dropped to six and seven. Once the dispute was over, numbers reverted to nine and ten.

It took seven years to move from dream to reality, but the hospice as finally completed and operating varied little from the concept discussed in June 1979. From early days, the founders took pride in the low administrative costs: this, too could be an attitude arising from NHS experience on the part of the Health Care professionals involved. If the hospice has a problem, it is that the building it is housed in presents major problems with maintenance or adaptation.
Analysis

Assembling the vision. The complete idea, of an in-patient unit, day care, and home care service, was present from the start, and that this had been obtained by the initial chairman from her knowledge of the work of Dame Cicely Saunders at St Christopher’s. The debates in committee seemed to have been about the practicalities of implementing this vision. Evidence here does not give much support to Hypothesis 1.

Measures of success and progress. The hospice as completed and operating conformed exactly with the original concept. It is possible that the determination of the group to secure and convert the property at 27 Shrublands may have resulted in a delay against possible alternative approaches, but on the other hand they were completely successful in their aim. There were occasions when the group felt discouraged by the slow rate of progress, and there is evidence that this caused some dissent on occasion, and possibly hindered fund raising (Chart 6-2). Evidence tends to support Hypothesis 5 in that there was an awareness of the delays, though not in a way that forced any change to the project. There is no evidence to support Hypothesis 4.

Leadership and teamwork. The leadership difficulties reported do not seem ultimately to have prevented good teamwork, and the collaborative and consultative approach used in solving this difficulty shows that the team were in fact a very coherent and committed group. The decline in
rate of fund raising on chart 6-2 coincides with the period of concern over delays, and the events surrounding the change of chairman. Evidence does not support Hypothesis 7, but does support Hypotheses 8 and 10. The initial chairman possibly acted in the latter stages of the project as a project champion, so this could support Hypothesis 9.

External stakeholders. The only bodies that appear to be stakeholders in this project were the churches, as evidenced by the ecclesiastical role in the leadership difficulty. There is support for Hypothesis 11.

CORBY AND DISTRICT CANCER CARE

Summary of development history.
The Corby Cancer Care group (CCC) was formed by Mrs. Jean Clark in October 1986, with the object of helping cancer patients, both as a self-help body and by fund raising. The group launched a "Hospice Appeal" in November 1987. This appeal was not aimed at constructing a hospice, but merely to express the needs of cancer patients in the area. These discussions appear to have led Mrs. Clark, (the group's Hon Financial Secretary), to contact the Chairman of the Kettering Health Authority. Mrs. Clark's involvement in cancer care arose from her own experiences as a patient who had suffered from different cancers over very many years. During this period, Mrs. Clark had a lot of contact with St Christopher's Hospice and also with the organisation running the BACUP cancer helpline information service.

These discussions were taken up with the next chairman of KHA who took office in 1989, and during the intervening time some high degree of enthusiasm seems to have developed for a hospice project, both among the supporters of the group and the Health Authority. By September 1989 the new chairman of KHA had identified a suitable piece of land, and arranged for a number of members of the NHS staff of the Authority to join a project team aimed at building a hospice as a joint project with CCC.

The minutes of the joint project team and the correspondence shows that the Health Authority staff envisaged a Day hospice attached to Corby Community Hospital, with some in-patient terminal beds designated within the hospital, not as a part of the hospice. They also envisaged the hospice as an extension of the hospital in every sense of the word, to be staffed and run by the NHS but with funding from CCC and CRMF. It was expected that Hospital building services and catering should serve the hospice. The intention on the part of the KHA was an NHS-led project supported by voluntary fund raising.
During 1990, the minutes of the various meetings show that the members of CCC had a different idea with respect to the building. They envisaged constructing an in-patient hospice, with between ten and twenty-plus beds, for which the proposed Day Centre would be only the first phase. Mrs. Clark's vision from the start had been of a twenty-bed In-patient hospice, with a home-support organisation. Others among the trustees doubted the feasibility of funding an in-patient unit, but were comfortable with the idea of developing a day hospice as a “first stage”.

The fund raising ability of CCC was considerable, and within four years they had raised enough money for a day hospice. The NHS staff did not appear to recognise the right of the charity to have control over the application of its assets. This misunderstanding may have had its roots in the very first discussions between the KHA and the leaders of the group, which are not recorded. It seems that the group were encouraged to believe that the land originally allocated would be transferred to them on favourable terms. The nursing and medical professionals seem not to have believed that a volunteer group could run a hospice without NHS management and support. The view of the founder members is that there was never a time at which the project felt as if it had “jelled”. As this stage drew near, time and again new problems surfaced.

The aims and desires of the charity were not properly acknowledged by the NHS organisations, and it was only when the charity consulted the Charities Commissioners that a swift resolution came about. The Charities Commissioners ruled that charitable funds had to be applied for the purpose they had been raised for, and must remain under the control of their trustees. For some reason, the NHS managers seem to have believed that charitable assets could be expected to pass into their control in a as little as two years. This forced the resolution of the situation in August 1995. From this point, the original vision of a hospice jointly supported by the NHS and a local charity came to an end, and the trustees accepted that they had no option but to act independently.

Chart 6-3, using data covering the first three years, reflects only a positive and optimistic approach. There are two points where an increase of rate is evident, the first in the third quarter of 1990 and the second at the end of the first quarter of 1992. Factors affecting the first increase of rate could include building designs being considered, and a draft lease being available for the land. By mid-1992, however, setbacks had been experienced and frustration was setting in. Two items emerge, positive discussions with Cancer Relief Macmillan Fund, and a campaign launched by a local paper, the Evening Telegraph, which ran a full page feature every week. The opinion of the founder members is that this campaign was the most important factor in the fund raising. This is illustrated by Chart 6-3. During this time, there were full coloured drawings of the proposed project, including perspectives, displayed within the offices of the paper.
A large variety of community organisations participated in fund raising, particularly the local Rotary and Lions clubs. In the early stages, the great majority of funds came from private donations, with clubs and social organisations coming next.

During the seventy-month period of the joint project, a total of thirty-eight formal meetings were held. Average attendance was seven (7.3), highest being twelve and lowest four. There were two types of meeting, the joint project team (ten) and the trustees of the charity (twenty-eight). NHS representatives attended trustee meetings, and trustees attended all joint meetings, so communication should have been excellent. Some twenty decisions were taken at these meetings, some formal, a few negative (decisions not to act). There were no division votes held at any meeting. The main topics of discussion during all the meetings were the building, the lease, and operating arrangements. The trustee body remained very stable in membership throughout the period, as did the key nursing and medical representatives of the NHS.

At the time of writing, a new site has been secured with the support of the local authority, and the project is proceeding on an independent basis. Building work commenced in the Autumn of 1997.

**Analysis**

**Assembling the vision.** It is clear that there were two fundamentally different visions in operation during the time up to August 1995, though strenuous efforts were made to reconcile them. The
failure seems to have centred on the issue of control. The original vision of the founder (a twenty-bed in-patient unit) is not the one that is now being constructed, so the vision actually being constructed is composed of elements discussed and agreed upon during the earlier years of the project, though the location and management issues have only been clarified since August 1995. This evidence supports Hypotheses 1 and 2.

**Measures of success and progress.** The project failed to progress for a long period, and is now (1997) progressing satisfactorily. Despite the success of fund raising at an early stage, the project itself was stalled. At the time the project was stalled, there does not appear to have been a single agreed vision in effect. This evidence supports Hypotheses 2, 3. The approach to the delays seems virtually identical to the previous hospices. An awareness of delay implies a timetable, but for measures of progress to exist, a response to delay in the form of a review of the project would be expected. There is little support here for Hypothesis 5, and none for Hypothesis 4.

**Leadership and teamwork.** This is a clear example of a member of the group who did not act as chairman (Mrs. Jean Clark) exercising leadership, in that her views proved influential throughout, even though the project being constructed is different to her original idea. It could be more accurate to describe her as a project champion rather than a leader. The team was not operating satisfactorily while it was composed of two distinct factions with different interests, but now that situation has been resolved, it appears to be progressing normally. This evidence therefore offers support for Hypotheses 8, 9, and 10, but not 7.

**External stakeholders.** There were distinct external stakeholders at the outset, CCC and the NHS organisations. The Corby Development Corporation played an important part in the later stages of the project. This supports Hypothesis 11.

**HOME COUNTIES HOSPICE PROJECT**

**Summary of development history.**
This project has a pre-history of approximately two years, during which the experienced nurse who became Matron set up a home-visiting service in her local community. The aim of this service was to support the sick and the elderly in their own homes using a team of volunteers. Funds were raised, and volunteers were recruited to support this work.

At the beginning of 1986, a large property came on the market, and Matron decided that it would be suitable for conversion into a residential care home which she could run. At this stage, it does not seem as if the idea of it being a hospice had surfaced. The original idea appears to have been
that patients would provide the running costs in an establishment where the staff were expected to maintain a very high level of daily Christian observance. This level of observance involved a duty of the nurses to pray frequently with the patients, and also to spend five minutes in prayer “every hour on the hour”. This discipline is noteworthy, because it was also followed by the Deaconesses of Kaiserswerth in Germany in the 1840’s. This is the establishment which more than any other helped Florence Nightingale to form her original views on the proper methods of nursing care for the sick.

A meeting was convened in March 1986, at which it was agreed to form a trust to purchase the building and convert and operate it as a “Continuing Care Home”, which would cater for “anyone in need of the type of care offered”. These criteria are considerably more elastic than those used by any established hospices. Prayer and bible readings formed a regular part of trustee meetings, either at the opening of the meeting itself, or in a preliminary meeting. By the second meeting, it was announced that the Planning Committee had approved the change of use of the property, that there were 3,000 residences in the area, that there was £184 raised, and that a bank had offered to loan 80% of the £175,000 purchase price.

Fund raising seems to have begun in earnest in June, though reporting in the minutes frequently confuses the true financial position by including private loans in “Funds Raised”. This is significant, because the amount of these private loans became substantial, and themselves perhaps contributed to the project continuing when it was deeply in debt.

The property was purchased in July 1986, and conversion work began within two months. It is very clear that the trustees did not consider the possibility of property values falling, but assumed that they would continue to rise. At a distance of ten years it is easy to be critical of this attitude, but in the middle 1980’s people were more aware of the risk of being “gazumped”, i.e. losing their purchase to someone prepared to offer a higher price. The advice offered to the trustees by their solicitor adviser reflects this situation. The only cautionary note evident was injected into the August 1986 minutes by the secretary, at the time the decision to accept a building tender for over £100,000 was being made. The first reference in the minutes to “Hospice Care” was made in January 1987, where the only point made was that “Hospice Care” was delivered free of charge. At this point the Trustees were clearly confused about the nature of the planned operation. Matron seems to have been of the view that HCHP should operate as a purely charitable establishment, while a number of the Trustees expected it to be a self-financing operation.

HCHP admitted its first patient in June 1987, for terminal care. In July 1987, the letter heading was changed to describe HCHP as a "Continuing Care Unit and Hospice". In both July and September 1987, Matron ordered major items of equipment without reference to the Trustees, and without criticism. By July 1987, income was already insufficient to meet the routine expenses of the Trust. At the end of October, there were insufficient funds to pay the salaries for the month. The fact that the staff were still at work in late November demonstrates the very high level of commitment they felt towards the project. It also demonstrates a high level of leadership ability on the part of Matron. At the end of November, however, a number of staff wrote a letter of complaint to the Trustees. Between 27th November and 21st December there were four trustees' meetings convened, one for the benefit of the staff. The establishment ceased operating as an in-patient unit in December 1987 with debts in excess of £300,000 and the only asset a building whose value was fondly imagined to be the sum of its purchase price and the conversion and equipping costs (around £330,000).

Matron resigned, and her husband who was chairman of the trustees vacated the chair shortly afterwards. The trustees then commenced what was effectively a exercise in receivership, where firstly they explored various options for keeping the project going, and then accepted that there was no alternative to liquidation. They were successful in refinancing a large part of the debt with another bank, and amazingly managed to keep fund raising going. The property was sold finally for a sum of £250,000 nearly three years after the closure, and the trust was wound up nearly four years after that, when they were able to say "all loans have been repaid, all covenants terminated and all other liabilities cleared." A small surplus of funds remained which was given to another hospice appeal.

Chart 6-4 shows that the income raised barely kept pace with the rate of increase of financial liabilities. There are two rate-of-change points, the first occurring in the third quarter of 1986, immediately after the property was purchased, and the second at the end of the second quarter in 1987, when the home was opened. This project began life as the vision of one individual (Matron), who recruited a team to support her. The minutes show regular confusion, but Matron's views and opinion always carried the day, right up until the collapse. There is no evidence that this personal vision ever became shared.

Some of the trustees have commented "We think a kind of vision was shared; but it was in very general terms and lacked precision until too late in the day; it was also very much the Matron's personal vision rather than a joint one". The use of the term "hospice" in this project, at least during the period under study, seems to have been incidental. There is no evidence of any work being done in formal palliative care training, nor of links with any established hospices. The
particular religious views of Matron seem to have been influential in obtaining support, but when 
her own church leader gave her advice she disagreed with, the advice was ignored. Staff who 
disagreed with Matron, however, got short shrift - and left. Matron seemed to have a disregard for 
financial matters, except when fund raisers were not performing as she expected. There were 
problems in assembling a team to manage the operation.

The project went from start to collapse over twenty-one months, during which twenty-one 
meetings were held. Attendance at the meetings was generally good, with an average of nine 
(8.95) attendees per meeting. Most meetings included other people in addition to the trustees. 
There is no evidence of disagreements at meetings prior to 27 November 1987, or of division 
votes being held. The trustees as a body were committed to their responsibilities, as is evident 
from the time and patience invested in clearing up the aftermath.

There is no evidence of any preliminary research having been conducted, and the original 
intention was for this eight-bed in-patient unit to serve and be supported by a community with a 
population of no more that 10,000. Before the final closure, the precarious financial state of the 
project was common knowledge in the locality, and local GP’s were deliberately not referring 
patients to HCHP. Reasons for this were not only the financial state, but also the “spiritual hot-
house” atmosphere believed to prevail inside. It of interest that the building and contents were sold 
to a national charity, who operate it as a continuing care home. The views of the trustees who took 
final responsibility for the project with regard to the closure are as follows:
"It now seems to us that the major early factors in the failure of the enterprise were:

1. A complete misunderstanding of the fact that the Trustees' proper function was to be a committee of management with the detailed control of operations, rather than a body of benevolent well-wishers keeping a general eye on the Matron's project;

2. a serious under-estimate of the total cost of the project, leading to-

3. a hopelessly inadequate appreciation of the magnitude of the fund-raising effort and organisation that would be needed, and of the area it must cover; and to-

4. the unwise decision to go ahead so quickly with borrowed money and no clear arrangements for repayment or for meeting all the costs."

Analysis

Assembling the vision. The evidence is that this project never had a truly shared vision. This provides support for Hypotheses 2 and 3.

Measures of success and progress. Although the project reached completion in record time, it failed. Time is not a valid indicator of success in this case, though the rate of fund raising may provide a measure for failure. The evidence supports Hypothesis 5, but only after the hospice was operating and failing to receive enough funds for its survival. There is no evidence to support Hypothesis 4.

Leadership and teamwork. The evidence is that the matron was a very powerful and persuasive leader, with skills sufficient to motivate her team in very adverse circumstances. This ability probably contributed to the failure of the project. On the other hand, the lack of effective teamwork by the staff and supporters is evidenced by the various disagreements and confusion that appear in the record. This evidence supports Hypotheses 8 and 10, but not 7.

External stakeholders. There do not appear to have been any external stakeholders. This evidence tends to support Hypothesis 11.

IAN RENNIE HOSPICE AT HOME

Summary of development history.
The Ian Rennie Hospice At Home operates in parts of Hertfordshire and Buckinghamshire, and has only offices for administration and staff meetings. The nurses deliver palliative care to patients in their own home, and their work is similar to that carried out elsewhere by Macmillan and Marie Curie nurses.
Following a request to deliver hospice-style nursing to a patient named Ian Rennie in the summer of 1985, a group of five nurses then employed by an existing hospice, St Francis at Berkhamstead, decided they wished to continue and develop this particular type of hospice care. At St Francis, home care nursing had been delivered for five years, and a day care service had begun the previous year. A lot of work was then underway to complete the in-patient unit. This founding group was very clear about what it wanted to do, but the question was, could financial and organisational support be found to sustain and develop the project? The group was perhaps very fortunate in finding an established charity willing to act as a parent organisation for them. The Beaconsfield Churches Christian Trust served in this role for two full years, and supplied capable and experienced people to serve on the IRHH management committee.

At its inaugural meeting, 16 Sep 1985, IRHH defined itself in a number of ways: its Christian foundation, reinforced by opening nearly every meeting for five years with prayer. It was not proposed to acquire a hospice building. It was regarded as essential to develop professional links with other agencies. It was agreed that nurses were to be self-employed. This decision was critical to the success of the early years of the project, and can be seen as a measure of the commitment of the founding nurses to their ideals. It is not a normal mode of employment for experienced and qualified nurses, and the obvious issues of holidays, study leave, income tax, and sick pay all began to surface after about twelve months.

The founding definitions were effectively reviewed in March 1986, when it was decided not to become involved in Day Centres, again in March 1988 when it was decided not to “link up” with an In-patient hospice project, and again in November 1990, at a “Forward Strategy” meeting.

The main question for the purpose of this study is: when was IRHH fully established? The issue of nurses salaries is key. The acceptance of self-employed terms was a sacrificial decision for the nursing staff, and a change to employed status would mean that the management team felt confident enough of their situation to take this step. The significance of this is that if charitable trustees take on directly-employed staff, they are assuming the responsibilities that go with it.

Most hospice projects begin by raising funds to finance their buildings and staff before they commence operation. This project began with designated staff already operating. It was far from certain that it could be sustained, and for long periods - including most of 1988, reserves were often less than one months’ operating costs (see chart 6-5, reserves ratios). The Treasurer’s reservations were minuted in July and November 1988. The response to the difficult financial situation was to establish a dedicated fund-raising operation, the success of which elicited an approving comment from the Treasurer in July 1989.
The year that followed saw a steady rise in both income and reserves, and also a growth in the number of patients being supported. Much of 1990 was taken up in preparation and discussion of a salary scheme, which was finally settled in November 1990, to be implemented on 1 January 1991. By November 1990, despite running costs having doubled in two years, reserves had reached around six months running costs. Chart 6-5 shows this, the brief problem period in the Autumn of 1986, and the period of dwindling reserves from November 1987 to May 1988.

During fifty-seven meetings recorded of the IRHH Council of Management and Management Committee, attendance averaged eight (8.1). The lowest attendance was five (once only) and the highest was sixteen (once only, an AGM). There was little recorded turnover of committee members, and there were no division votes.

![Ian Rennie Reserves](chart6-5.png)

**Chart 6-5 Ian Rennie Hospice At Home Expenditure and Reserves**

**Analysis**

**Assembling the vision.** The original vision remained unaltered, which was a shared idea from a group of nurses who already had experience of the type of service that was planned. This evidence supports Hypothesis 1, and also 10.

**Measures of success and progress.** The nursing service was in operation from the outset, but expanded as time went on. In this case, the increase of service against time could be considered a valid indicator of success, and the rate of fund raising was directly related to the ability of the
group to deliver the planned service. For a period the survival of the project was directly related to financial measures. The existence of objective measures here supports Hypothesis 5.

Leadership and teamwork. Initial leadership was provided by members of the Beaconsfield Churches Christian Trust, but the group appears to have operated throughout in a very consensual way. The commitment of the team to supporting the project is evident in the time and effort put in. There is no support for Hypothesis 7, but strong support for Hypotheses 8 and 10.

External stakeholders. The principal stakeholder appears to have been the Beaconsfield Churches Christian Trust. Once the service was established, there was considerable attention paid to relationships with other health care authorities and providers in the area, particularly the District Nursing Service. There was concern to maintain good relationships with the Hospice movement, especially St Christopher’s and St Francis’. This tends to support Hypothesis 11.

ISABEL HOUSE HOSPICE, WELWYN GARDEN CITY

Summary of development history.
Isabel House is now the name of the charitable hospice service operating in Welwyn Garden City and the surrounding area. It currently provides, on two different sites, a day care centre and a ten-bed in-patient unit. A home care nursing team is also in operation, based at yet another location in the town. The history of Isabel House Hospice began in the Spring of 1983, when a “steering committee” was formed. On 27 April 1982 a definition of aims was recorded, which formed the basis for a proposal document issued the following month. The approach was needs-focussed, and the plan was to adapt a Council-owned property as a Day Care Centre, while working in partnership with the National Society for Cancer Relief. At this stage, an in-patient unit was ruled out on grounds of running costs. A redundant school was considered, which it was hoped the Council would purchase and allow to be used by a variety of community organisations. This project ultimately fell through.

Early meetings were spent mainly reporting progress on the Mater Dei school, and on discussions that were taking place with NSCR and the local Health Authorities. After five meetings, the committee retitled itself “Welwyn-Hatfield Hospice Care Committee”. This was the point where the first note is made of any funds being raised. By December 1982 it became obvious that the plans for Mater Dei school would not proceed, and the committee turned its attention to launching a nursing service under the auspices of NSCR. In May 1983 a large donation (£5,000) was received from a charitable trust, but fund raising did not begin in earnest until January 1984, following the formation of a fund raising committee. In February, careful attention was paid to the
structure of the organisation, and sub-committees were formed. The first nurses were appointed in January 1984, and the service commenced at the end of February. The nurses were based on NHS premises.

It was agreed to develop a Day Care Centre jointly with the District Council, and plans were agreed in July 1984. By this time, the nurses were supporting around thirty-three patients. The success of the initial nursing service and the rapid increase in the rate of fund raising (Chart 6-6) led to the decision to appoint a third nurse in September 1984.

By November 1984, the original fund raising target (of £100,000) had been very nearly achieved, and it was decided to raise the target to £200,000. Sufficient money was available to fund the established nursing service for at least three years, and also to equip the new Day Centre. The Day Centre was opened in 1986. It was later decided to open an In-patient unit, and this was constructed in the grounds of the local hospital, and was opened in 1990.

The committee experienced several setbacks in their negotiations with the various bodies they hoped to work in cooperation with, and did not commence serious fund raising until about eighteen months after they first met, but once the fund raising plan was launched it achieved all their aims very quickly: the first stage of the service was operating less than two years after start, and the original plan was accomplished in four years.
Analysis

Assembling the vision. The initial vision was limited to providing a day care centre in local authority-owned premises, and a home care service. This was increased to include the construction and operation of an in-patient unit much later. A number of members of the group contributed to this vision. The group seems also to have assimilated successfully the aims of another group working in the area on a similar basis. This strongly supports Hypothesis 1.

Measures of success and progress. The group achieved all the targets they set for themselves, and they would probably have been happy to accept time and fund raising indicators as measures of their progress. There is no evidence that they used any other projects as “benchmarks” in respect of a relative measure of success, even though they worked closely with a national charity which could have provided this. While this tends to support Hypothesis 5, there is no support for Hypothesis 4.

Leadership and teamwork. The leader of the group appears to have been the chairman throughout. There was no evidence of dissent or difficulty among the group. This supports Hypothesis 7, and tends to support Hypotheses 8 and 10.

External stakeholders. The group clearly viewed the NHS, NSCR, and the local authority as stakeholders in this project. This offers support for Hypotheses 11 and 12.

LUTON & SOUTH BEDFORDSHIRE HOSPICE

Summary of development history.
The Luton and South Bedfordshire Hospice operates in purpose-built premises, with ten in-patient beds, a day centre. The first meeting of the founding group was on 14th October 1986, and included a retired doctor, a retired nurse with hospice experience, an accountant, an architect, and others with business and management experience. It is obvious from the minutes that the decision to build a hospice had already been taken, and land had been offered for this purpose. Subsequent early meetings were concerned to obtain information from other hospices, and to initiate fund raising.

At the end of the first year, final building designs were being considered, and the information most regularly recorded was the level of funds raised. One member of the founding team recalls that the most encouraging event during the early fund raising was the decision of Luton Borough council to make a donation of £100,000 towards the project. This donation, received in April 1990, took the appeal over £1,000,000.
Prior to submission of the planning application, the hospice was advised by a senior planning officer that the application would never be granted, because of the Green Belt regulations. Two weeks later, Planning Consent had been approved. At the end of the first year, building designs were being considered. Building commenced in March 1990, and the hospice admitted its first patients on 1st April 1991. The day-care centre also started operation at the same time, but a home care service was not opened until 1995.

Chart 6-7 Luton & South Bedfordshire Hospice Fundraising

Chart 6-7 shows changes of rate of fund raising at the end of 1987, the Autumn of 1988, Autumn 1989, and then a tapering off after May 1990. On each occasion the chart shows a major donation received at the time of the change, showing initially that success breeds success, but slowing down after the target had been exceeded. Each major stage was very well publicised, so it is difficult to differentiate between the achievement of a visible stage in the project and the effect of the attendant publicity. Autumn 1988 corresponds with publication of plans, and Autumn 1989 with commencement of building work.

Analysis
Assembling the vision. The original vision was the construction of the building for the in-patient unit. There appears to have been very little discussion about the details of the project except a
Measures of success and progress. In discussion with some members of this group, there was a belief that the hospice had been constructed more quickly than any of the others in the local area. During the period of development, however, there is no reference to this in the minutes. This begs the question, if the project had been delayed, would the group have believed themselves less successful than others? There is no evidence that this is the case. Informal discussions with members of the group revealed that the most challenging decision was the one to commence building, and that it was based solely on the prevailing financial situation, without regard to any other factors. An awareness of a rate of progress or even of a relative level of success is hardly a firm measure if it is not allowed to govern decision making, and particularly if it is only articulated after project completion. Evidence here fails to support either Hypotheses 4 or 5.

Leadership and teamwork. The chairman was leader throughout the period. There were some notable instances of dissent which were carried to a division vote, which on both occasions were followed by the “losers” leaving the group, but continuing to support the project. This illustrates a strong commitment to the project (and therefore participation in a team effort) despite the leadership. There is support here for Hypotheses 7, 8, and 10.

External stakeholders. There do not appear to have been any bodies regarded as external stakeholders. The level of community involvement supports Hypothesis 11.

MYTON HAMLET HOSPICE

Summary of development history.
The Myton Hamlet Hospice founding group first met on 28th Feb. 1979. There were ten out of a total of thirteen people invited. At this meeting, the following ideas were proposed:

1. A twenty five-bed Hospice was required for Coventry and Warwickshire.
2. A home care service should be offered.
3. The hospice would concentrate on terminal cancer patients.
4. A formal committee structure comprising a Management Committee, a Medical Committee, and a Fund Raising and Publicity Committee was to be adopted.
5. The location should be in an area South of Coventry and North of Kenilworth and Leamington.
6. While other possible sites should be considered, one that was in a suitable location and of a suitable size had been identified at Myton Road, Warwick.
7. A bank account was to be opened.
8. A Trust deed was to be drawn up.
9. A company limited by guarantee was to be investigated as a possible advantageous arrangement.
10. The name of the project was to incorporate the word "hospice".
11. Contractual arrangements had already been provisionally agreed with the two area health authorities covering the proposed catchment area.

Forty-one months and thirty-eight meetings later, a twenty-five-bed hospice was opened on the Myton Road site. The initial cost of purchase and conversion was estimated at less than £300,000. By May 1979, the fund raising target was set at £500,000 (to include equipment and a small reserve). The final cost was over £500,000, with an additional £50,000 plus for equipment. The fund raising actually achieved £501,000 by July 1982, the month the hospice opened. The committee used mortgage finance to fund the initial purchase, and at the time the hospice was opened, the mortgage debt approximately equalled the funds held.

Chart 6-8 shows two points where a significant increase in the overall rate of income occurred, in the third quarter of 1979, and in the first quarter of 1981. At the time of the first rate change, two committee members resigned (pressures of work), plans for the conversion were presented, and fund raising activity began to be discussed at every meeting. The time of the second rate change coincided with completion of the purchase of the property, and the preparation of tenders for the conversion work.

A total of thirty-eight formal meetings were held over the period, and attendance ranged from five (one occasion only) to fourteen (one occasion only), with the average being nine (9.2). Exactly half of the group of ten who met at first were still members in July 1982. Of the five no longer participating, one had died, and three had resigned, one on grounds of ill health. This indicates a generally high level of commitment. All departing members were replaced without difficulty.

A local "interest group" had one of their number appointed to the committee in December 1979, and almost immediately moves began to divert the committee from the selected property to one within the City of Coventry itself. This new member tried pressuring outside bodies in an attempt to influence the committee decision, and conversion plans were prepared to show how the alternative building could be converted. Interestingly, this member used the title "Coventry and Warwickshire Hospice" when referring to the project in correspondence. The committee coped with all this in a remarkably patient way, but when it was concluded that the property was
certainly not suitable the new member immediately resigned. This episode did not slow down the project, even though it absorbed a lot of time both inside and outside committee.

The conduct of business by the committee was structured and organised. Meetings were conducted on a formal pattern that varied little, and sub-committee reports were received in a standard way. Very few decisions were taken at the meetings, a total of twenty-two decisions are recorded in thirty eight meetings (excluding additional confirmations of decision to proceed with Myton site). Most of these key decisions (about twelve) were taken in the first two meetings. The majority of the meetings were therefore primarily used for communication.

This hospice project is startling in the confidence and rapidity with which it progressed. A very clear plan seems to have been in the minds of the founding members, and this plan was executed with virtually no variation from the parameters decided on 28th February 1979.

Analysis

Assembling the vision. There does not appear to have been any assembling of the vision once the project group met. The parameters of the vision were proposed and agreed.
**CHAPTER 6 CASE STUDIES - THE HOSPICES**

**Measures of success and progress.** The project was completed on time and on budget. The group were conscious of both factors, and frequent reference was made to the agreed timetable and the requisite financial situation. There was no awareness of a comparative level of success against any other project. This evidence tends to support Hypothesis 5, but not 4.

**Leadership and teamwork.** The leader was chairman throughout, and the team functioned in a disciplined and effective way. The challenge of a determined attempt to divert the project seemed to have no subsequent effect on the team. This evidence supports Hypotheses 7, 8, and 10.

**External stakeholders.** The local authorities and the NHS were both considered stakeholders. Given the high level of ecclesiastical input into the project, it is interesting to note that the churches do not themselves appear to have been regarded as stakeholders by the group. This evidence supports Hypotheses 11 and 12.

**ST LUKE'S HOSPICE HARROW**

**Summary of development history.**

St Luke’s Hospice is located at present in a converted house in a suburban street near the centre of Harrow, in North London. This is the base for the day centre and home care service, while work progresses on the task of converting Kenton Grange, a large building nearby, into premises that will provide in-patient beds, a day centre, and a training facility.

The first board meeting of St Luke’s Hospice was on 4 December 1987. A company limited by guarantee had been formed, and members had been recruited. An appeal for funds had already been launched, which was to achieve its target of £100,000 by October 1988, to open a Home Care service. This was started with its first nurse in July 1989. The second stated aim was to open a Day Care centre, and an appeal for £250,000 was launched in October 1988. This sum was raised in less than a year, and by March 1990 a suitable property had been found, and was purchased. This started operating in late 1990.

At the beginning of 1991, the board considered a development plan, and by the Autumn of that year a property had been identified suitable for conversion into an In-patient Hospice, which was later purchased. At the time of writing (November 1997), planning has been completed, and work has begun on the conversion, with twelve beds, a Day Care Centre, provision for Education, and offices for Home care nurses, administration and fund raising.
Documentary records kept by one of the founding team, show that there were two separate aspects to the original idea. This person's involvement with the hospice movement began following a talk from one of the founders of another hospice, St Francis' at Berkhamstead, which was given to a church which he attended in 1981. The correspondence shows that he worked very vigorously between the Autumns of 1986 and 1987 to generate interest in a hospice project for Harrow. He discovered that another group, based in Wembley, was also planning on similar lines.

The Wembley group, or at least the lady who was their spokesman, had been communicating with local Health bodies in the Spring or Summer of 1986, and found that there was a desire certainly on the part of the Harrow Community Health Council for In-Patient beds for the terminally ill. This group appears to have been developing plans for a Home Care service for the area. The Harrow group aims were the construction of an In-patient hospice, with a strong emphasis on the involvement of the Christian Churches of the area. The combining of the interests of the groups that these two individuals belonged to appears to have been critical to the launch of the project. A document written in January 1987 showing how they could be combined demonstrates the "welding of ideas" into a single project.

A questionnaire was sent to twenty-eight people in February 1987, and twenty-seven were returned, with the twenty-eighth replying by telephone. The questionnaire tested the reaction of these people to the composite plan, and it secured their agreement and support. The project was launched at a public meeting in October 1987.

The records show only twenty-four meetings of the founding team in the first thirty-six months, and three of these meetings were "doubled-up" on the same day. (i.e. Board meeting followed by AGM). Attendance averaged seven (6.8) per meeting, ranging from five at the lowest to eleven at the highest. The gaps between meetings show that this group functioned on the basis of executive responsibility, with most of the day-to-day affairs being handled out of committee, and meetings being used for main policy decisions. During the period studied, there were no divisions, all decisions being unanimous. Only one director resigned during the period. It is likely that the business background and experience of the Chairman played a major role in this apparently smooth and efficient operation. An interesting note is that the connection with St Francis' Hospice, Berkhamstead continues up to the present day, with a retired member of the St Francis' staff now acting as a Trustee Director for St Luke's.

Analysis

Assembling the vision. This project is clearly the combination of two different and documented sets of ideas, and offers the clearest possible support for Hypothesis 1.
Measures of success and progress. The group set themselves targets based on time and fund raising, and achieved them. Despite this, they would probably regard the delivery and continuity of the hospice service as their main indicator of success, with the setting of targets as a management tool. While clear time-based targets were set for the first two phases of the project, this was not done for the third and final phase. This phase is likely to cost approximately ten times the first two put together, and was also contingent on finding a suitable property. This evidence tends to support Hypothesis 5 to a limited extent, but not 4.

Leadership and teamwork. The leader of the project was chairman, and he oversaw the combination of the different sets of ideas. The group did not use formal meetings to the extent that the other projects studied seem to have done, but they seem to have had an informal executive group which monitored progress and took decisions between meetings. This tends to support Hypotheses 7 and 10.

External stakeholders. There was liaison with the NHS from the outset, and the project was believed to be a response to a need that NHS staff had identified. This supports Hypothesis 12.

ST NICHOLAS' HOSPICE, BURY ST EDMUNDS

Summary of development history.
St Nicholas' is a purpose-built hospice with ten in-patient beds, a day centre, and a home care team in the grounds of the main NHS hospital in Bury St Edmunds, in Suffolk. The first meeting to plan a hospice for West Suffolk was on 12 November 1982. It was agreed that the aim was to establish a hospice. The building "Turret House" (sic) was identified as suitable, and its price was estimated between £100-150,000, with conversion costs of £50,000. One month later the name "St Nicholas' Hospice (Suffolk)" was agreed, and it was decided to convene a meeting of care professionals. Twelve months later, in December 1983, the focus was still on "Turret House", and the plan was to open a Home Care service as soon as possible, a Day Centre by December 1984, and then to construct an In-Patient unit in the grounds of the building (Turret Close). Total project cost was now estimated at £1,200,000.

In May 1984, a Home Care service was opened, but the purchase of the building was not completed until December 1984 at a price of £135,000. The conversion of the building cost considerably more than the purchase price, and was financed using loans and an overdraft. The Day Centre opened in July 1986. In the Spring of 1987, a property development company became interested in part of the land at Turret Close. This was agreed, provided that enough land was left
for the in-patient unit. Negotiations proceeded slowly, but two years later the first stage of this transaction took place, and it was completed after another twelve months. The Hospice gained over £600,000 from this deal. By June 1989 the idea of constructing an all-new purpose built hospice on land adjacent to the local hospital began to be considered. The desirability of a purpose-built structure had first been put forward in February 1983, and this was finally agreed in late 1989. A new appeal was launched in 1991, and the new hospice building was completed by March 1993. This project exhibits a high level of co-operation with both the West Suffolk Health Authority and Cancer Relief Macmillan Fund.

The group that started the project was known as the Hospice Steering Group from November 1982 until March 1984 when the charity became incorporated. The Directors as a body only met once each year. There were two bodies concerned with oversight of all the hospice activities, the Council of Management (with between twenty and thirty members) and the Executive Committee, which had seven to eight members. The latter body was not formally constituted until January 1989, and on a few occasions its decisions were reviewed by the Council of Management.

The Council of Management normally met once each quarter, and took all policy decisions and received reports from sub-committees, some of which also reported to the Executive Committee. 38 meetings of the Steering Group/ Council of Management took place between November 1982 and October 1990, with an average attendance at each meeting of sixteen (16.1). This average masks the fact that early meetings averaged attendances of below ten, while later ones averaged over twenty. Despite the size of the group, the turnover of members was low.

Chart 6-9 shows three change of rate points. There were two increases, in the third quarter of 1984, following the launch of the first appeal, and in the third quarter of 1988. This time was when the hospice was experiencing financial difficulty, with a rising overdraft. During this period the then chairman handed over to a successor, and the chart is also strongly influenced by the first payment for the land transaction.

In the fourth quarter of 1986, the rate of income fell back significantly. This followed a substantial excess of income over expenditure for the previous financial year, and some discussion over the delay of the third phase of the project, the in-patient unit. There was a sense at this time that there was a need to review the entire structure of the organisation, and the meeting following this discussion was when the founding chairman announced his wish to resign the following year. There had also been problems recruiting key staff for the hospice.
There was a strong emotional attachment to the building at Turret Close, so the decision to move on was bold, yet very effectively carried through. Although the “final stage” of the appeal was launched in 1991, the rate of growth of funds established in 1989 and 1990 served to stabilise the financial position of the hospice, and this was when the decision was made to move. It should be noted that the final fundraising achievement was more than ten times the original target. Despite the financial difficulties, the “output” of the hospice, in terms of patients served, rose steadily from 1984 to 1989. The hospice management coped simultaneously with an ambitious capital programme and the development of care services.

Analysis

Assembling the vision. The original vision seems to have been established from the outset, and included the purchase and conversion of the premises at Turret Close. The move to the hospital site must be regarded as a major change to the original vision. There is little evidence of assembly of vision.

Measures of success and progress. There does not appear to have been a sense that time deadlines were critical on this project, though indicators related to fund raising may have been accepted as valid for progress. The achievement focus seems to have been more on the delivery of services, and this was achieved at a very early stage. This tends to support Hypothesis 5 in a limited way, but not 4.
Leadership and teamwork. It is clear that while the chairman changed twice during the period studied, the team continued to work in a committed and effective way. The leadership and energy provided by the third chairman seem to have increased the rate of fund raising, and may have been influential in the decision to proceed with the new building project on the hospital site. This evidence does not support Hypothesis 7, but does support Hypotheses 8 and 10.

External stakeholders. The health authority were an important stakeholder from the outset, and Cancer Relief Macmillan soon became another. This supports Hypothesis 12.

THE HOSPICE OF OUR LADY AND ST JOHN

Summary of development history.
The Hospice of Our Lady and St John, now more generally known as “Willen Hospice” occupies a converted farmhouse overlooking a lake at Willen township in Milton Keynes. It now has some fifteen in-patient beds, with additional long-stay beds, a day centre, a home care team, and a training facility.

The “official” history of the hospice began on 4 November 1975, with the inaugural meeting of the committee. At this meeting, that the name of the hospice had already been decided, and the decision to incorporate as a company limited by guarantee had already been taken. The intention was to construct a building, and action had already been taken to find a suitable site. Trustee directors were appointed, and Charity registration had been applied for. There was already a sum of £2,150 raised. Much preparatory work had been done by a small group of people. An early estimate given in September 1976 was that the total project cost would be between £250-300,000.

From an early stage, there was liaison with the Milton Keynes Development Corporation and discussions of relationships with the Community Hospital. In the summer of 1977, an offer of a large loan from a Christian Missionary society is reported, which subsequently played a large part in the financial arrangements. In November 1977 an offer was made to purchase Manor Farm House at Willen. By this time, the committee seems to have settled on ten beds as the appropriate size. By May 1978, Manor Farm House had been purchased and outline planning consent for the conversion had been agreed. This development was not without cost, as the decision to go ahead with the purchase provoked the only recorded division among the trustees, and a vote of seven to two in favour of the project was made. The two dissenting trustees then resigned, expressing their intention to continue supporting the project.
Chart 6-10 shows three points where the average rate of income increased. The first was April 1977, when the minutes recorded the appointment of the first patrons, and there was increased publicity. The second follows the purchase of Manor Farm House, which was accompanied by the release of a £20,000 grant from the MKDC (the largest single sum to be received as a grant or donation in the first five years), and the third followed the decision to go ahead with the conversion in the Autumn of 1979, at which time the loan of £50,000 was also received.

The first nurse was appointed on 1 November 1978, three years after commencement. A home care nursing service then began. In 1978 home care palliative nursing was a very unfamiliar concept in Britain, and the project itself began only eight years after St Christopher's had opened. The hospice opened for in-patients on 1st January 1981. The committee had achieved all their initial objectives five years and two months after their first meeting.

Analysis

Assembling the vision. It seems that the original vision was established by the time the group first met, but members were influential in contributing such things as the concept of the home care service. This supports Hypothesis 1.
Measures of success and progress. The aim of the group was to provide services as soon as possible. This was quite an elastic view, and was determined by a combination of the availability of property and funds, together with the development of the service by the initial staff. No clear timetable or set of measures was established, and no awareness is shown of other comparable projects. There is no evidence to support hypotheses 4 or 5.

Leadership and teamwork. The leadership of the group remained with the original chairman, who had also put in most of the preparatory work before the group came together. The commitment of the team members was tested severely over the decision to proceed while funding was still uncertain, and two members left. This event does not appear to have caused any problems subsequently. This evidence supports Hypotheses 7, 8, and 10.

External stakeholders. The NHS and the Milton Keynes Development Corporation were clearly stakeholders. This supports Hypothesis 12.

SUMMARY

Analysis: Assembling the vision.
The majority of projects showed a clear idea of the desired end result from a very early stage. The level of definition exhibited by the Myton Hamlet founders was exceptionally clear at the very first meeting, most of the other projects took a little time to reach this level of clarity. There was widespread evidence of consultation with a variety of agencies and individuals, except at HCHP, where this did not happen. The strongest evidence for welding ideas from different groups into a single project is at St Luke’s, but this also happened in a lower-key way at Katharine House. Isabel House and St Nicholas’ both completed more ambitious projects than first envisaged.

Analysis: Measures of success and progress.
All those projects for which fund raising graphs were produced reported their financial achievements at most meetings. St Luke’s established fixed time targets for the completion of the first two phases of their project, but generally this was not done, and timetables only tended to come into use once building work had begun, and preparations for opening hospice services had to be made.

Analysis: Leadership and teamwork.
Of these eleven groups, seven (including HCHP) appear to have retained the same chairman throughout the founding stages, and the chairman usually acted as leader, with the exception of HCHP, where leadership came from the Matron. Four projects changed their chairmen during the
period studied, including the Corby group. The other three were the Ian Rennie group, where the initial structure was a "holding" organisation, which permitted leadership to be exercised by the people who had initiated the project, and the St Francis and St Nicholas groups. In the latter case, the founder chairman having handed over to his successors still remained with the project, and his founding and visionary role is still acknowledged publicly. In the case of the St Francis project, the founding chairman there also remained with the project after vacating the chair. The role of Mrs. Jean Clark in the Corby project appears to be very much that of a project champion. This may also have been the case with these other two, but the evidence is not so clear or direct.

Analysis: External stakeholders.
The NHS was a main stakeholder in six projects, including Corby. In five out of the six cases, the relationship was positive. In two cases, local churches were seen as stakeholders, and so in another two were local government bodies. In four cases, it was expected that Macmillan Cancer Relief (formerly Cancer Relief Macmillan Fund, previously National Society for Cancer Relief) would also be a stakeholder. This only happened in two cases. Only at HCHP and Luton & South Bedfordshire do the founders not appear to have acknowledged any outside organisations as stakeholders.

Case Study Support for Hypotheses.
Table 6-1 shows where evidence can be found to support the hypotheses, but it does not qualify the evidence. There was insufficient information from the documentary records to adequately test hypothesis 1, although what little evidence there was supporting hypothesis 1 was strong. The situation for hypothesis 2 is similar, but with the two failed projects offering valuable evidence in support. Information from these hospices will be used in the development of the feasibility test. Hypothesis 3 depends on an adequate demonstration of hypothesis 2.

The lack of support for hypothesis 4 is fairly conclusive. The documentary evidence should be the natural repository for information on measures, and none was found. Although evidence was noted in possible support for hypothesis 5, it is was generally weak, except at Ian Rennie and HCHP, where it is possible that different factors applied. The evidence from all hospices except HCHP showed effective communication with the public using a wide variety of means. The fund raising charts showed a correlation between major events and an increase in the rate of fund raising, supporting hypothesis 6. Evidence supporting hypothesis 7 demonstrated the existence of a strong leaders at those hospices, but this hypothesis requires a demonstration of necessity: if any hospice shows it does not need a strong leader, then the hypothesis is not valid. The evidence from HCHP was that a very strong leader was present there, but her leadership probably contributed to the failure of the project. The commitment of the strong leader must also be allied to a viable
project, or such leadership may prove destructive. The argument of necessity also applies to hypotheses 8, 9, 10, 11, and 12. Hypotheses 8 and 10 reflect different aspects of the operation of the founding groups, and both were fully supported by the evidence. Hypothesis 9 is not supported. The information needed to support hypotheses 11 and 12 was lacking, and although the findings here will contribute to the end result, more evidence is required.

Table 6-1 Summary of support evidenced in case studies

<table>
<thead>
<tr>
<th>No</th>
<th>Hypothesis</th>
<th>Support identified:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A corporate vision can be assembled in a charitable/non-profit setting</td>
<td>Katharine House, Corby, Ian Rennie, Isabel, Luton, St Luke’s, Our Lady &amp; St John</td>
</tr>
<tr>
<td>2</td>
<td>The feasibility of a corporate vision can be assessed before implementation</td>
<td>Corby, HCHP,</td>
</tr>
<tr>
<td>3</td>
<td>There will be a direct correlation between the ease of implementation of a corporate vision and the extent to which it satisfies the feasibility criteria</td>
<td>HCHP</td>
</tr>
<tr>
<td>4</td>
<td>There are performance criteria against which the success of a project can be measured</td>
<td>Katharine House, St Francis, Corby, HCHP, Ian Rennie, Isabel, Myton Hamlet, St Luke’s, St Nicholas,</td>
</tr>
<tr>
<td>5</td>
<td>There are performance criteria against which the progress of a project can be measured</td>
<td>Katharine House, St Francis, Corby, HCHP, Ian Rennie, Isabel, Myton Hamlet, St Luke’s, St Nicholas,</td>
</tr>
<tr>
<td>6</td>
<td>Communicability of a visionary project is necessary for success</td>
<td>All projects</td>
</tr>
<tr>
<td>7</td>
<td>A visionary project needs a highly committed leader</td>
<td>Katharine House, Isabel, Luton, Myton Hamlet, St Luke’s, Our Lady &amp; St John</td>
</tr>
<tr>
<td>8</td>
<td>A visionary project needs highly committed supporters</td>
<td>All projects</td>
</tr>
<tr>
<td>9</td>
<td>A visionary project needs a project champion</td>
<td>Corby</td>
</tr>
<tr>
<td>10</td>
<td>A visionary project needs effective teamwork</td>
<td>All projects</td>
</tr>
<tr>
<td>11</td>
<td>A visionary project requires to satisfy community interest if it is to win the support necessary to succeed.</td>
<td>Katharine House, St Francis, Corby, HCHP, Ian Rennie, Luton, Myton Hamlet,</td>
</tr>
<tr>
<td>12</td>
<td>A visionary project needs a benign government climate</td>
<td>Myton Hamlet, St Luke’s, St Nicholas,</td>
</tr>
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</table>
CHAPTER 7 TESTING HYPOTHESES AGAINST QUESTIONNAIRE SURVEY

7

TESTING THE HYPOTHESES AGAINST THE QUESTIONNAIRE SURVEY

Introduction.

The aim of this chapter is to review the evidence obtained from the questionnaire survey to determine the extent to which it supports the twelve hypotheses in chapter five. The questions related to each hypothesis are in the main those cited in chapter five in the section “Considerations relating to the questions”. It has proved to be the case that some answers given to questions may have a bearing on additional hypotheses, and this will be explained. This evidence will then be compared to evidence from other sources in chapter 11.

Hypothesis 1. A corporate vision can be assembled in a charitable/non-profit setting.

This hypothesis requires a demonstration that a corporate vision can be assembled using ideas and information from a variety of sources. It is antithetical to the view that corporate visions must always be the result of creative activity on the part of a single visionary individual. Therefore, evidence which demonstrates a variety of sources and a sharing of ideas in the formulation of the vision will tend to support this hypothesis.

In answers to question 1, 55% of respondents said the first idea for the hospice came from a single individual. In all but one of the remaining sixty-three responses, the answer was that the initial idea came from two or more people. Question 4 asked at what point the project became clearly defined, was intended to establish whether there was a point subsequent to the initial idea when the project was perceived as fully formed. This implied that the initial idea was only the first step on the way to forming a complete project vision, and would therefore demonstrate corporate activity in vision formation. Only five (3.6%) respondents were unable to identify a time or event when this took place, though nine (6.4%) respondents said that it was “immediately”, or “soon”. It is safer to regard this latter group of answers as referring to the probability that the original idea put forward was so similar to the project vision as implemented that they should be considered as individual rather than corporate visions.

Thus far, the evidence points overwhelmingly towards a pattern of vision development that is shared. Question 6 was designed to act as a control on questions 1 and 4 by asking the question...
directly, who had originated the detailed vision as used? Thirty-eight respondents (27%) said that it was the initial leader, only four (3%) said it was another person, and ninety-seven (69%) said it followed joint discussion.

The only cautionary note concerning the validity of the answers of respondents comes from the Luton and South Beds Hospice. The documents show that the idea to found a hospice originated with someone who was not the initial leader, but two respondents who joined the group a few months later believed that the initial leader had himself had the idea to build a hospice. While it may be that the timing of joining a founding group affects the belief and recollection of members about who originated their hospice vision, the questionnaire evidence shows that the great majority of respondents felt the final vision was the result of shared contributions.

The answers to questions 7 and 8 relate to possible input from individuals and bodies outside the founding group. In 56% of cases outside individuals contributed to the final design and operation of the hospice, and in 49% of cases other organisations had a major influence. When the answers to questions 7 and 8 are combined, it shows that in 80.7% of cases, respondents reported significant input from outside sources. Apart from the fact of external input, these answers show that a significant proportion of groups were willing to allow outsiders to have such an influence over their plans, which testifies to an openness of attitude among these groups. The final questions bearing on this hypothesis were numbers 25 and 26. The question “did corporate vision exist in the planning and development of your hospice project?” generated an average answer of 6.2 (where 7 = completely), and a median answer of 7. The question “to what extent was the corporate vision (if any) of your project shared by the founding group?” received an average of 6.1 and a median answer of 6.

Conclusion - Hypothesis 1
All that this hypothesis requires is to show that it is possible to assemble a corporate vision in a charitable/non-profit setting. The evidence shows that in the majority of hospices studied this was the most common method of forming a corporate vision, and the overwhelming number of answers demonstrated a belief that the vision as built was the result of several contributions from different sources.

Hypothesis 2. The feasibility of a corporate vision can be tested before implementation.
All the responses received were from founders of successful hospice projects. This means that the first approach to analysing answers will be to look for factors that occur in all or the great majority of cases. Question 2 asked whether the hospice idea came following contact with an existing hospice. This was to explore the extent to which an existing establishment could be used as a
model to demonstrate feasibility. The "yes" answers totalled only fifty-six (40%). Therefore 60% of respondents were not in contact with an existing project at the start. Question 3 asked whether representatives of the local community (i.e. community leaders, local politicians or those who could be deemed to "speak for the people") had expressed a desire for the project before it started. Positive answers to this question could reasonably have been taken by hospice founders to mean that support for land and finance should be forthcoming from the community. The "yes" answers to this question, at sixty-five (46%) were slightly better than for question 2, but still 54% of respondents initiated their projects without a prior mandate from their communities.

The answers to question 4 for this hypothesis to indicate the importance of a clearly-defined corporate vision at the commencement of the project, and 96.4% of respondents were able to identify a distinct time when their vision did become clearly defined. Clarity of vision is therefore probably closely associated with feasibility. Questions 7 and 8 should indicate in this hypothesis the importance of external advice. When the answers to these two questions are combined 80.7% of respondents reported the acceptance of ideas and input from outside sources.

Question 10 was designed to establish what factors were perceived as damaging to a project, by asking whether the project had been subjected to serious delays or had 'run out of steam'. Both propositions were addressing the perceptions of the respondents and should establish whether the group became discouraged or demotivated. Only thirty-three (24%) respondents reported that this had happened. This was further tested by question 11, which asked for the main cause of the delays. Interestingly, six respondents who had answered 'no' to question 10 still cited in question 11 factors that had caused delays. I took this to indicate that although in these cases there had been serious delays, they had not been regarded as demotivating.

Ninety-five respondents gave negative answers to question 11, but six cited participants, ten cited cash, nineteen cited site or building related problems, and three identified another event. Thus 133 (96%) were able to give answers to the question, and the main cause of difficulty was connected with land and buildings (13.6%), with financial problems second (7.1%). The six reports of problems with participants related to only two of the hospice projects (showing complete unanimity of view among the respondents in both those cases), and one of these was the Corby project reported in chapter six. The other group of respondents were those from the Watford Peace Hospice project, who reported that their delays were caused as a result of changes with Health Authorities, essentially the same kind of problem that affected the Corby project. We can evaluate the effect of financial changes against the answers to questions 15 and 16, but clearly of the small number of difficulties encountered, the most numerous were those connected with land and
buildings. Therefore, it would be reasonable to say that any actions on the part of founders that could eliminate this as a problem area would improve feasibility.

Question 13 was intended to reveal whether the respondents could recall specific factors affecting the "take-off" in fund raising. This question was posed following the study of fund raising graphs for the projects in chapter six, which indicated in many cases a pronounced change of rate occurring at certain times. Ninety-nine respondents (70%) said that this had happened in connection with specific events, while only five (3.6%) felt that it had happened as a result of the need of the community. Seventeen (12%) felt that there was no identifiable "take-off" of fund raising. Therefore, a majority felt that specific events had helped to initiate their fund raising.

Questions 15 and 16 were intended to discover what the typical differences were between the initial targets and the final achievements. Using question 28 it was hoped to establish whether there were levels of fund raising targets felt not to be feasible. It should also be possible to correlate increases of fund raising targets and perceptions of demotivation. In most cases the initial fund raising targets reported would be regarded as a major challenge for any group of people in Britain during the period of accomplishment, but twelve (8.6%), a small but significant minority could not recall what their original target had been. Sixteen (11.4%), a slightly larger number, could not recall what their final financial achievement had been. The total number who could not recall either the initial target, or the final sum achieved, or both, totalled 19 (13.6%). Given the average group size reported of twelve (question 24), this suggests that for between one and two people in each group, the financial targets were not of any great importance.

The average initial target figure given was £683,156. The median figure was £500,000. Actual figures reported ranged from £10,000 (two separate projects) up to £3,250,000. The answers to question 28, about how important the initial cost estimate was in encouraging members of the group to launch the project, gave an average of 4, a median answer of 4, and a standard deviation of two. This shows that the majority view was that initial cost estimates are not important. There were twenty five respondents (17.9%) who scored this question 5, 6, or 7, and of these only six scored it 7. A wide divergence of view appears here, with one of two respondents each from the Jersey Hospice and Prince and Princess of Wales Hospice scoring 7 and the other 1. Only the respondents from St Clare's and Lakelands hospices show unanimity in agreeing that cost estimates were very important or vital. The high scoring answers to this question do not correlate with any particular target figure, as the targets felt important range in amount from £10,000 up to £1,500,000. A total of forty-four respondents (31.4%) reported initial target amounts of £750,000 or greater, and only four of these felt that their initial cost estimate was a significant factor. There is therefore no correlation between initial fund raising targets and project feasibility.
Thirty-one respondents reported that the project had been completed for the initial target cost. There is scope for confusion here, as some of these projects have grown after their initial plan. This is illustrated by the different answers given for a hospice one respondent reported that the initial cost was £250,000 but the final figure £1,350,000, while the other respondent reported that it was completed for £250,000. Both respondents are presumably giving correct answers, but the first probably considers the later developments an integral part of the initial plan, while the second considers it a separate and distinct project.

Ninety respondents reported a difference between initial target and final cost, and of these ten are decreases. The average change in cost was an increase of £297,644. This represents a median increase of 33%, but masks increases in thirty-one cases of 100% or greater, with increases of 9,900% being reported at two separate hospices. Of the three respondents reporting a 9,900% increase, in answer to question 29 (Did the change of cost (if any) prove to be an important factor affecting the ultimate completion of the project?), one scored 7, one 6, and one 1. Only eleven of the thirty-one respondents reporting increases of 100% or greater gave answer scores for question 29 of 5 or higher.

In summary, the majority of projects experienced final costs higher than their original estimates, but reactions to these increases varied markedly even between members of the same groups. The majority of those experiencing severe increases (100% or more) did not regard the increase as an important factor in the completion of the project. It does not seem possible to draw any firm conclusion about correlations between feasibility and initial targets, or between feasibility and cost increases, except to note that the majority of respondents do not seem to have regarded financial targets or final costs as matters of major importance in relation to ultimate successful completion of their projects.

An issue which may affect the successful completion of a project is the effect of changes once the project has started. At question 9, only thirty (21%) reported experiencing major changes. At question 27, twenty of those who had answered “yes” to question 9 scored 5 or higher, all but one being either 6 (total ten) or 7 (total nine). Therefore, in the majority of cases where major changes were reported to projects after they had been clearly defined these changes were reported as being a very important or vital factor affecting the success of the project. Eleven of the twenty scoring 5 or higher in question 27 had also reported major cost increases in their projects, so it may be assumed that in the majority of these cases the change was felt to have threatened the success of the project. As far as feasibility is concerned, major changes appear to adversely affect the success of a project. The need for major changes will either be a response to unforeseen changes of
circumstances (i.e. for the service needed), or to factors not identified in planning. There were no indications of significant changes in circumstances that affected the need for the service to be provided, so it is more likely that this is the result of defective planning.

Conclusion - Hypothesis 2
In this section we have reviewed the answers to questions which appear to offer objective measures of the projects reported on. The strongest correlation observed was with a clearly-defined vision (96.4%). This was supplemented by the high percentage (80.7%) reporting the acceptance of input into the design and operation of the project from outside individuals or bodies. It can be no coincidence that only a very small proportion of projects reported experiencing significant problems. Of the problems reported, the most frequent ones concerned land or buildings, and finance only affected a very small number. If a project secures agreement over land at the outset, then the major cause of problems is eliminated. The high proportion agreeing that they had experienced a “take-off” in their fund raising indicates that this could be an important factor, and the high percentage who could identify a specific event or events suggests this is a feasibility factor that could be tested.

The most surprising finding from the evidence is the lack of any coherent or agreed factors relating to the importance of initial fund raising targets, or to the ultimate cost of the project, except to note that where these occur in conjunction with major changes to the initial plan, it appears to be regarded as a set back. It would therefore be safe to use changes to an established plan as a contraindication for success in the view of the respondents. This must be qualified by noting that in every case the project groups overcame these setbacks.

The evidence from the questionnaire survey tends to support this hypothesis by indicating areas for testing that can be carried out before any implementation of a corporate vision takes place. The evidence indicates that feasibility tests can be devised relating to clarity and definition of vision, and also to breadth of input, particularly from external advising individuals and bodies. Testing should also factor the availability of land, and the likelihood of receiving planning consent for the project. These latter items are factors evident from the case studies in chapter 6. Testing should also include the fund raising plan, with significant events included.

Hypothesis 3. There will be a direct correlation between the ease of implementation of a corporate vision and the extent to which it satisfies the feasibility criteria.

The term “ease of implementation” is at first sight subjective, but is something that would regarded as highly desirable by groups of people coming together to launch a major charitable project. The reason for this is that the work is voluntary, and from the evidence of the case studies
in chapter five, founder members can have little hope of any personal material benefits from their work. They do not appear to be unduly concerned about the length of time it takes to complete a project, but it was obvious from those studies that there are events that can have a profoundly unsettling effect on these groups. These project teams on the whole do not measure their success in terms of achieving time deadlines, but in terms of completing the project as originally planned. The financial information recounted in the section above supports this view, as it is clear that groups appear to continue their fund raising efforts despite major increases in costs until the project is complete. The major reported cause of delay is land and building issues. These delays can damage teams and cause disruption between members.

When the question of final achievement is considered, only eight (6%) respondents reported completing their projects with fewer services than originally intended. Failure to complete the project as originally envisaged could be a reasonable contraindication of ease of implementation. Only three of these are connected with projects reporting a cost increase in excess of 100%, and only one correlates with a project reporting major change experienced in question 9. Neither does there appear to be any negative correlation between projects reporting acceptance of outside help (questions 7 and 8) and those reporting changes at question 9: only four out of thirty (13.3%) answering “yes” to question 9 had not reported receiving outside help, a figure closely proportioned to the 19.3% overall who had not reported receiving outside help. There does not appear to be a relationship therefore between final achievement and ease of implementation.

The effect of land, building, or planning problems was evident in the cases of St Francis’ and Katharine House in particular, and this is supported by the answers to question 11, where these issues comprised nineteen out of thirty-eight delaying factors cited. Money was the second most commonly cited delaying factor, in ten out of thirty-eight cases of reported delays, but this needs to be considered against the widely varied responses to the finance issues, and the lack of agreement on the importance of financial matters even within the same groups. The third most commonly cited factor, difficulty with participants (state sector partners in the case of both projects affected) only affected two projects out of seventy-two, but had a major impact in each case. The questionnaire evidence indicates the importance the respondents attached to vision, and the answers to question 5 showed that 123 (88%) felt that vision was consistently important throughout.

**Conclusion - Hypothesis 3**

Feasibility criteria related to ease of implementation should include the availability of land or buildings as required by the vision, an evaluation of likely risks involving participant partners, and
the quality of the vision itself. It should then be possible to demonstrate a correlation with ease of implementation, so the evidence available tends to support this hypothesis.

**Hypothesis 4. There are performance criteria against which the success of the project can be measured.**

This hypothesis is intended to test a proposition that success can be relative in visionary projects, that it is possible to describe one project as more successful than another. To demonstrate this, it is necessary to show performance indicators used by founding groups against which they measure the results of their efforts. What is consistent, and can be seen in the questionnaire evidence, is the ultimate completion of the vision as planned. Given that there is a wide variety in the size and scope of hospice projects, the best measure used was the number of services within the service descriptions used by the Hospice Information Service, and with which it was reasonable to expect respondents to be familiar.

Question 18 asked respondents to list the number of services planned, and then those implemented. All completed this question, and in the case of doubt it was possible to verify answers against the Hospice Information Service Handbook. Only twenty-six (19%) reported completing a different number of services than those originally planned, and of these eighteen (13%) represented an increase in number of services. The remaining eight (6%) completed fewer services. Of these eight, when answering question 27, only two regarded the changes as an important factor affecting the success of the project. On the basis of this (admittedly small) sample, the majority did not regard the changes in plan (reflected in their final implementation being less than originally envisaged) as being of any importance. Of this group of eight, when answering question 29, only three answered that cost changes had been an important factor.

**Conclusion - Hypothesis 4**

From the questionnaire evidence, there do not appear to be any performance criteria against which the success of a project can be measured in any meaningful way. There are obvious milestones in the history of a project, such as the acquisition of a site, starting to build, etc., but these do not appear to be regarded in any relative sense with regard to success. That is to say, there is no evidence that groups say to themselves something like “we are now 20% successful, or we are now 70% successful” following these successive milestone events. The sense is rather that they are closer to the completion of their vision than previously. The only measure of success appears to be the completion of the vision, even if in a substantially different form than originally envisaged. The word success is used in different contexts in questions 27, 30, 31, 33, and 35, and no respondent had any difficulty in accepting those as legitimate questions. Therefore, a concept of success exists in the minds of the respondents, but apart from completion of the project itself it
does not appear amenable to qualitative interpretation. The logical interpretation of this evidence is that founders of visionary projects do not perceive success in their situations as having relative values, but rather that they see it as an absolute. A project either succeeds or fails, and in the mind of the project group there is no middle position. This hypothesis is therefore not supported by the evidence.

Hypothesis 5. There are performance criteria against which the progress of a project can be measured.

While success may be a difficult concept to measure in this type of project, it is reasonable to suppose that project groups have some means by which they can measure their progress. Milestone events, as discussed above, feature significantly in the minds of the founders. Despite this, we have already noted that time measures do not appear conclusive, and are capable of very subjective interpretation. The fact that the larger projects are often completed in phases, related usually to specific aspects of service delivery affords one possible form of measure.

Question 5 asked respondents if they felt that vision was important, whether it was consistently important throughout, more important at the start than later, at the intermediate stages, or at the later stages. 123 (88%) felt it had been consistently important throughout, with only seven (5%) saying that it was more important at the start, five (4%) at the intermediate stages, and five (4%) more important at the later stages. Consistency is the predominant view, and that is something which can be checked during the course of a project.

Question 10 asked for details of serious delays, and thirty-three (24%) reported that these had been experienced. This also implies measures of progress. The fact that 128 (91.4%), the great majority of respondents, at question 15 could give a figure they believed to have been their original fund raising target also identified financial targets as an important progress indicator. Given the likelihood of financial targets to change, however, this is not the same as an objective measure, because failing to achieve a measure at a planned point could be expected to result in some form of decision being taken, and this was not seen to happen.

Conclusions - Hypothesis 5

The questionnaire evidence appears to identify little other than the visionary plans themselves as performance criteria for measuring progress, and also the rate of opening services, and financial targets as set and modified. The reaction to changes in these factors never seems to have comprised a decision whether or not to proceed with the project. These are far less than the criteria applied to projects in business. The evidence therefore supports this hypothesis only in a limited way.
Hypothesis 6. Communicability of a vision is necessary for success.

To support this hypothesis, the questionnaire evidence can show the extent to which the visions were communicated. Question 2 may indicate the extent to which these projects were themselves a result of visionary communication, showing whether these projects grew organically, one inspiring another, or whether they appeared spontaneously. However, as only fifty-six (40%) respondents were able to say that their project had started following contact with another hospice, then 60% did not. These answers must be treated with caution. The Luton and South Bedfordshire hospice history describes how the idea developed from a discussion between friends following the experience of one of them in their voluntary work at another local hospice. Two respondents said that their idea came following contact with an existing hospice, but the third did not. Even allowing for such discrepancies very many projects were launched spontaneously, based on a concept of hospice rather than a live model. The evidence from questions 7 and 8 show that much advice was sought from existing hospices once the initial idea had begun.

Question 13 shows that in ninety-four (67%) responses, an event was recalled which had been connected with the “take off” in fund raising. This indicates that the visionary concept was sufficiently clear to be the subject of an event, and in a number of cases these events were described as newspaper reports or campaigns. Question 14 answers show that in ninety (64%) cases pictures or models were used at fund raising events. Question 17 answers show that in 80% of cases community organisations had played a significant role, and that could only have happened following effective communication between the project group and those organisations.

Question 19 asks for the majority sources of the funds received. 25% of the total answers identified private donations, 21% clubs and social organisations, 16% charitable trusts. 11% were small and medium companies, the next most often cited were large companies (6%), then local authorities (6%). The one thing all these sources of funds have in common is that they require to have received communications of the kind that can be understood by lay people. The fact that the dominant sources were private individuals and clubs and social organisations indicates that these visions must have been very effectively communicated to their respective communities, and that in turn means that the visions must have been very communicable.

Conclusion - Hypothesis 6.

The questionnaire evidence indicates that the visions were communicable, being capable of visual representation in most cases, and also against the measure of the extent to which communication was achieved. The evidence therefore tends to support this hypothesis.
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Hypothesis 7. A visionary project needs a highly committed leader.

Again, the starting point for examination of the questionnaire evidence against this hypothesis is the assumption that all the responses relate to successful projects. The challenge is to find objective measures that can be related to the commitment of leaders to their projects, and to see if that commitment is necessary to the project.

The answers to question 4 (96.4% positive), 5 (88% positive) and 25 (median answer 7) demonstrated that, in the view of the great majority of the respondents, corporate vision had existed in their projects, and it had been consistently important throughout. This indicates effective leadership in operation for these projects. The answers concerning the origination of the idea, discussed under Hypothesis 1, showed that a substantial minority (question 1, 45%) attributed the origination of the idea to someone other than a single individual, and that only 27% (question 6) attributed the final vision to their initial leader. This indicates that leadership in the majority of these cases acted to achieve a consensus among the team rather than operating in a directive way.

Answers to question 37 “was the founding group united in its understanding of the project?” averaged 6.14, with a median score of 6. This high score indicates that in the majority of cases there was a very high level of shared understanding, and this implies very effective communication and leadership.

Questions 20, 21, and 22 were designed to test these issues more directly. In answer to question 20, 114 (81%) said that there had been a single individual who had been the leader of the group, whether acknowledged or not. This allowed for the possibility of a leader acting in a “project champion” role. Thus the questionnaire evidence shows that in the majority of cases projects had identifiable leaders. The minority who didn’t, however, at twenty-six (19%) is significant. Even though this is a minority figure, it must call into question assumptions about leaders and leadership, because it is saying that nearly one in five projects did not have an acknowledged leader. This does not mean that leadership did not exist, but that group members did not consciously attribute it to one individual. In answer to question 30 (was leadership by one or more members of the group an important factor in the success of the project?), the average score was 5.8, and the median 6 (very important). Thirteen (9.3%) respondents scored 4 or less (neutral - irrelevant). There are a number of possible explanations, but these could include a resentment of the concept of leadership, or similar social attitudes which may lead an individual to assert that no-one else is exercising control over them. If this was the case, then it could be argued that leadership was being exercised in an exceptionally sensitive manner. This group of “objectors” come from ten different hospices, and in the cases of six hospices, (numbers 12, 15, 38, 85, 98, and 116) they are in disagreement with other founders of the same projects. Without these “objectors” the median answer to question 30 would become 7.
Question 21 acted as a further control, by asking whether the leader was in the role of chairman throughout. Only seventy-five (51%) reported that this had happened. This supports the deductions made above from the answers to question 20 very strongly. In normal voluntary organisations, it is usually assumed that the chairman is an executive officer of the organisation with a role as a leader. These answers show that many chairmen of these project groups acted in a non-executive capacity, and leadership was exercised other than through the chair.

Question 22 asked whether the leadership of the group changed during the development of the project, and a surprisingly high number of fifty-five (39%) said it had. Obviously, from the answers to questions cited earlier, there was active and continuing maintenance of the vision, but in a large minority of cases, the task of doing this was handed on to other people, and the projects still succeeded. This suggests that these projects had a tendency not just to wear out chairmen, but also to burn out leaders.

Conclusions - Hypothesis 7.

The questionnaire evidence collected overwhelmingly refutes this hypothesis. The evidence of "turnover" among leaders and chairmen is not consistent with a requirement for sustained commitment on the part of these people. The evidence does demonstrate the existence of very effective leadership in operation within these groups, but it has not been necessarily tied to individual leaders. Thus, on the two grounds of commitment and necessity for success, this hypothesis cannot be supported.

Hypothesis 8. A visionary project needs highly committed supporters.

In this hypothesis, the term "supporters" is not intended to include every person who may at some stage or another have supported the project, for example by attending a fund raising event, or making a donation. "Supporters" is here intended to distinguish active members of the founding group from those who were acknowledged leaders. "Commitment" implies a strong personal belief in the value and importance of the project, manifested by a desire to maintain the project and do all that is reasonable to make it succeed. This can be evidenced in the case studies by regular attendance at meetings of the group and also by low levels of turnover of group members during the term of the project.

The questionnaire evidence does not duplicate these particular issues, but addresses group composition, and the views of the members about their group. Question 23 asked for an identification of the professions, vocations, or trades of group members. This showed some very consistent patterns of membership by profession. Obviously, where more than one respondent
comes from the same hospice project, it is probable that the same individual could be reported up to three times, and this may be considered a possible distortion of the results. The effect that this distortion has is to exaggerate numbers, but since twenty-six of the respondents are the only ones reporting from their hospice, then forty-six out of the seventy-two hospices reported on have two or more respondents. It can be seen by studying the answers from most of the projects, that different respondents have different recollections of both the size and composition of their group. For example, respondent 18A reports a politician and a teacher, while respondent 18B does not, but does report a business manager and a sales and marketing professional that 18A did not. Factors causing this may be differing opinions about who constituted the founding group, and perhaps a better knowledge of another person’s work between one respondent and another. Higher counts will reflect a greater certainty of the presence of those particular professions trades and vocations, and so the aim of the question, which is to establish a sound idea of the typical professions, trades, and vocations of volunteer hospice founders, is well served.

The most frequently reported profession was that of nurse, with 124 occurrences, 12% of all individuals reported, and present in 89% of all groups. Next most frequent was that of doctor, with 122 occurrences, also 12% of all individuals reported, and present in 87% of groups. The first surprise, perhaps, is that in third place are “housewives”, 105 occurrences, 10% of all individuals reported, and present in 75% of groups. The next even more surprising profession is that of solicitor, 102 occurrences, also 10% of all individuals reported, and present in 73% of groups. After these, at equal fifth place, are clergy and accountants, with ninety-nine reports of each, also 10% of all individuals reported, and present in 71% of all groups. There is then a noticeable drop with architects and business managers in equal seventh place, seventy-six occurrences of each, 8% of all individuals reported, and present in 54% of all groups. After this there is a further noticeable fall, with counts of forty-four, thirty-one and thirty for teachers, politicians and journalists respectively.

For the purpose of studying commitment of members, the figures presented show a very high level of involvement by nurses and doctors. These are health care professionals who one might suppose would normally expect to be paid for working within their professional field, here devoting themselves to provide health care for incurably sick people but not in a way that increases their personal incomes. The presence of solicitors at fourth place is also demonstrating the same effect. By being part of such a founding group, solicitors are normally trustees, and so any professional work carried out for their project cannot generate an income for themselves. A similar consideration applies to the accountants reported at fifth place.
This evidence alone demonstrates a very high level of commitment among these particular groups of professionals. While case studies and hospice histories have shown a few instances of doctor and nurse members of founding groups going on to accept paid employment in the hospice they helped to build, there have been no examples of this happening with solicitors or accountants.

Another indicator of commitment is the resilience of the group to change. Although, as reported earlier, large increases in costs were commonplace among the projects reported on, the answers given to question 29, an average of 2.9 and median of 3 (= not very important) show that for these groups such changes were not important factors affecting success. Direct questions about group commitment were numbers 31 and 32. The answers to question 31 (was the commitment of all the members of the group an important factor in the success of the project?) averaged 6.2, with a median of 6. Question 32 asked if the commitment of the group increased once suitable land or buildings had been identified. This was intended not only to provide a less direct test of commitment (i.e. a lower score than for question 31 would probably indicate that commitment levels were already high), but also to test the motivational effect of reaching a stage of visible and tangible accomplishment. The average answer of 4.8 and median of 5 is significantly lower than for question 31, saying in effect that although this key stage was felt to be important, it did not change the commitment levels of the groups dramatically. Question 34 also affords an indirect approach to commitment, by asking if group members shared the same personal values and beliefs with regard to the project. It should be expected that a group of people sharing the same values and beliefs will be much more committed to each other than people who do not. Answers to this question averaged 5.6 with a median of 6, showing that respondents had felt this to be very important.

Conclusion - Hypothesis 8.
The questionnaire evidence, even though much of it is indirect in relation to this issue, strongly supports this hypothesis by demonstrating the existence of high levels of commitment on the part of members of hospice founding groups. As to the necessity of this level of commitment, all successful projects surveyed evidenced a high level of commitment, and it has not been possible to find evidence to the contrary. The indirect evidence is very supportive of the direct answers given, and must be considered an accurate reflection of the feelings of the respondents both about their own personal levels of commitment, and also those of their colleagues.

Hypothesis 9. A visionary project needs a project champion.
A project champion is an individual who, while not being in an ostensible leadership or executive role within the group, acts to ensure that the members of the group remain focused on the initial project. Such a person alerts the group if it seems as if they may lose sight of their vision or
become diverted on to other goals. Case study evidence and written histories demonstrate the occasional occurrence of such people within hospice founding groups, but for this hypothesis to be satisfied, it would be necessary to demonstrate the existence of a project champion on every founding group. It is not necessary for such a person to have been the sole originator of the vision, but it is likely that they will have played a significant role in formulating the detailed vision.

Possible supporting evidence may be derived by comparing questions 1 and 6. If the predominant answers to question 1 were reports of single individuals first having the idea and if answers to question 6 were predominantly ‘b’ (detailed vision originating from another person than the initial leader) then this could indicate the presence of vision champions. The answers to question 6 only gave four ‘b’ answers, 3% of the total. Conversely, a high level of “yes” answers to questions 7 and 8, indicating a lot of external input of ideas into the project design, would tend to suggest the absence of project champions, on the grounds that such individuals may reasonably be expected to protect their vision from outside interference. As has been noted earlier, the combined answers to these questions indicated 80.7% reporting such outside input. Although not conclusive, this could indicate a low level of occurrence of project champions.

Although not overtly leaders, project champions exercise a leadership function by keeping the group focussed on the vision. They are not generally perceived as leaders, however, because they do not normally operate in a directive manner. Therefore, answers to question 20 could indicate their presence when compared with question 21. A high level of “no” answers to both would indicate the possible presence of project champions. Only 26% answered “no” to 20 (did the founding group have a single individual who was the leader, whether acknowledged or not?), and 46% said “no” to question 21 (was the group leader in the role of chairman throughout?).

Question 30 asked: “was leadership by one or more members of the group an important factor in the success of the project?” Following the arguments for the interpretation of questions 20 and 21 above, if project champions predominated, this question would have received a low score. In the event, the average was 5.8, with a median of 6, indicating that the majority of respondents attached a high importance to leadership.

Conclusions - Hypothesis 9.
Although indirect evidence from the questionnaires, particularly when considered against case study and historical evidence, could be interpreted to mean that project champions did exist in some of the projects reported on, there is no indication that their presence was universal. As the projects were in any event successful, there is no evidence to support this hypothesis. Although project champions may exist they can not be shown to be necessary to success in every case.
Hypothesis 10. A visionary project needs effective teamwork.

It could be argued that the very existence of these successful projects carried out by groups demonstrates effective teamwork in operation. The difficulty is deriving objective measures of this. An effective team will display internal organisation, an allocation of tasks and roles so that no one individual becomes burdened with an excessive portion of the overall project. The team will contain specialists to deal with specialist elements of the task. The team will display a high level of communication, a shared understanding of the overall task, and a high level of commitment. The question of commitment has already been examined under hypothesis 8, where it is argued that the evidence strongly supports both the necessity and the existence of high levels of commitment by group members.

An effective team will also display an ability to overcome obstacles without internal breakdown. Among the case studies, a good example of what happens when a team does not possess these qualities or characteristics can be seen in the Home Counties Hospice Project. The typical length of time of the projects studied (around three years up to seven to ten years) is a long period for sustained voluntary commitment, and there are many factors which could affect the composition of a team during such lengths of time. It is reasonable to expect changes of leadership and membership; factors such as illness, age, changes in employment or family circumstances are all likely to occur in any normal group of people over such a timescale.

The evidence from question 20 addresses the changes in leadership. It would be reasonable to suppose that a change of leadership in a visionary project could cause a severe setback. Changes in leadership were reported by 51% of respondents, yet in question 11 there were no reports of serious delays caused by this factor. This can only be explained on the basis of the strength and effectiveness of the group.

Question 23 establishes the typical composition of the groups. It must be borne in mind that all these projects involve high quality nursing care allied to developments in palliative medicine. Groups all had to become registered charities, either by formation of a charitable trust or by the formation of a charitable company limited by guarantee. Each one also expected to become involved in the acquisition of land and property, therefore every group needed a high level of legal expertise available to it. The sums of money, and company and charity law, also meant that each group needed financial expertise. Hospice care is strongly concerned with the emotional, social, and spiritual needs of the patient, as well as the purely medical needs. It should come as no surprise, therefore to note the order of ranking of professions and vocations actually displayed in these teams. As a further qualification, in the analysis of the “other” heading in question 23, there
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were twenty-five reports of bankers. If this number is added to accountants (for a group of people with professional financial expertise), then the total is 121, which compares with 122 nurses and 119 doctors.

It is a very striking fact that none of the correspondents failed to complete question 23. When it is considered that several respondents have been vague about such issues as financial targets, or the origination of the idea, this fact takes on a strong significance. The recognition of the professions or skills of the other members of the team was obviously a matter of considerable importance to everyone concerned.

Thus, 87% of respondents reported a nurse, 86% a finance professional, and 85% a doctor. 73% reported a solicitor, and 71% a member of the clergy. The lower percentages of business managers and sales and marketing professionals reported probably reflects the confidence of the groups in managing their organisations and promoting their project without further "professional expertise" in these areas. The great majority of these groups paid close attention to the specialist tasks in front of them, and recruited the expertise needed. These balanced teams cannot have come about by accident, and must have therefore been designed by the members in this way. It is also unlikely that people recruited for their particular professional expertise would stay in a team that was not functioning effectively, as they would have their professional reputations to consider, and therefore their livelihood. The evidence of question 23 therefore also confirms effective teamwork.

Question 24 shows an average group size of twelve, with an average of seven men and five women. This precise composition was actually reported at hospices 19, 50, and 98. Actual group sizes reported ranged from thirty (hospice 64) to three (hospices 14, 17 and 115). It is clear also that different respondent had different ideas about what their founding group comprised, and some took a more inclusive view than others. Respondents for hospices 6, 24, 35, 88, 104, and 129 gave answers relating to the same group that differed by between 69 and 136% from lowest to highest group size. This is probably explained by different perceptions about who were valid and effective founding group members, with some only including members of the committee and others including highly active supporters who were not committee members. Both points of view should be considered valid for the purpose of this hypothesis.
Belbin argues that group sizes above ten are less than ideal, while the optimum membership of a management team is six. One conclusion that could be drawn from Belbin’s research is that the average group size for hospice founders demonstrates a team-sized organisation rather than a project management group, but this could indicate a significant difference between project management and organization in the voluntary sector and that in business.

At question 32, the opinion on whether the commitment of members increased once suitable land or buildings had been identified could indicate the inherent stability of the group. A lower score than for question 31 would indicate a relatively stable team. The average for question 32 of 4.8 is significantly lower than that for question 31 of 6.2. High scores against question 34 (did all members of the group share the same values and beliefs in relation to the project?) would indicate the strength of common purpose, and therefore the effectiveness of the team. Answers averaged 5.6 with a median answer of 6. In only six hospices did respondents give this a score below 4 (= neutral), and in three of these, the respondent scoring below 3 or less is in disagreement with another scoring 6 or 7. Only two of these were projects that had reported experiencing a significant delay at question 11. These discrepancies can be accounted for by some individuals taking a much more rigorous view of what their values and beliefs consisted of in relation to those of the other members.

The answers to question 37 are a final check on how these groups perceived themselves. Unity of understanding is a central factor of team effectiveness. The average score here of 6.1 (median of 6) indicates that most respondents believed their group to have had a very high level of unity of understanding. Only two scored this question below 4 (one at 3, the other at 1). Both of these respondents had also given low scores against question 34 (3 and 2 respectively), and one of the two was from a project reporting problems with funds at question 11.

Conclusion - Hypothesis 10.

The questionnaire evidence shows that the great majority of respondents reported teams that were well organised, with key specialisations well represented. Other answers show that these groups were resilient, and shared a common understanding of their aims and objectives. The typical sizes reported for the groups show that effective teamwork and communication must have been in operation in order for them to have functioned effectively. The evidence therefore strongly supports the existence of effective teamwork, and its necessity can be demonstrated by reference to case studies where lack of these qualities is linked to a lack of success for the project concerned (Home Counties Hospice Project, Corby and District Cancer Care).

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Hypothesis 11. A visionary project requires to satisfy community interest if it is to win the support necessary to succeed.

This hypothesis assumes that a visionary project is aimed at providing some relevant and beneficial service to a definable community. In the case of the voluntary hospices, they serve easily-defined geographical areas with populations ranging from over 100,000 up to 1,000,000 or more. The questionnaire tests the level of community interest in the project at its different stages as reflected in the experience and belief of the respondents and as demonstrated by the level and source of financial support.

Question 3 asks if community leaders had expressed a desire for the hospice project before it was started. In order to do this, community leaders would have had to been aware of the relevant health care needs and also that a hospice project was a feasible way of meeting those needs. The positive answers here of sixty-five (46%) are quite high, considering the many and various interests of community leaders. This reflects a good general awareness of the need for and benefit of hospice projects even before they were first proposed for their various communities, but it is much less than an overwhelming demand for the project.

The primary test for community response is at question 17, where it asks "were there any community bodies or organisations which played a significant role either as providers of funds or fund raisers, of helpers or any other resources needed by the project?" 112 respondents (80%) answered "yes" to this question, and many gave detailed lists of the organisations most active in supporting their project. A few even said these were too numerous to list. This answer is cross-checked by the answers to question 19. Category 2 (Local Authorities) and 5 (Clubs and Social Organisations) are the bodies normally to be found in local communities that may support such projects, but their response can be considered as a good indication of interest on the part of community organisations. Category 3 (Charitable Trusts) and 4 (Private Donations) may be expected to reflect more directly the views of community interest on the part of individuals with a good knowledge of their community. The most frequently reported source of funds was category 4 (127 reports, 25%) followed by category 5 (111 reports, 21%). The next most frequently reported category was 3 (16%) followed by category 6, small and medium companies (11%). Category 2 received twenty-nine reports (6%), one less than large companies (category 7, thirty reports, 6%), and only two more than central government (category 1) with twenty-seven reports (5%).

It seems that the expressions of interest reported in question 3 did not translate often into financial support. While there may be many reasons for local authorities being unable to provide significant financial support, the evidence of community support suggests that the views of
community leaders about the need for the project were in fact accurate, when considered against the very clear demonstration of financial support from the “grass roots” of the community. Quite clearly, the majority of these projects received the bulk of their support from private individuals, community organisations, and local businesses. This indicates a very broad base of support, which must demonstrate a widespread belief in the necessity or desirability of these projects for each community concerned. These findings are similar to observations on charitable support in the USA, where it was shown that projects aimed at providing a public need attracted most of their support from the public who stood to be potential beneficiaries.82

Of the twenty-eight respondents who did not answer “yes” to question 17, twenty-two went on to indicate category 5 (clubs and social organisations) as a majority source of funds in question 19. Thus, in 134 cases (96%) community organisations were reported to have played an important role in financing the project. In the remaining six reports, categories 3 and 4 (or both) were listed. Thus, in every case, respondents were able to identify sources of funding that could be considered to reflect an expression of community need. Question 35 tested the belief of the respondents in the importance of this need as a factor for success. The average answer was 6.05 with a median figure of 7. Only two respondents scored this question less than 5, with answers of 1 and 3 respectively. One of these had given low scores also on questions 34 and 37, but gave an answer of 7 to question 36 indicating a very high level of expectation that the project would be supported by central government funding. Such an expectation might be expected to colour a person’s view about local community support, which in the event was not reported as a major source of funds for the project. Even this negative answer to question 35 therefore tends to support this hypothesis.

The history of the development of the Frances Taylor Hospice Unit in Bristol may add further weight to this hypothesis. The Frances Taylor Hospice Unit was founded in 1993 as a department of St Mary’s hospital in Bristol. This is a charitable hospital owned and operated by the religious order of the Poor Servants of The Mother of God, established in 1869 by Frances Taylor (who became Mother Mary Magdalen). Frances Taylor had her first experience in nursing serving under Florence Nightingale in the Crimea, in 1854-55. In 1994, in England and Ireland, the order was operating two hospitals (including the hospice unit), four residential homes, fifteen residential units and community housing projects, two hostels, and two family and children’s services. It has also been active in supporting overseas work. In the Bristol area in the early 1990’s, there was concern that financial support for the work of the order had fallen off badly, and it was suggested that the emphasis should be changed from raising funds for overseas projects to raising funds to build a hospice unit attached to St. Mary’s hospital. This was agreed, and fund raising support

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increased dramatically, enabling the building of the hospice unit. The relevance of this is that the organisation had been raising funds in that community for about seventy years, but when the object of fund raising was changed to a project aimed at meeting community needs, the amounts received increased significantly.  

Conclusion - Hypothesis 11.

The questionnaire evidence demonstrates that the great majority of projects elicited the bulk of their support from sources reflecting the needs of their local communities. The very wide base of support reported shows that these projects in every case were perceived to be satisfying a need for their communities. This view is strongly supported by the experience of fund raising for the Frances Taylor Hospice Unit. In the absence of any evidence for projects that did not demonstrate such support but which still succeeded, and when considering the failure of the Home Counties Hospice Project (which in case study did not demonstrate such evidence of community support), then it must be concluded that this hypothesis is strongly supported by the questionnaire evidence.

Hypothesis 12. A visionary project needs a benign government climate.

This hypothesis assumes that if government policy is hostile towards a visionary project, then such a project will certainly fail, and that for success, governmental attitude needs to be much more positive than merely not being hostile. At one level, governmental attitude could be expected (in a democracy) to be an accurate reflection of community interests and needs, where these are fairly evenly replicated throughout the nation. If central government had a benign attitude towards particular development, then this should be reflected in relevant legislation and also in allocation of funds. Most relevant here, however, is the extent to which project founders expected to be supported by central government, and whether such support was forthcoming. In chapter two it was shown that government funding had followed the rise of the hospice movement, but had certainly not preceded it in any meaningful way. It could be argued that this showed a benign government climate, but it could also be argued that this was a result of a politically calculated response.

At question 17, only eleven (8%) respondents listed Health Authorities or Trusts in their answers, and most answers gave a list of two or more organisations. These bodies are recipients of Central Government funding which they allocate on the basis of priorities largely determined by government policy. This response is consistent with the answers to question 19, where there were twenty-seven reports of Central Government funds, or 5% of total main sources listed. A total of thirty-two (23%) respondents identified support under question 17, question 19, or both (question 83 Information on the Francis Taylor Hospice Unit was in leaflets, letters, and telephone conversations from the Administrator.
CHAPTER 7 TESTING HYPOTHESES AGAINST QUESTIONNAIRE SURVEY

17 allowed for significant support other than purely financial, so these answers are not inconsistent).

Question 36 posed the question “did you believe from the beginning that the government would support the hospice with NHS funds?”. The average answer was 3.5, median 4, indicating neutral expectations. Seventeen of the twenty-seven respondents reporting receipt of government funds in question 19 answered question 36 with a score of 5 or higher, but a further twenty-five who scored 5 or more for question 36 did not report receiving any government funding. 60%, therefore, of respondents who did believe that they would receive NHS (government) funds for their project were disappointed, but their projects still succeeded. Only a total of forty-two, 30% of all respondents, had any definite expectation of government funding, so they were still very much a minority of all projects reported.

Conclusion - Hypothesis 12.
The majority of projects did not receive any significant support from bodies or organisations representing Central Government. 70% of respondents appear to have had no expectation of such support, and of the 30% who did, 60% were disappointed. At best, direct government support for these seventy-two hospice projects was limited and distinctly patchy. To qualify as “benign” it would be reasonable to expect government to have established policies designed to give positive encouragement to voluntary organisations, and also to indicate to volunteers the kind of needs that government would prefer to see met. The evidence suggests that neither Central Government nor those bodies charged with implementing health policy had any clear idea of the need for palliative care nor any coherent strategy for meeting such needs. This is reflected by the attitudes of the founding groups (which in the great majority of cases had experienced health care professionals as members) where it is evident that no expectations of active government support were entertained by the majority of respondents. Therefore the questionnaire evidence does not support this hypothesis.

SUMMARY
In this chapter, the questionnaire evidence has been considered against the hypotheses offered. The core hypothesis, that Corporate Vision exists as a measurable and demonstrable phenomenon was agreed by the great majority of respondents (question 25) using the definition offered by Peter Senge. Only ten out of 140 respondents scored question 25 with four or less, and it is possible that at least one of these respondents was making the confusion over vision discussed in chapter three, that is assuming that the term “vision” properly described a supernatural manifestation. Therefore, 93% of respondents agreed with the definition of Corporate Vision offered, and felt that it
described what had existed in the planning and development of their hospice projects. The average score for this question was 6.2, and the median 7.

Table 7-1 shows that hypotheses 1, 6, 8, 10 and 11 were strongly supported, while hypotheses 2, 3, and 5 were supported to a greater or lesser extent by the questionnaire evidence. Hypotheses 4, 7, 9, and 12 had no support. These findings will be considered further in chapter ten, and compared with the findings from the case studies.

Table 7-1 Findings of the Questionnaire Survey

<table>
<thead>
<tr>
<th>No</th>
<th>Hypothesis</th>
<th>Survey Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A corporate vision can be assembled in a charitable /non-profit setting</td>
<td>Strongly supported</td>
</tr>
<tr>
<td>2</td>
<td>The feasibility of a corporate vision can be assessed before implementation</td>
<td>Supported</td>
</tr>
<tr>
<td>3</td>
<td>There will be a direct correlation between the ease of implementation of a corporate vision and the extent to which it satisfies the feasibility criteria</td>
<td>Supported</td>
</tr>
<tr>
<td>4</td>
<td>There are performance criteria against which the success of a project can be measured</td>
<td>No support</td>
</tr>
<tr>
<td>5</td>
<td>There are performance criteria against which the progress of a project can be measured</td>
<td>Weakly supported</td>
</tr>
<tr>
<td>6</td>
<td>Communicability of a visionary project is necessary for success</td>
<td>Strongly supported</td>
</tr>
<tr>
<td>7</td>
<td>A visionary project needs a highly committed leader</td>
<td>No support</td>
</tr>
<tr>
<td>8</td>
<td>A visionary project needs highly committed supporters</td>
<td>Strongly supported</td>
</tr>
<tr>
<td>9</td>
<td>A visionary project needs a project champion</td>
<td>No support</td>
</tr>
<tr>
<td>10</td>
<td>A visionary project needs effective teamwork</td>
<td>Strongly supported</td>
</tr>
<tr>
<td>11</td>
<td>A visionary project requires to satisfy community interest if it is to win the support necessary to succeed.</td>
<td>Strongly supported</td>
</tr>
<tr>
<td>12</td>
<td>A visionary project needs a benign government climate</td>
<td>No support</td>
</tr>
</tbody>
</table>
8 DEVELOPING A FEASIBILITY TEST FOR VISION

Aim

The aim of this chapter is to review evidence from the case studies and hospice histories relating to Hypothesis 2 “The feasibility of a corporate vision can be tested before any implementation takes place”. Using the evidence available, it is intended to develop a matrix test to establish a viable method of testing the feasibility of a corporate vision.

Requirements for a Matrix test

The ideal feasibility test for corporate vision would be a simple matrix, listing and quantifying feasibility factors and establishing their presence in any particular case. In order to achieve this, there are three key issues. First is the identification of factors that affect the feasibility of a visionary project. Secondly, it is necessary to establish measures by which each factor can tested, and thirdly, to establish a system of relative values by which weightings can be given to different factors.

Identifiable Feasibility Factors.

The feasibility factors proposed at the outset were:
1. Clarity
2. Community interest
3. Individual motivation of supporters
4. Individual motivation of leaders
5. Commitment level of supporters
6. Commitment level of leaders
7. Benign government climate
8. Supportive cultural climate

Modifications - Motivation

These factors were included in the initial set of hypotheses proposed, and modified as a result of the case studies. Questions relating to individual motivation were removed completely, because of the impracticability of testing motivation on the scale required. It was also observed that all founding groups were highly motivated, so the nature of such motivation did not appear to be relevant. It also seems probable that the motivation was caused by an attractive vision rather than the other way around. The pre-existence of highly motivated individuals seeking causes to support
would be indicated by the formation of a variety of large charities of diverse natures. As was shown in chapter two, the hospice movement is a phenomenon unique in its time.

Cultural factors.
As the only culture supporting the hospice projects studied was that of the British Isles, it will not be possible to draw any conclusions relating to the effects of visionary projects in other cultures. This is not to say that differences do not exist, but that this research will be unable to quantify them. Any assessment of feasibility derived from this study will therefore only be valid for Britain. The spread of palliative care services noted earlier (table 5-2) shows a strong preponderance in Anglophone countries. This may be a simple linguistic communication matter or it may be more profoundly cultural, in that countries with a shared linguistic heritage may also share to a greater or lesser extent a commitment to the voluntary approach to creating organisations intended to meet social needs.

Commitment on the part of individuals
It was noted earlier that there was no firm evidence to support the necessity of a highly committed leader (hypothesis 7), but that there was ample evidence to support hypothesis 8, “A visionary project needs highly committed supporters in order to succeed”. The question remains, however, which came first, the vision or the highly committed supporters? Is it more probable that a visionary project contains within it the factors that generate commitment from its supporters, or that committed supporters create a successful visionary project? As in every case studied the vision preceded the supporters, it must be the former. A successful vision will generate commitment among its supporters, and attract them to it. The same factors that generate finance and other forms of support will also attract the people needed to succeed.

Benign Government
In the case studies and the survey, possible measures of government support, active or tacit, were explored. It was noted in chapter two that large-scale active government support in the form of finance for voluntary hospices had only become forthcoming at a late stage in the growth of the movement. The case studies revealed a mixed bag of expectations and experience of government support. None was expected at Luton, which was completed quickly, while it was at Myton Hamlet and Bury St Edmunds, though not for the actual construction of the project itself. Expectations of government-backed support at Corby came to nothing, but the project was continued. The questionnaire survey revealed a similar mixture of results, and the main conclusion was that such support, whether expected or not, did not have a demonstrable effect on ultimate success. A government climate that may be considered to be supportive of charities in general cannot be held responsible for the success of voluntary hospices unless it can be demonstrated to
have produced similar results with all other types of charities subject to the same legislative framework. As the voluntary hospices studied comprise only a tiny proportion, 130 or so out of some 179,000 charities, and yet they now number in the top 1,000 of all charities, government climate cannot be demonstrated to be relevant to feasibility.

Of the original list of eight possible feasibility factors therefore only two remain. These are Clarity and Community Interest. The analysis of the questionnaire survey results relevant to Hypothesis 2 indicated that the following factors may have had an effect on feasibility.

- Community need/support.
- Relevant successful model.
- Clear definition of vision.
- Acceptance of external inputs.
- Availability of land or property (if required).
- Major public events.

**Community Interest and Clarity.**

The factor for Community need/support correlates with the community interest factor proposed at the outset, while community support is a communicability factor. Communicability may be considered a function of Clarity. Clear definition of vision corresponds to the Clarity factor proposed.

**Pre-existing models.**

The existence of a relevant successful model is a new factor to include, which may be considered as connected with the Clarity factor, but as it is easily identified is best left separate. Similarly, acceptance of external inputs is a new factor. Both of these support the proposal that feasibility is increased if there is an existing successful model.

**Property.**

It was shown that the availability of land or property had a powerful effect on the progress of a project, and while the only project to fail completely did so in possession of suitable property, it was property that it could not afford to maintain and operate. The findings were that all projects ultimately acquired suitable land or property, but it was the principal delaying factor, and the non-availability of such land or property would ultimately cause a project to fail. Alternatively, there are no examples of successful hospice projects where buildings were part of the original plan that failed to acquire suitable land or property. Therefore, a factor for the probability of acquiring suitable property should be included.
CHAPTER 8 DEVELOPING A FEASIBILITY TEST FOR VISION

Major Public Events.
The range of events described was wide, from newspaper campaigns to public meetings and fund raising events. The common factor in every case was communication the public. Therefore, the project proposed must be something capable of being so communicated. The feasibility of the project will be affected by the degree to which it is possible to communicate widely, and by the extent to which this is done.

Establishing Main Priorities
The relationship between clarity and communicability has been shown. There are different considerations that can be applied to these two issues, but logically if an idea is clear it must also be potentially communicable. The first stage in the process of vision development must be the vision itself. The range of factors relating to clarity of vision include:

- Existing buildings (as an originating point of vision)
- Detailed models and/or drawings of proposed buildings
- Detailed descriptions of planned services (output descriptions)
- Project management plans
- Operating plans
- Fund raising plans

Pre-existing models inform all of these factors, and each can be given a numerical score. The evidence from the case studies suggests that making an existing building a focus of vision can be a two-edged sword. This happened at St Francis, Myton Hamlet, and St Nicholas', and also at the first hospice studied. At Myton Hamlet and St Nicholas', the buildings initially identified at the outset were both suitable and available, and everything proceeded very well. At St Francis', the availability of the property was in doubt for some time, and this caused problems. At the first hospice, the building identified was found to be unsuitable, and this caused major upset among the founding group. Having said that, all these studies show that having an existing building at the start of a project has a powerful motivational effect on a founding group. Also, the argument about the value of visual presentation put forward in chapter five should mean that the factoring for models or drawings should also be rated above the other factors. The ability to explain the intended outcomes of the project (the benefits of the service) is important in generating support, while the three planning factors listed serve mainly to show the extent to which the vision has been developed in detail.
Projects in the voluntary sector can only succeed if they meet an acknowledged community need and generate public support. In order to demonstrate this, it is useful to consider the hypothetical case of a voluntary sector project completely funded by a single donor. In this event, there would appear to be no requirement for public support, and therefore no need to consider the views of the community about their health needs or interests. But in that case, the public need not know of the existence of the project, and who would then carry out the wide-ranging consultation work dealt with by the founding group? If this were all done by a professional team commissioned by the donor, it would be difficult to imagine how they could ascertain the levels of need, interest, and support to anything like the same extent. This model is very similar to the development of state-funded health care, which has been carried out in Britain by commissioning bodies and typically led by medical professionals. If this process had been satisfactory in the provision of health care services in the period leading up to the 1970’s and 1980’s in Britain, after some thirty to forty years of operation of the NHS, then there would have been no demand or support for the modern hospice movement. It would have been unnecessary. This simple demonstration shows that the role of the community is a key component in voluntary sector projects.

Assembling the matrix
The question of clarity relates to the degree of detail in which the vision is developed before it is initiated. Once a vision has been developed, its feasibility is then affected by the three principal factors of communicability, community, and the availability of property. These latter three do not have the ability to create a vision where none exists, but each appears capable of damaging the prospects of a visionary project if not satisfactory. A logical way to deal with this is to derive a score from 0 to 100 for the vision itself, and then factor it against these other three factors. Each of these factors should be capable of reducing feasibility to nil, but not of increasing it.

A simple matrix requires the reduction of the factors being compared into a two-dimensional relationship, with one range of factors being affected by another. This is not possible in this case, as one set of factors is to be varied separately by three others, so the matrix will take the form of a spreadsheet. Once the matrix has been assembled, it should then prove possible to use data from the case studies, and also those hospices with detailed histories. The end result should be a range of scores: neither complete success nor total failure can ever be certain, no project viewed from the outset should ever score either 0 or 100. The range of scores may also reflect the relative difficulty experienced by the founding groups in bringing their project to a successful conclusion.

Clarity
These are the factors evident in the vision itself, and for scoring purposes reflect the situation when the founding group were fully prepared and ready to embark on fund raising in earnest.
Existing land or buildings. This factor reflects the degree to which a project at the outset is focussed on an existing property, providing a visible and tangible focus. The power of this effect as seen in a number of projects means that it should carry a high score.

Proposed range: 0-25
Criteria: 25 is the score for an existing building that the group set on, reduced to 15 for a definite plot of land, 10 for a probable building, 5 for an undefined but probable plot.

Detailed models and/or drawings. The ability to produce detailed models, drawings, or plans of a project means that the vision has been clearly conceived. This is a prime indicator of clarity.

Proposed range: 0-25
Criteria: 25 is the score for detailed drawings of a proposed building that represents the full scheme, reduced to 15 for an outline proposal, 10 for probable building, or a building representing an intermediate stage of the project.

Detailed services (output). It is one thing to decide to construct a building, and quite another to decide the details of the service to be provided. A full understanding of the benefit to the community can only come if as much thought has been given to service delivery as to building design.

Proposed range: 0-15
Criteria: 15 is the score for a project that is able to offer detailed explanations of the full range of planned services, at a level that would satisfy both the general public and professionals in the field. The score is reduced proportionately.

Project management plans. This is one of three distinct areas of planning key to the completion of a project. Project management planning will also demonstrate how well thought through a vision is, and is a primary demonstration of the existence of formal management skills among a founding group.

Proposed range: 0-10
Criteria: 10 is the score for a project that shows from the outset that all aspects of the project development have been planned, through to the opening of the planned services. The score is reduced proportionately.

Operating plans. With projects on the scale of in-patient hospices, the end result will be a professionally-run organisation employing upwards of 40 paid staff under the governance of the volunteer trustees. There are many professional and statutory issues that need to be dealt with, so operating plans also demonstrate the degree to which the vision has been thought through. If this is
CHAPTER 8 DEVELOPING A FEASIBILITY TEST FOR VISION

not attended to in vision development, evidence indicates that problems are likely to occur once the hospice has started operating.

Proposed range: 0-10

Criteria: 10 is the score for a project that shows from the outset that thought and planning has been given to the operation and management of the organisation once paid staff have been recruited. The score is reduced proportionately.

Fund raising plans. The scale of fund raising required for a hospice project is usually found to be quite daunting to the groups concerned. As with all major tasks, however, planning not only reduces the perceived challenge to manageable proportions, it also demonstrates the essential feasibility of the task.

Proposed range: 0-15

Criteria: 15 is the score for a project that has prepared a full range of fund raising plans, from the recruitment of influential patrons to establishing a running fund raising programme and investigating fund raising schemes.

Communicability.

The total scores in this section will be divided by 100 to give a figure used to multiply the clarity score.

Pictures. Are there pictures that can be used to communicate the project? These need not be just of some building, but could also illustrate the need for the project, or the delivery of the planned service.

Proposed range: 0-25

Criteria: 25 is the score for a project which should be able to produce pictures illustrating the full project. This is reduced proportionately.

Media interest level. Is the project one in which the media may reasonably be expected to take an interest? This would include human interest or even political issues. An appreciation of this issue is important, because if the media have no likely interest in a project, obtaining widespread publicity will be much more difficult.

Proposed range: 0-25

Criteria: 25 is the score for a project in a situation where the press or other media are known to be likely to take an interest in the story. This is reduced if the story is not likely to be clear, or if the situation is one that is likely to be unfamiliar (as with the earliest hospices in the movement).
Familiarity of idea. If the idea for the project is one which the general public may be expected to understand, even if only in a general way, then the likelihood of their responding with support is much greater.

Proposed range: 0-20
Criteria: 20 will be the score for a project where there are existing models available, or where the idea is one that the public will appreciate very easily. This is reduced proportionately.

Accessible language. Can the project, its aims and planned benefits be described in simple language? Does it of necessity involve difficult technical terms, e.g. for types of disease or treatment? In the case of hospices, although much of their work concerns matters well-known to the public, the description “Palliative Care” for hospice care must be considered a technical term. In the 1960’s and 1970’s, the word “Hospice” itself was not widely understood.

Proposed range: 0-10
Criteria: 10 is the score for a project that does not need to use any words unfamiliar to the general public. Terms like “pain control”, “symptom control” “respite care” and “palliative care” are part of the work of a normal hospice, so in most cases hospice projects will be scored 8.

Word of mouth. Is the project idea one which can easily be disseminated by word of mouth? In this case, then it may be spread through a wide variety of community and social groups, wherever people come together of their own volition.

Proposed range: 0-10
Criteria: a score of 10 will reflect a project able to use community organisations in an extensive way to promote it. The score is reduced proportionately.

Event potential. Is the project one for which public events are an appropriate means of gaining support?

Proposed range: 0-10
Criteria: 10 is the score for a project that poses no problems as an occasioning cause for public events. If a project has aspects that may cause social difficulties, the score will be reduced.

Community.
The total scores in this section will be divided by 100 to give a figure to be used to multiply the clarity score.
Size of community. This is a simple and relative consideration: has a community of this size typically proved able to support a voluntary project of the scale proposed in similar circumstances elsewhere? It is an informed estimate based ideally on pre-existing models.

Proposed range: 0-25

Criteria: 25 is the score for a project where pre-existing models can be used to demonstrate that similar communities have managed to generate the support required for a project of equivalent size and scope. The score is reduced proportionately the less certain this is.

Scale of need. What is the probability of the members of the community having been affected by the problem that the project is designed to address?

Proposed range: 0-25

Criteria: 25 is the score for a project aimed at providing a service the need for which is likely to have affected all family groups in the area within the experience of those living. The lower the proportion of family groups affected, the lower the score. With services dealing with cancers, this figure is assumed to be 100%.

Stability. Is the community stable in terms of population movement? This is a factor that will affect the likelihood of people giving long-term support to a project, or equally accepting the relevance of a long-term project for their own needs.

Proposed range: 0-15

Criteria: This will normally be scored 15 for British communities unless factors are known showing extensive population movement within a 25-year period.

Acceptability of need. Some social needs are perceived as being more acceptable than others, and this is a factor that varies widely. An illustration would be the difference in the response to syphilis, at an epidemic level by 1920, and to AIDS around 1990. AIDS is the only known example of a “social disease” benefiting from the development of large-scale charities. In Britain in 1996, AIDS was showing a similar level of incidence to Motor Neurone Disease, but attracting a lot more media coverage. Even so, the support for cancer charities was overwhelmingly greater. The issue of the relative “marketability” of different diseases is familiar among health charities in the USA, where support for charities aimed at specific diseases has been noted to relate to “historical accidents”, such as President Roosevelt having Polio. In the USA, Sickle Cell disease is represented by a small association, presumably because it affects African Americans, and where there are no charities representing Venereal diseases if AIDS is not counted.84

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Proposed range: 0-15
Criteria: 15 is the score for a need likely to affect most families or households, and which carries no negative connotations, reduced proportionately as fewer families or households are likely to be affected, and also if the need has strongly negative social connotations.

**Sense of identity.** This allows for the possibility of civic or local pride becoming a factor in a community’s belief in the importance of a project. Sense of community identity can include a variety of factors, ranging from history to prominent sporting teams. There is evidence from the USA that demographics have an important effect of the support for non-profit and voluntary organisations. 85

Proposed range: 0-10
Criteria: 10 is the score for a community with a strong sense of identity, top sports teams or heritage and historical features, major long-established industries, etc. and reduced proportionately.

**Acceptance of the value of the project.** Even though a project may be designed to meet a clearly identified social need in a community, there is still the credibility factor to consider. Is this project actually going to be likely to make an impact of any value on the need? Is there likely to be support or opposition? There needs to be some evidence that the general public will actually welcome this project. An illustration would be the public concerns over projects for homeless, or the difficulties in locating community homes for the mentally ill. This is a measure of the risk of a NIMBY factor (not in my back yard). 86

Proposed range: 0-10
Criteria: Projects known to be socially acceptable and proved workable score 10. If the project is the first of its kind, then 8. If there are doubts expressed by public figures, then 5. If similar projects have produced an adverse reaction elsewhere, then 0.

**Property Filter.**
The Property Filter factor concerns the likelihood of a project being successful in its property aims. If a project has no property aims, then this will have no effect, nor will it if the property is available at the outset of the project. If not, then the evidence shows that it is more difficult to

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86 An incident of this kind occurred in Luton June-July 1997. A planning application for a children’s hospice met with massive public support when it appeared that planning consent would be refused. A community mental hospital planned for a nearby location was met with public petitions and meetings in opposition.
acquire suitable property in urban areas than in rural ones, but in rural areas issues such as Green Belt legislation can cause problems.

Evidence from Milton Keynes and Corby shows that New Town or Development Corporations are very effective at identifying or providing sites for suitable projects. This will also allow for the possibility of a project identifying a property at the outset, which later turns out to be less than fully suitable for the project, or for which the acquisition proves to be a problem.

Proposed range: 0-1
Criteria: If no problems at all, then 1.0. If difficulties are expected because of urban locations, 0.7. If the project has been focussed on an existing site not in the ownership of the group, and for which ownership is not certain, then the range 0.9 - 0.5 will apply.

Scoring.
From the case studies, we have two extreme examples. On the one hand, there is the Myton Hamlet project, which demonstrates very thorough conceptualising and planning at the outset, and which was completed in a faster time than any of the others studied, and on the other hand the Home Counties Hospice project, of which one of the founders said “there never was a shared vision”. A valid scoring system should show that Myton Hamlet had a high score while HCHP had a lower score than any of the others. It should be expected that the Corby project would score only a little better than HCHP.

For some questions in the list, the scores are likely to be either maximum or nil. This will apply to a number of factors, including event potential, scale of need and acceptability of need. In most cases the size of the community is known to be adequate because of comparisons that could have been made at the time.

Development of the matrix.
The above principles were applied in an initial attempt to design a feasibility matrix. The Ian Rennie Hospice At Home project was included, to see how a project would fare even though the (high) scores available to a building-based project would not apply. The property filter factor was applied to four projects, Katharine House and St Luke’s were each assigned a 0.7 score (a 70% probability of finding the land and permissions needed) and St Francis and Corby both 0.5 (50%). In the case of St Francis’ this was because they had determined on a property which at the time they did not own, and for which planning consent was by no means a foregone conclusion, and Corby because they had originally determined the project in the hope of acquiring land on NHS property for which firm agreement had not been reached (and, ultimately, never was).
On size of community, Corby's score was reduced because of the confusion between the possible ideas - there were no other examples of a town the size of Corby with a 20-bed hospice, but there were plenty with a day hospice. HCHP was scored down here because there are no examples of hospices being supported by this size of community, but the confusion over whether this project was truly a hospice or instead a small charitable nursing home left some room for doubt as it was more possible that this size of community could be found supporting the latter. A first attempt at scoring each on a comparable basis produced the result shown in Table 8-1 below.

Table 8-1 presents the projects case studied in a form of ranking. From the studies, it would be possible to say that, as far as anything could be certain, Myton Hamlet was the nearest project to "a sure thing" and HCHP "a disaster waiting to happen". Luton and South Beds appears to come below St Nicholas' for two main reasons: firstly, that it was not so strongly site-fixated, but it was also less clear in its project management and its operating plans. Records at Luton show that the lack of thought given to operating plans at the outset caused recurring problems for some years after the initial opening, so the impact of this factor on the overall score is reasonable. Despite the complete lack of buildings (and the positive scoring associated in this model) the Ian Rennie project falls between Isabel House hospice, and Katharine House at Banbury. The similarity between all these projects meant that, in broad terms, the relative communicability was very close. The only project scoring outside the 0.81-0.96 range was HCHP, with a score of 0.61. This reflected in the main the uncertainty about what the project was being established to do.

Again, the main range of scoring on the Community factors was very narrow, 0.9-1.0, with the exception of HCHP, scoring only 0.6. Apart from the community size issue, the other matters affecting the score for HCHP were the confusion over its purpose, and its strong identification as an evangelical Christian project, which must be regarded as narrowing its possible community support base (the supporting evidence confirmed this subsequently). The point about the communicability scoring is what the potential level of communication was, rather than what may or may not actually have happened. The underlying question here was whether there was anything about the project that may prove to be a handicap. Actual communications used were regarded as a matter for the detailed vision planning itself.
### Table 8-1 Feasibility test based on case studies

<table>
<thead>
<tr>
<th>Clarity</th>
<th>Range</th>
<th>St Nicholas</th>
<th>Willen</th>
<th>Ian Rennie</th>
<th>Katharine</th>
<th>St Francis</th>
<th>Corby</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing land/Bldg.</td>
<td>0-25</td>
<td>25</td>
<td>15</td>
<td>5</td>
<td>25</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Detailed models/drawings</td>
<td>0-25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>15</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>Detailed services (output)</td>
<td>0-15</td>
<td>15</td>
<td>12</td>
<td>10</td>
<td>12</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>Project management plans</td>
<td>0-10</td>
<td>8</td>
<td>6</td>
<td>5</td>
<td>8</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Operating plans</td>
<td>0-10</td>
<td>8</td>
<td>5</td>
<td>2</td>
<td>8</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Fund raising plans</td>
<td>0-15</td>
<td>15</td>
<td>12</td>
<td>15</td>
<td>12</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total Clarity Factors</strong></td>
<td></td>
<td>96</td>
<td>85</td>
<td>72</td>
<td>73</td>
<td>83</td>
<td>50</td>
</tr>
<tr>
<td><strong>Communicability</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pictures</td>
<td>0-25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Media interest level</td>
<td>0-25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>familiarity of idea</td>
<td>0-20</td>
<td>20</td>
<td>20</td>
<td>15</td>
<td>10</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>accessible language</td>
<td>0-10</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>word of mouth</td>
<td>0-10</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>event potential</td>
<td>0-10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td><strong>Communicability factor</strong></td>
<td></td>
<td>0.96</td>
<td>0.96</td>
<td>0.91</td>
<td>0.86</td>
<td>0.91</td>
<td>0.91</td>
</tr>
<tr>
<td><strong>Community factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Size of community</td>
<td>0-25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>stability</td>
<td>0-15</td>
<td>15</td>
<td>15</td>
<td>13</td>
<td>10</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>sense of identity:</td>
<td>0-10</td>
<td>10</td>
<td>10</td>
<td>8</td>
<td>5</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Scale of need (% aware)</td>
<td>0-25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>acceptability of need</td>
<td>0-15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>acceptance of value of project</td>
<td>0-10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td><strong>Community variation factor</strong></td>
<td></td>
<td>1</td>
<td>1</td>
<td>0.96</td>
<td>0.9</td>
<td>0.98</td>
<td>1</td>
</tr>
<tr>
<td><strong>Property filter factor</strong></td>
<td></td>
<td>0-1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0.7</td>
<td>1</td>
</tr>
<tr>
<td><strong>FEASIBILITY SCORE</strong></td>
<td></td>
<td>0-100</td>
<td>92.2</td>
<td>81.6</td>
<td>62.9</td>
<td>56.5</td>
<td>51.8</td>
</tr>
</tbody>
</table>

The accuracy of this scoring can be seen in the 1997 situation: the Corby project is developing slowly and started building late 1997, 9 years after the project began. St Luke’s is also commencing building work on its final stage, the in-patient unit (and new day care and education facility), 10 years after initial project start. This suggests a correlation between feasibility and the time taken to complete a project, which is examined below.
CHAPTER 8 DEVELOPING A FEASIBILITY TEST FOR VISION

Table 8-2 Completion times against feasibility scores

<table>
<thead>
<tr>
<th>Hospice project</th>
<th>Time to final completion</th>
<th>Test score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myton Hamlet</td>
<td>3 yrs. 4 mths.</td>
<td>92.2</td>
</tr>
<tr>
<td>St Nicholas'</td>
<td>3 yrs. 5 mths first open, aims extended: 11 yrs. to rebuild</td>
<td>81.6</td>
</tr>
<tr>
<td>Luton &amp; South Beds</td>
<td>4 yrs. 6 mths.</td>
<td>62.9</td>
</tr>
<tr>
<td>Our Lady &amp; St John, Willen</td>
<td>5 yrs. 1 mth.</td>
<td>56.5</td>
</tr>
<tr>
<td>Isabel House</td>
<td>4 yrs. Day Care open. Aims extended, complete 8 yrs.</td>
<td>51.8</td>
</tr>
<tr>
<td>Ian Rennie Hospice at Home</td>
<td>2mths. open/5 yrs. Stable.</td>
<td>45.0</td>
</tr>
<tr>
<td>Katharine House</td>
<td>7 yrs. 6 mths.</td>
<td>42.0</td>
</tr>
<tr>
<td>St Francis</td>
<td>7 yrs.</td>
<td>38.7</td>
</tr>
<tr>
<td>St Luke's</td>
<td>10 yrs. (est.) (but 3 yrs. to day care open)</td>
<td>34.3</td>
</tr>
<tr>
<td>Corby</td>
<td>10 yrs. (est.)</td>
<td>25.9</td>
</tr>
<tr>
<td>HCHP</td>
<td>failed</td>
<td>19.8</td>
</tr>
</tbody>
</table>

The completion times given above do not make any allowance for the different sizes, scales, or costs of the various projects. St Nicholas' Hospice project was subject to a major change after the Day Care was opened, and instead of proceeding to build an in-patient wing on the existing site, the founders went on to build an all-new hospice elsewhere and sell the original premises. At Isabel House, the original project had not included an in-patient wing, but the success of the project caused a major review which led to one being constructed. At St Luke's, building an in-patient wing was always part of the plan, but both the acquisition and development of suitable property proved to be major difficulties. The correlation between the initial feasibility scoring system and the project time to completion is therefore very striking.

To further check on the findings above, the test was repeated using information from written hospice histories. These are intended mainly to tell the story of the foundation of the particular hospice, but I considered that provided there was sufficient information on the original founding group and its work, together with a record of key dates, then it should be possible to give scores to the test questions. Two of the projects represented are among the very earliest, St Christopher's at Sydenham and St Ann's in Manchester. In both of these cases I considered it appropriate to mark down the communicability scores reflecting the novelty of the hospice concept between 1960 and 1970.
One thing that is very striking from Table 8-3 is the difference in completion time between St Christopher's and St Ann's. St Ann's hospice project was begun in earnest in 1969, only two years after the opening of St Christopher's, and was so successful that once the initial hospice was completed, the founding group went on to construct a second hospice in the Manchester area, which was opened in 1979. The history of St Ann's explains how much advice and support was received from the St Christopher's team, and Dame Cicely Saunders in particular. The same general picture of the relationship between feasibility scores and time to completion is also evident in this test.

There are a number of possible variables that may degrade the accuracy of these scores, not least determining the point in time when a project is deemed to have commenced. Wherever possible, the time chosen has been the first formal meeting of the founding group, but it is not always obvious which particular grouping of people was generally considered to be the founding group, as written histories tend to focus on the roles of key individuals rather than the creation of formal structured organisations. However, in order to clarify the relationship between the feasibility scores and time to completion, the scores and times of all eighteen projects above were combined as shown in Chart 8-4. The HCHP was assigned a time of 120 months in order to permit reasonable scaling on the chart, so that 120 months is a maximum figure.

One aim of a scoring system is to make it possible to distinguish between different situations, and this has been achieved. The system could be refined, and refinement could lead to greater accuracy. Although much of the scoring depends upon a series of informed judgments, and therefore a degree of subjectivity, the process of breaking down the different factors and weighting them greatly reduces the overall effect of subjective judgments. The essence of the system is that it relies on comparisons with established projects.
### Table 8-3 Feasibility test based on hospice histories

<table>
<thead>
<tr>
<th>Feasibility Matrix: Test 2</th>
<th>Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Range</td>
</tr>
<tr>
<td>Clarity</td>
<td></td>
</tr>
<tr>
<td>Existing land/Bldg.</td>
<td>0-25</td>
</tr>
<tr>
<td>Detailed models/drawings</td>
<td>0-25</td>
</tr>
<tr>
<td>Detailed services (output)</td>
<td>0-15</td>
</tr>
<tr>
<td>Project management plans</td>
<td>0-10</td>
</tr>
<tr>
<td>Operating plans</td>
<td>0-10</td>
</tr>
<tr>
<td>Fund raising plans</td>
<td>0-15</td>
</tr>
<tr>
<td>Total Clarity Factors</td>
<td>96</td>
</tr>
<tr>
<td>Communicability</td>
<td></td>
</tr>
<tr>
<td>Pictures</td>
<td>0-25</td>
</tr>
<tr>
<td>Media interest level</td>
<td>0-25</td>
</tr>
<tr>
<td>familiarity of idea</td>
<td>0-20</td>
</tr>
<tr>
<td>accessible language</td>
<td>0-10</td>
</tr>
<tr>
<td>word of mouth</td>
<td>0-10</td>
</tr>
<tr>
<td>event potential</td>
<td>0-10</td>
</tr>
<tr>
<td>Communicability factor</td>
<td>0.88</td>
</tr>
<tr>
<td>Community factors</td>
<td></td>
</tr>
<tr>
<td>Size of community</td>
<td>0-25</td>
</tr>
<tr>
<td>Scale of need (% aware)</td>
<td>0-25</td>
</tr>
<tr>
<td>stability</td>
<td>0-15</td>
</tr>
<tr>
<td>acceptability of need</td>
<td>0-15</td>
</tr>
<tr>
<td>sense of identity</td>
<td>0-10</td>
</tr>
<tr>
<td>acceptance of value of project</td>
<td>0-10</td>
</tr>
<tr>
<td>Community variation factor</td>
<td>0.98</td>
</tr>
<tr>
<td>Property filter factor</td>
<td>0-1</td>
</tr>
<tr>
<td>FEASIBILITY SCORE</td>
<td>0-100</td>
</tr>
<tr>
<td>Time elapsed</td>
<td>3yrs</td>
</tr>
</tbody>
</table>
Observations
The only projects scoring below 20 failed.
No project scoring below 45 was completed in less than 84 months.
All projects scoring over 80 were completed within 41 months.
Projects scoring between 45 and 65 represent a median group with wide time dispersions.

CONCLUSIONS
1. The above tests have demonstrated that it is possible to devise a feasibility test appropriate for assessing voluntary hospice corporate visions.
2. The tests showed that there is relationship between feasibility as scored and the ease of implementation experienced, supporting Hypothesis 3: (there will be a direct correlation between the ease of implementation of a corporate vision and the extent to which it satisfies
the feasibility criteria). This has been demonstrated by the simple correlation between feasibility score and time to project completion, because a primary measure of the ease of completion of a voluntary project is the time which it takes to achieve.

3. The design of the test demonstrated that it was able to include a project that did not include a building, but was for the delivery of a nursing service only (Ian Rennie Hospice at Home). The Ian Rennie Hospice at Home project fell within the median band of otherwise similar hospices. This indicates that the scoring system is reasonably balanced.

4. The test format should prove applicable to voluntary projects other than hospices, but it would not be expected that the same time correlation would necessarily apply to other categories of project.

Value and Relevance
Although some of the factors relating to any given project cannot be changed, there are still several that could be modified by a founding group to improve the score of their project to the extent where it becomes much more likely to succeed, and consequently to be completed in a shorter timescale. For hospices, the important areas where improvements could be made at the outset include the planning factors, and also the property filter. Alternatively, it may help a group to have realistic expectations of the scale of the task before them, in terms of time, if they are confronted with adverse and intractable factors. This would help them, perhaps, to give more attention to these areas, or alternatively, not to vest too much of their hopes into possible buildings which are not guaranteed to be available to them.

Such a test is only of value to those people likely to be prepared to seek advice and follow it. The founders of HCHP do not seem to be likely to have sought this kind of advice beforehand: the conviction of the founding Matron was such that all doubt was swept aside. On the other hand, the bishops leading the projects at Myton Hamlet and St Ann's knew what to do without being told, and were very effective indeed. The real benefits of such an exercise would be to the middle group. The evidence is that virtually all of these groups went looking for advice on many issues, and so a feasibility test would have probably been of interest to them.
9 ISSUES FOR FURTHER STUDY

Introduction
The aim of this chapter is to consider several issues of importance and interest to people involved in founding or developing visionary projects within the voluntary sector. These include Leadership, Finance, and Delays and failures of vision. The evidence relating to these topics will be used to demonstrate how these issues have been experienced at the different hospices studied, and this will be related to the hypotheses where appropriate.

Research data has been obtained which represents possibly the largest single body of information on the activity of autonomous charity founding groups all engaged in similar projects of a large scale but in different locations throughout the British Isles. This also provides a basis for attempting to categorise organizations using corporate vision and considering management issues and methods that could apply to the different categories.

LEADERSHIP WITH VISION
The evidence demonstrated that the majority of hospices founders believed their project was based on corporate vision. The typical hospice teams included individuals with a good and relevant variety of professional expertise, and thus far there appears to be no great distinction in kind between these projects and those carried out by the visionary leaders in Appendix 1. The case studies and written histories reveal a wide diversity of ways in which leadership has operated. Three examples from the histories demonstrate this.

Five nuns decided to found a hospice
A hospice was founded by a group of five nuns in the same religious order. Two out of the three who responded to the survey answered the question, “Was there a single individual who was the leader?” by saying no. The third answered yes. One of the two answering “no” to this question said that the third (who answered yes) had later become leader when she became hospice Matron, after the hospice had opened. It is understandable that nuns may assume that leadership is to be equated with an authoritative office, and the distinction made above by the respondent who answered these questions differently related to the office later adopted by the third. In the case of this project it appears that there was an individual who established the direction and pace of the project, but only when she moved into an authoritative office did the others recognise her as the leader.
Five nurses decided to found a hospice
The history of the Wakefield Hospice describes a group of five nurses, all reaching retirement age, discussing the need for a hospice. They made an approach to the local Health Authority, which was firmly rebuffed, so they then visited the lady who had been their tutor when they were student nurses. The opinions of a health authority manager (who disparaged the use of volunteers and the feasibility of fund raising) counted as nothing against the encouragement of a long-retired nurse tutor! They also recruited an experienced nursing manager to their number, and elected her as their chairman. By the fourth year they had changed chairmen twice, for different reasons. The vice-chairman, one of the original group of five nurses, remained in office throughout. Of the two respondents for this project, one answered “no” and the other “yes” to the question “was there a leader...?”. It appears that this nuclear group was happy for others to manage the project, and both respondents answered “yes” to the question “did the leadership...change...?”. This looks like a demonstration of functional leadership, based on specific tasks, but the original core group quite clearly retained control of the project. Both respondents viewed leadership as being very important, but in practice it was subordinated to the vision, and it seems as if the core group were the true governors of the project throughout.

The Lord Bishop Leads
The case study of Myton Hamlet Hospice shows a very organised and effective group of hospice founders, led by the then Lord Bishop of Coventry. The three respondents from this hospice were unanimous in their answers to the questions “was there a ... leader?”, “was the group leader in the role of chairman throughout?” and “did the leadership...change...?”, with “yes, yes, no” respectively. It should be expected that a senior bishop in the Anglican Church would have exceptional leadership and management skills, and this group at their first meeting had a very well-planned proposal to consider. The question of a potential building had already been addressed, and one identified, thus eliminating a potential major obstacle before they even started. Here it appears that the visionary leader was the one who had prepared the vision personally, and then managed it to a successful conclusion.

The Gallup Organisation Model of Visionary Leadership
Gallup's research into leadership, based on over 10,000 interviews over some two decades, has resulted in two chief conclusions, firstly that no single factor is more important in determining the success of an organisation than the quality of its leadership, and secondly that there are twenty key
strengths which set the most effective leaders apart from the rest.\textsuperscript{87} They argue that while no leader is likely to possess all these strengths, the most effective will have a critical mass of these strengths balanced in such a way that they are able successfully to address the challenges and demands of leadership. The purpose of this work is to help individuals in leadership situations to identify areas of work which they need to ensure are carried out within the team and for which they themselves are not so well-suited.

Despite the very wide range of this research, it does not match the depth achieved in the psychometric profiling carried out by Belbin\textsuperscript{88}. The Gallup analysis is similar to Belbin, however, in reaching the conclusion that no one individual can be expected to possess all the strengths listed for effective team leadership or management, and that all strengths must yet be present within a successful team. Leadership is displayed as a range of strengths or functions that must collectively be present and functioning in close relationship.

The research into hospice projects shows that there have been many successful projects completed by groups of people with widely differing perceptions of their roles, as illustrated by the small set of examples above. A future goal was set before these groups of people of such compelling strength that they gave up much in the way of time and resources to bring it about. Leadership must, if nothing else, be concerned with giving direction so that people move towards the desired goal. The question is, did the vision generate the necessary leadership, or the leadership the vision? Or, instead, is it the case that nothing happens until a set of positive ideas that collectively could comprise a powerful vision comes to the notice of an individual or group who themselves possess the necessary leadership strengths to execute it?

The history of the hospice movement tends to support the latter view. Most of the component ideas of the modern hospice movement had been in circulation for many years before Dame Cicely Saunders put them together in a single vision, and this process is also evident in the histories of Florence Nightingale and Mother Teresa. As far as it has been possible to verify, all the founders of the hospices studied had become aware of the modern hospice movement before they began their projects, and thus they already knew that modern hospices had been proved to be feasible elsewhere. Thus the entire modern hospice movement may be demonstrated to have resulted from the inspiration of a single visionary individual.

We are able to test this from the questionnaire evidence. “Yes” answers to questions 2, 7, or 8 indicate contact with the established hospice movement, either through hospices or people or

\textsuperscript{87} Gallup Organisation (1996) \textit{Understanding Talent for Leadership.}
\textsuperscript{88} Belbin, R. M. (1981) \textit{Management Teams}
organisations already familiar with them. 114 out of 140 respondents answered one or more of these questions “yes”, 81.4% of the total. This is also the pattern indicated in the case studies.

Baleanu\(^89\) discusses a particular type of organisation which appears to conform with this analysis, identified by Mintzberg\(^90\) as the Missionary type. Baleanu views change as the way in which the organisation, as an open system, is adapting to the modifications of the external or internal environment, with a view to preserving its internal consistency. He describes Missionary organisations as having no control structure at all, with the locus of control externally located, at the level of vision. In this situation, the leader considers him or herself as the interpreter of an external demand or will. Baleanu’s view diverges with our evidence when he asserts that such situations require charismatic leadership, and that an organisation start-up requires clear direction and strong leaders. Bryson says that “a clear vision of success provides an effective substitute for leadership... people are able to lead and manage themselves if they are given clear guidance about directions and behavioural expectations”\(^91\). Our evidence is that clear direction is in effect, but the two examples (the groups of nurses and nuns) cited above that did not have what would conventionally be described as strong charismatic leaders are sufficient to demonstrate that while such personalities may often be found in such organisations, they are not essential. Strength of leadership in this context may actually be manifested in determination and perseverance rather than in a dominant personality. The example of the Home Counties Hospice Project illustrates the power and effect of a dominant and charismatic individual in a leadership role. In that case, the ability of the Matron to maintain the support of trustees and staff for her vision was a major contributory factor to the project failure. Therefore these particular personal qualities cannot be claimed essential for success.

The evidence that most hospice founders surveyed believed they were responding to an external demand, however, is very strong, and can easily be seen in the hospice histories that are available. This appears to fit the situation in voluntary organisations described by Charles Handy:

> When everyone knows what they are working for, what has to be done, and how, then management and control can be minimal...These organisations to which we give our lives, or a great part of them, with excitement and energy and enthusiasm are the ones where we have the power to make a difference, where we are trusted to

\(^89\) Baleanu, C. M. (1997) Organizational Architecture, in Strategic Change. Vol. 6 No. 1 p.21
Summary: Leadership

The evidence of the research shows a wide range of different approaches to and understanding of leadership. There are examples of highly effective single individuals, and also of apparently consensual team-based approaches to leadership. There are examples to support the views of such writers as Bennis and Nanus, and also Mintzberg (page 36), that vision can originate with an individual leader, but also to support Senge, that vision can arise in groups (page 41). What we do not have any evidence for is the approach of Forsth and Nordvik (page 30), who propose corporate vision being generated by a group that met without an originating idea. The examples of the leading individuals in business and care explored in Appendix 1, however, show that extraordinary levels of perseverance and determination coupled with vision are needed to bring about such major changes. Perhaps the answer may be that, once a new organisation or system has been created, a wider range of leadership approaches can then follow, and still bring successful achievement. Perseverance and determination in hospice founders seems to count for more than dominance of personality, but the vision remains uppermost. The necessity of hospice founding teams appears to be of having something they believe in rather than someone. In these situations, the leader is secondary to the task.

FINANCING A VISION

At the outset of the research, I had expected to discover levels of fund-raising targets that were generally believed to be feasible, and levels that were not. I expected these levels to vary according the perceived affluence of the supporting communities, and that this issue would therefore be one of the key factors affecting feasibility. Unfortunately, no correlation could be found to support these views.

On the contrary, individuals who were concerned about the size of the financial target were similar in number to those who appear not to have considered the targets as being of any great importance, and the amounts that generated both of these reactions ranged across nearly the full spread of targets reported. It seems that in any group of founders there will be those who are worried about the feasibility of raising the established target and those who are not. This becomes a factor that leaders and founding teams need to be aware of, but not unduly concerned about. In the case studies, it may be noted that at a key stage in the development of the Hospice of Our Lady and St John, when a major financial commitment had to be made, two members of the group

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resigned because of their concerns about financial feasibility. This does not appear to have affected the success of the project.

Clearly, some groups took longer to raise the required amounts than others. There are correlations evident in the case studies with increases in the rate of fund raising and visible achievements or events, as noted at Katherine House, Luton, Myton Hamlet, and the others. When a visible “milestone” had been reached, it resulted in an increase in the rate of funds raised. This was so even in the case of the Home Counties Hospice Project, despite the major management and financial problems it was experiencing. A correlation can also be seen with increasing rate and the start of publicity campaigns, therefore communication of the project is a vital issue. Many projects had addressed their communicability with visual presentations of buildings proposed, but the lack of this did not block the success of the Ian Rennie Hospice At Home. It may be argued that the sight of nurses attending patients in their own homes is itself a visual communication, or in any event could be easily visualised. Both the Marie Curie organisation and Macmillan Cancer Relief are national charities providing nurses that attend patients in their own homes, and they both have successful fund raising programmes supporting these works.

All these projects are related to the need to care for cancer patients, and it is the scale of need for cancer care that has been the main trigger for fund raising success. This scale of need correlates with the level of communication needed. The evidence of the survey is that communication in successful projects extended to all parts of the communities involved. Population size may therefore be a factor to consider: the Home Counties Hospice Project was based on a community of only about 10,000 people, as opposed to populations of 250-290,000 supporting the hospices at Luton, Milton Keynes, Welwyn Garden City or Berkhamstead. It may be argued that there are certain population sizes that are capable of supporting certain levels of charitable fund raising; while there is not enough evidence within the research available here to make complete comparisons, it is probable that the HCHP project was too ambitious for its location. A survey conducted by Dr. Benjamin Harris of St Bridget’s Hospice, Douglas, Isle of Man, in the Spring of 1997 showed that a group of thirty-one adult voluntary hospices with in-patient units between seven and twelve beds served populations ranging from just over 60,000 to 540,000.

St Francis, Berkhamstead and St Nicholas’, Bury St Edmunds, both experienced a fall in the rate of funds raised during leadership difficulties. These examples are of interest because there is not necessarily a direct connection between the governing body of such an organisation and the sources of funds. It is possible that the rate changes were not connected with the leadership problem, but it would be safest for founders to understand that there is a risk that such internal problems may adversely affect their projects.
Fund Raising Factors

The following factors are those which have been identified within the survey and case studies as probably having a direct and beneficial effect on the rate of fund raising:

1. Community need for the proposed project
2. Size of supporting community
3. Communication
4. The completion of a visible stage of the project
5. Stable leadership

These factors support the findings of the MORI poll conducted in August 1995 into “Committed Givers”. 1,964 adults aged fifteen and over were surveyed in-home and face-to-face at 150 sampling points throughout Great Britain. This sample was found to include 649 committed givers, or one in three members of the general public. The mean amount given by each donor annually to charity was £135, with 64% giving sums between £25-£500. Donors were asked to select statements describing the type of charity they would be willing to support, and the top ten order of priorities established was as follows:93

1. Makes good use of the money it receives. 87%
2. Reputation for getting things done. 75%
3. Caring Organisation. 72%
4. Spends less than most on admin. 64%
5. Does practical work. 64%
6. Reputable. 57%
7. Financially sound. 39%
8. High proportion of volunteers on staff. 39%
9. Undertakes effective education programme. 34%
10. Able to influence (British) Govt. decisions. 31%

Many of the items on this list require a charity to be effective in its communication with the public. Public opinion in this instance is the expression of personal and cultural values, and may be assumed to be reflected in the opinions of individuals responsible for making larger-scale decisions about awarding grant aid to charities.

93 Poll details reproduced by kind permission of MORI
CHAPTER 9 ISSUES FOR FURTHER STUDY

In chapter 6, three change points were noted, the first following the launch of a brochure, the second at the time planning permission was granted, and the third when start dates for the building were decided.

Chart 9.2. Luton and South Beds Hospice
Again, three change points have been identified, the first corresponds to publicity, the second to the grant of planning consent, and the third to the start of building work.

Chart 9.3. Myton Hamlet Hospice.
This graph shows two change points, the first being when building plans were prepared, and the second with the purchase of the property and preparations for building work commencing.

Chart 9.4. Hospice of Our Lady and St John.
Three change points are identified here: first at a time of increased publicity, secondly following the purchase of the property, and thirdly when the building conversion work began.
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Chart 9-5. St Francis Hospice.
There are two change points here. The first is the pronounced take-off, at the time the property had been identified, while the second is a decrease in rate at a time when there was evidence of frustration and disagreement among the founding group.

Chart 9-6. St Nicholas Hospice.
There are three noticeable change points. The first was an increase, at a time when a major publicity campaign began, the second, a decrease, followed the completion of the purchase and conversion of the property. At this time there was difficulty about the decision to proceed with the in-patient unit. The third change followed the appointment of an energetic new chairman.

Chart 9-7. Corby and District Cancer Care.
There are two change points noted here, first when plans were published, and second at a time when the local press launched a campaign. At no time was any building work begun or any property acquired.

The two change points on this graph coincide with the purchase of the property and with the opening of the hospice. The overall “flatness” of this chart, however, is a contrast with all those from the projects that eventually succeeded.
The graphs of fund raising illustrated a number of these factors. Publicity campaigns for hospice fund raising are a prime way of informing the public of the aims and purposes of the projects, enabling the public to see what is proposed. When key stages of the project are reached (planning permission, start of building operations, etc.) then the public can see that good use is being made of the funds: things are being achieved with their money. These stages of the operation correspond to items one and two on the list above, and item three should be understood, provided that the publicity has been properly conducted.

Charts 9-1 to 9-4 illustrate strong similarities with each other, showing significant increases in rate of funds raised at each visible stage. Charts 9-5 to 9-8 illustrate situations where the rates of fund raising did not conform to the "normal" pattern seen in the earlier charts.

The charts all substantiate the items of concern to the supporting public that were identified by the MORI poll. In addition, however, they also show that there was a common pattern of income experienced by the successful projects, while those that encountered problems of different kinds showed distinct variations. The fact that the graph for HCHP exhibited similar features to the successful projects could be argued to demonstrate the power of visual events in the life of a project, even one so ill-conceived as this.

Summary: Fund Raising.
Effective fund raising presupposes a worthwhile cause, but the donors need to be communicated with, and they will expect to hear that the charity is delivering a result in a well-managed way. The size of the initial level of financial targets does not appear to deter people who believe that a project is needed, and large increases to established targets do not generally appear to cause a problem. The evidence shows that founding groups once started tend to keep going until they have completed their vision, and are prepared to accept delays and cost increases with rather more equanimity than when confronted with a possible change of property.

DELAYS AND FAILURES OF VISION
Two of the projects case studied demonstrated failure of the vision. In the case of the Home Counties Hospice Project, the failure resulted in a complete closure, and the opinion of the founders reporting was that there never was a shared vision. Other more direct causes of failure in this case may have been the lack of prudent financial management, or possibly trying to establish too costly a project for the location. There was also the question of reliance on borrowed funds. It is possible, however, that an attempt to share the vision in this case might have resulted in these other issues being addressed, and it should be noted that none of these other factors caused a problem elsewhere.
CHAPTER 9 ISSUES FOR FURTHER STUDY

The problem at Corby was rooted in a marked difference of belief between the NHS staff and the volunteer group, which was never resolved. This also means a lack of shared vision. The project did not experience problems with finance, but it still failed in the first instance, and yet the continuation of the project in its present form testifies to the determination and perseverance of the volunteer group.

Another group of hospice founders were also unanimous in agreeing that the main cause of delay to their project was caused by their local Health Authority. This project was the Peace Hospice at Watford. However, their delays were overcome, and the hospice was successfully completed on the site of the former Peace Hospital. It is reasonable to expect that hospice founders would put their trust in Health Authority officials, and such people are often the first “port of call” for many founders, as seen with the Corby and Wakefield projects, for example. Where such a partnership does come into being, it can become very successful, as with the hospices at Bury St Edmunds and Myton Hamlet.

There are different causes of delays. Of the thirty eight reports of delays, six are accounted for by “partnership” issues, as above, representing only two projects. The major cause centres on the acquisition of land or buildings, and obtaining the necessary permission for building. This was the factor reported by nineteen respondents, representing seventeen projects (out of seventy-two), or 24%. This is far more significant than finance, reported as the major cause of delay by founders of only eight hospices (11%). Another way to consider the significance of these findings is by reference both to the amounts of money required, and the substantial increases in funds required that have been reported. In all, fifty projects were reported as requiring increased targets. As was shown in chapter seven, the median increase was 33%. There was no obvious correlation between the founders reporting finance as a major cause of delay and the size of sum involved. Therefore, of projects encountering major cost increases, in only 16% of cases was this felt to be a cause of delay by one or more founders. The histories of the Corby and Watford projects show that although the cause of delay was identified as Health Authority staff, the underlying issue in both cases was the acquisition of land for the project.

From the case studies, the projects that proceeded most quickly were Myton Hamlet and Luton and South Bedfordshire. In both cases, potential sites had been identified before the first formal meeting of founders took place. The moral is clear, that by identifying suitable and available land or buildings before the start of the project, the single major cause of delay has been eliminated. On the other hand, as the Home Counties Hospice Project shows, the acquisition of suitable property is not in itself a guarantee of success.
The financial issue deserves further consideration, and it may possibly be connected with the visionary nature of the enterprise. Also, the normal pressures of business projects, which are geared to profitability, do not apply to these voluntary hospice projects. It does not seem to matter for most hospice founders if costs increase: they just take a little longer, perhaps, and press on to project completion. They are not working to deadlines and financial targets in the normal business sense.

Summary: Delays And Failures.
The main criterion for avoidance of failure appears to be the establishment of a clear and shared vision for the project. From the evidence available, if this is not present, then the project runs a high risk of failure or delay. It must be noted that although issues of land or buildings were the most often cited cause of delay, they were in every case overcome. If suitable and available land or buildings can be identified from the outset, then the most common delaying factor has been eliminated. In every case reported, where there was a shared vision, the financial requirements were ultimately fulfilled.

THE VISIONARY ORGANISATION
This research has shown that hospices have generally been founded as a result of successful corporate vision. The test of the vision is its ability to motivate the people whose participation is necessary for its completion. The hospice movement is self-evidently a cause which supplies such motivation for very large numbers of people.

Collins and Porras have categorised a number of companies as visionary, including Boeing, Walt Disney, and Motorola. Unfortunately, their main criteria for identification and selection of visionary companies are:
1. Premier institutions in their industry.
2. Widely admired by their peers.
3. Have made an indelible impact on the world.
4. Have experienced multiple generations of chief executives.
5. Founded prior to 1950.

It seems to me that here again we have the confusions evident in chapter three about management use of organisational vision. Collins and Porras explain that their aim is to identify the

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characteristics of a set of 'truly exceptional companies that have stood the test of time'. Survival and success do not in any rational way merit the use of the adjective 'visionary' unless some form of vision can be demonstrated. An organisation can only, in my view, be described as visionary if its main aim and purpose are related to completing a corporate vision. Vision and survival are completely different categories of activity, and Collins and Porras have fallen into exactly the kind of confusion exposed earlier. It is not of the essence of a corporate vision that the organisation that exists to develop it will have any long-term existence, or that it will have a major impact on a society.

A way of categorising organisations in relation to corporate vision is by the motivational factors implicit in their aim and purpose. As we saw with two different hospice projects, (HCHP and Ian Rennie) they only started responding to survival factors when their existence was under threat, and that the use of performance measures related to the progress of the project rather than the focus on the final goal was a prime indicator of this change of state.

Further study would show, I believe, that there is a category of organisation that can best be described as the visionary organisation, and that it may exist in business or the not-for-profit sector. It will have the following main characteristics:

1. A corporate vision meeting the above definition.
2. Members, whose main motivational drives are in the self-actualization level of the Maslow hierarchy.
3. A readiness to accept obstacles and to treat them as challenges.
4. A tendency not to be disturbed by major changes to achievement targets.
5. A flexible pattern of leadership.
6. A functional management group typically around 12 in number.
7. A willingness to consider information from a wide variety of sources.
8. An ability to communicate its plans and intentions very clearly.

Corresponding to the Maslow hierarchy of needs, it should also be possible to identify at least two other main categories of organisation. The first is those corresponding to the middle two levels, love and feelings of belonging, coupled with competence, prestige and esteem, which I will describe as family-type organisations. The second is those corresponding to the lowest two levels, physiological needs coupled with security and safety, which I will describe as survivor organisations.

95 Ibid p. xiii
THE FAMILY-TYPE ORGANISATION

This category of organisation should be characterised mainly by its structure and ethos. In an organisation operating on a motivational level of love, belonging, competence, prestige and esteem, you have a set of characteristics mainly describing personal relationships. In such an organisation you may expect to find a strongly-defined set of personal relationships, which would tend to be fixed, and also a set of shared values. It would be unlikely that many would make the transition from the shop floor to the board room, but then the shop floor workers would not expect to. They would expect, however, that the organisation would protect and support them and their families, and they would expect their jobs to be very secure. Such an organisation would lack corporate vision.

I think it likely that such a set of relationships could be found in organisations ranging from firms of Solicitors and Veterinary practices through to some of the long-established Japanese and Far-Eastern industrial companies. Because of the motivational characteristics of the members of such a group, then the management methods appropriate would be quite different from those that would succeed with a visionary group. The majority of staff would expect a form of benign paternalism from the management, and they would assume that minor outbreaks of misbehaviour would be tolerated in a disapproving way. It would be a waste of time to try and inspire such an organisation with a corporate vision, for such vision would be perceived as risky activity, and a relationship-focussed group is likely to be very risk-averse.

THE SURVIVOR ORGANISATION

If an organisation is preoccupied with survival (it will be recalled that some authorities are of the opinion that this is the primary concern of all business organisations) then this will be reflected throughout. It would exhibit neither shared values nor stable high quality relationships among its staff. Such an organisation could be expected to put a lot of effort into strategic planning, studying and anticipating threats to its existence. It would be likely to appear highly competitive to outsiders, because it would naturally assume that the dominant purpose of other organisations in its field is the same as its own, to survive at the expense of the competition. The daily focus must of necessity be profitability, share value, and cash flow, because the likelihood will be that reserves are not going to be allowed to accumulate for the benefit of the organisation when they could be paid out to shareholders or owners (or employees). Typical of this group would be motor manufacturing companies, and organisations mainly involved in direct selling, but also in recent times in Britain, this behaviour has characterised even some NHS hospital organisations.
In such an organisation, it should be expected that the members are responding to their personal motivational needs at the same level as the organisation. They will not expect the organisation to be loyal to them, and they will not expect to be loyal to it. To offer such an organisation an organisational vision would be seen as a form of pious optimism on the part of management. Managing a survivor organisation will require techniques very different to those that would succeed either in a visionary organisation or a family-type organisation. It would be likely that the management techniques proved effective in a survivor organisation could be harmful and even destructive in the other two types.

Further study would help determine the validity of the categorisation outlined above, and it would usefully be conducted on the basis of organisational purpose, structure, management styles and techniques, and characteristic behaviour found within the different types of organisation.

**Category Changes**

What happens to a visionary organisation that loses sight of its vision? If the motivation hierarchy model is valid in this application, then logically it is likely to change into a family-type organisation. Similarly, a family-type organisation would deteriorate into a survivor organisation. A survivor organisation that lost its motivational impetus would presumably cease to exist. One example from this study would be the Ford Motor Corporation. This is an example of a company founded on a visionary basis, but now would appear to be in the survivor category. I have also personal experience of a charitable hospital, founded over 125 years ago, almost certainly as a corporate vision. This establishment in recent years has exhibited very strong family-type structure and behaviour, but had no corporate vision in evidence.

Is it possible for organisations to change to a higher category? A way to consider this is to ask whether inspired management in a failing survivor would be more likely to change it into a visionary organisation, a family-type organisation, or merely a better survivor organisation. Natural pessimism and cynicism would say that organisations only deteriorate, but there are startling examples of organisational change. Sir Adrian Cadbury is one of a number of top businessmen writing in Stuart Crainer's book\(^\text{96}\) to refer to the visionary and gifted leadership of Field Marshal Slim, who turned a defeated army into one that achieved some of the most remarkable victories in military history, in the Burma campaign of the Second World War. Further study should throw up a number of examples of organisational changes of this level of magnitude. All of this analysis points to the possibility that organisations can exhibit motivational

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characteristics identified by Maslow as individual responses to needs, and that suggests a number of possible hypotheses related to this idea, as listed below.

Possible Hypotheses - Organisational Motivation
a) Organisations can exhibit responses to motivational stimuli in a way that is analogous to individual motivation.

b) The range of motivational stimuli to which organisations respond is similar to those identified for individuals by Abraham Maslow.

c) Organisations will respond in the main to a single category of motivational stimulus, irrespective of the sector or field in which the organisation operates.

d) The normal tendency for organisations is to move downwards through the range of motivational categories.

Summary: Organisational Categories
I consider that the possibility of identifying and confirming the suggested range of categories above is the major area of further study opened by my research into corporate vision, and one which could have useful and beneficial application to all types of organisation. In addition, I have also identified a number of minor areas of interest, including decision making, definitions, team composition, and feasibility testing.

Decision Making
It was very noteworthy that in the case studies, after the launch of each project, very few decisions appear to have been taken in committee. There are a number of possible explanations, including the possibility that there was an unwritten permission to delegate minor decisions to individual team members, and that there was an undocumented form of consensus decision taking. On the other hand, on the few occasions that the groups studied took division votes, a high percentage of those members who were in the minority left their group soon afterwards. This has important implications for the management of voluntary groups.

Definitions
The whole of the research was based on the working definition supplied by Peter Senge (page 51), and it is particularly important that this was the definition offered to the recipients of the questionnaire. It was obviously useful to adopt a particular definition, given the wide variation in understanding and use of vision in management literature evidenced in chapters three and four, but if a different definition had been offered, then different results may have been obtained which may have affected the interpretation of some of the evidence. Similarly the relationship between vision and mission may be capable of further interpretation. I believe that the analysis and etymology of
the word vision offered in chapter three makes this unlikely, but the possibility merits examination.

**Team Membership**

The major discrepancies noted in the team compositions merits further study. The question why so few social workers or administrators were involved in hospice foundation has at least three possible explanations. One is that, nationwide, social workers felt that hospice projects were not of interest to them, the second is that doctors and nurses (the dominant professional group among founding teams) are reported to have an almost universal antipathy towards social workers and administrators, and systematically excluded them from their groups, and thirdly that there is a social or cultural divide, so that very few doctors (and the other influential professionals in the founding groups) were personally acquainted with social workers and administrators, and if personal acquaintance was the dominant factor in group selection, then that explains the deficiency. One way or another, this discrepancy requires an explanation.

**The Role Of Clergy**

It is clear that clergymen and nuns have had a very significant role in hospice foundation. The evidence show two senior bishops of the Anglican Church, several other Anglican priests and ministers of other denominations and sisters belonging to religious orders involved in hospice foundation. This raises questions about the role of people with a religious vocation in modern society, and suggests that their influence and work can have an impact in their communities beyond what would normally be expected.

**Feasibility Testing**

Long-term studies of new and developing voluntary organisations would help to both refine and develop the feasibility test designed, and also explore its application to corporate visions in organisations other than hospices. This would involve a set of trials, with, if possible, control studies at the same time. One difficulty is the apparently spontaneous nature of these kinds of projects, but certainly many of them come to the knowledge of existing organisations at an early stage. The number of hospice projects now in progress is far fewer than five to ten years ago, and in 1998 we are seeing examples of long-established hospices merging or faced with threat of closure, at a number comparable with those projects yet to be completed. It may be necessary, therefore, to look for projects operating in other fields.

**SUMMARY**

While this chapter has only considered a narrow range of issues of particular interest to those involved in charity management, these have also reinforced conclusions drawn about hypotheses
ISSUES FOR FURTHER STUDY

2, 4, 5, 6, 7, and 8. The discussion on leadership illustrates more widely the assessment reached earlier that the evidence available does not support hypothesis 7, but supports hypothesis 8. Highly committed leaders exist, but if they are not available, a highly committed team produces a similar result. This is essentially in conformity with the findings of both Belbin and the Gallup organisation.

The study of finance shows that a number of factors can affect a fund raising effort, but that publicity and visible achievements are consistently positive, while any form of major disagreement or frustration within a group can be damaging to the financial income. There is not a financial target figure below which projects are feasible and above which they are not. These findings support hypothesis 6 and inform hypothesis 2.

The question of delaying factors studied here also bears on hypothesis 2, and highlights items that are included in the feasibility test developed in chapter eight, in particular the importance of land or buildings. The possibility of categorising organisations on the basis of motivational level offers a new way of looking at organisations, and considering the appropriateness of different management techniques. Decision-making, definitions, team membership, the role of clergy, and feasibility testing are all important issues identified in this chapter which merit further attention.
10 CONCLUSIONS

Introduction.
In this chapter the intention is to consider the findings of the research, and to reach conclusions consistent with the evidence obtained from the case studies and the questionnaire survey. The working definition of corporate vision will be reviewed, and a final definition attempted. After considering the central hypothesis that corporate vision exists, the twelve hypotheses established at chapter five will be reviewed to see whether any of them may be established with confidence. The context of the study will be considered again, to examine whether the findings have any application outside the framework of the independent voluntary British hospices. Possible applications of those hypotheses which have been established will then be considered.

REVIEW OF FINDINGS

Corporate Vision
In the opinion of the vast majority of founders, they were working on projects that they were happy to describe as corporate visions. If their opinion and experience is to carry any weight, then the phenomenon of corporate vision exists. The respondents to the questionnaire survey were able to identify more than 1,000 individuals whose commitment and skills as members of founding groups had enabled the establishment of seventy-two hospices. In the vast majority of cases, whoever had the initial idea, groups had accepted inputs to their vision from many sources. This was evident both from the questionnaire survey and from the case studies and hospice histories. Thus we can see that the separate visionary projects which inspired so many were also the fruit of many minds. Although the origin of the modern hospice idea itself can easily be traced to the work of Dame Cicely Saunders, it is quite clear that this idea was not seen as a prescriptive plan for all the hospices that followed, and the modern hospice idea was itself a combination of several different factors that were all in existence before Dame Cicely set out to found St Christopher’s hospice.

GENERIC HYPOTHESES

Hypothesis 1. A corporate vision can be assembled in a charitable/non-profit setting.
CHAPTER 10 CONCLUSIONS

A large number of hospice projects have been launched, using, in virtually every case ideas and information from several different sources. 93% of survey respondents agreed that their hospice projects were corporate visions. The great majority (81%) were reported to have been completed as originally envisaged, demonstrating a close link between the original vision and the final achievement. The hospices were in every case independent charities. Although the survey data supplies the evidence cited in support, this can also be demonstrated by the case study and historical evidence. As the hypothesis only requires demonstrating that the assembly of a corporate vision is possible, then this hypothesis is very strongly supported.

Hypothesis 2. The feasibility of a corporate vision can be assessed before implementation.
In chapter eight, the development of a feasibility test is demonstrated which shows a correlation between the feasibility factors selected and the probability of the project being completed. The scoring separated the one project that failed, and then the two that are still not yet complete, from those that have been completed and are in operation. This test was reliant on the results of the questionnaire survey, but the demonstration itself relied upon the case study and historical evidence.

I had originally assumed that there would be a direct correlation between the size of the financial targets involved and the perceived feasibility, but this was manifestly not the case. Neither was there any demonstrable relationship between the scale of increase of financial targets and the perceived feasibility, a relationship I had also expected to find. The feasibility factors used in developing the test were identified under three main headings, of clarity, communicability, and community interest, with a final factoring for property:

Feasibility Factors as used in tests.
1. Clarity
   a) Existing land or building (as a focus of the vision)
   b) Detailed models and/or drawings
   c) Detailed plan of service to be provided
   d) Project management plans
   e) Operating plans (management organisation, etc.)
   f) Fund raising plans

2. Communicability
   a) Pictures (the potential for pictorial representation)
   b) Media interest level likely or expected
   c) Familiarity of idea (to the general public)
d) Accessible language

e) Word of mouth (descriptive communication potential)

f) Event potential (appropriateness of project for public events)

3. **Community Factors**
   
a) Size of community

b) Scale of need (% aware)

c) Stability

d) Acceptability of need

e) Sense of identity

f) Acceptance of the value of the project

4. **Property Filter** (a measure of the probable availability of required property)

The factors listed under Clarity serve to define the corporate visionary itself, and these are its key components. Communicability is in effect the advertising potential of the project, while Community Interest analyses the market within which the project is intended to operate, and whose population it intends to serve. The property factor is a more fundamental issue, which has the capability of blocking or delaying a project even though everything else is satisfactory.

It can be seen also that there is a close correlation between this test and an assessment of the potential of a business project, particularly if the property filter is analogised to capitalisation. The application of these factors to the case studies shows that it is possible to assess the feasibility of a project before it starts, and therefore the hypothesis is strongly supported.

**Hypothesis 3. There will be a direct correlation between the ease of implementation of a corporate vision and the extent to which it satisfies the feasibility criteria.**

The feasibility test was developed in order to attempt to assess basic feasibility of different corporate visions, nevertheless a close correlation was demonstrated between the feasibility score and the project time to completion. As time to completion is a sound basis for measuring ease of implementation, then this correlation demonstrates support for this hypothesis. No other measure of ease of implementation was discovered, and it may be that there are other measures which could display different results.

To justify an assertion that this hypothesis is strongly supported, I believe that it would be necessary to apply the test that has been developed to a series of similar projects that are at a very early stage of development, and then to monitor their progress through to completion, while at the
same time attempting to develop other measures for ease of implementation. In the light of the information we have already, that would take some five to ten years, which is outside the immediate scope of this research. Nevertheless, on the basis that the test was developed using records of eighteen different projects in different parts of Britain across a time scale of twenty five years, there is sufficient evidence to say that on the basis of time to completion as the measure used, then this hypothesis is supported by the evidence available to date.

MEASUREMENT HYPOTHESES

Hypothesis 4. There are performance criteria against which the success of a project can be measured

I expected to find that people measured the success of their projects on a relative basis, using time to completion as one possible measure, the extent to which the project had been completed according to the original plan as another, and the total size of funds raised as a third. The evidence from the case studies showed that while at least one group may have used time as a measure of relative success, this was only evident after the project was completed. The other groups did not appear to have used time measures in this way at any stage, and regarded the completion of the project itself as their only significant measure. The evidence from the questionnaire survey, however, showed that even when groups failed to complete some of the components originally envisaged, they did not seem to recognise that they had failed or fallen short in any relative way. The evidence on fund raising targets was also inconsistent with them being used as a relative measure.

The most common attitude towards large financial targets, and to large increases in those targets was a mixture of determination and unconcern. My only firm conclusion is that groups working on these visionary projects did not use any agreed criteria for measuring the relative success of their projects. There is no evidence of any tendency by these groups to compare their progress against other groups. This hypothesis therefore appears to be completely unsubstantiated. This lack of the use of relative measures for success may be one area where visionary projects in the voluntary sector can be distinguished from business projects. It may be noted from the studies of visionary individuals in Appendix 1 that while the three businessmen were all keenly aware of their competitors, the three ladies famous for their altruistic works were not. The relationship between measures and business practices as a contrast with the practices of hospice founders merits further examination.
Hypothesis 5. There are performance criteria against which the progress of a project can be measured

The survey evidence showed that 24% of respondents were able to identify significant delays, while 91% were aware of financial targets that they had used. At St Luke’s, time deadlines were used for the first two phases of the project but not the third (and largest). In those projects which did experience delays, these do not seem to have affected the final outcome, and that although setting financial targets was a common practice, when these targets were subject to major changes that did not affect the final outcome either.

While it seems that most founding group members were likely to have had a variety of performance criteria against which the progress of their projects could have been measured, these criteria did not exert any great pressure on the members to conform if circumstances brought about a change in the rate of progress of the project. With the Ian Rennie project, there was close monitoring of the financial situation for a long period while the reserve funds were very low. At this time, the project was already delivering a service, and the survival of the organisation was threatened. After the opening of the HCHP hospice, close attention was paid to financial measures, again with a serious threat to survival in view. Although there is evidence which may support this hypothesis, it is very weak. It could be argued that attempts to identify performance measures are in most cases rather strained, and what we are witnessing is a relaxed attitude to such measures except when the survival of an organisation already committed to operating costs is in doubt.

Performance measures were not an issue of great importance to the typical founding groups, and this is an area where the conduct of these groups is significantly different from management teams in a business situation.

COMMUNICATION HYPOTHESES

Hypothesis 6. Communicability of a visionary project is necessary for success

The case studies showed evidence of continuous activity by group members in the work of communicating their projects to their local communities, using every means available. In the case of the Corby project, the fund raising campaign began in earnest when a local newspaper “adopted” the project: even though there was confusion about the design of the project among this founding group, a clear communication was presented to the public, with the result that fund raising was successful even though project planning failed to reach agreement over basic design. Where fund raising graphs were available they showed for those projects significant increases in the rate of income whenever a visibly communicable stage of the project had been reached.
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The questionnaire survey showed that fund raising was mainly supported by a very large number of private individuals, clubs, small businesses and other local organisations, and this demonstrated effective and widespread communication. The only conclusion that can be reached from this evidence is that all these successful projects owed their main funding to good communications with the public, which implies that the projects were very communicable.

The factors for communicability used in the feasibility test were based on the main communication methods and issues observed in the case studies and histories. The records of the HCHP project, on the other hand, showed confusion over the true nature of the project, both among the group members, and in the reported feedback from local GPs. The evidence available tends to support the hypothesis, though to establish strong support, more evidence of failed projects is required. The evidence would need to show that these failed projects were difficult to communicate, and that this was a major contributory factor towards the failure.

LEADERSHIP AND TEAMWORK HYPOTHESES

Hypothesis 7. A visionary project needs a highly committed leader.

The case studies showed a number of highly committed leaders in operation, but also a four cases out of the eleven (36%) where leadership had changed. The questionnaire survey showed that 39% of leaders had changed during the course of the project, concurring very closely with the case study data. This demonstrates that leadership did not necessarily have to remain with a single individual. This means that the vision is corporate in the truest sense, and is not the property of a single individual. This evidence of turnover among leaders is sufficient to refute this hypothesis, although if the word leadership were substituted for leader the finding would be different. (Question 30 tested this, and 91.4% of respondents rated leadership as 5-7, important - vital, with a median answer of 6). The finding would then be that leadership was a very important matter. This finding is contrary to the assumptions of many of the writers studied in the literature survey (vide Diagram 3-2, page 43), and implies also that leaders are responsible for managing the vision rather than originating it.

Hypothesis 8. A visionary project needs highly committed supporters.

The case studies show that founding group members persisted with their projects often for very many years, meeting usually monthly (and sometimes even more frequently). They regularly engaged in tasks outside their previous experience, and saw them through to successful completion. The survey showed evidence of large numbers of qualified professional people giving their valuable time and expertise freely to help their project succeed. While such altruism may be fairly commonplace among charitable projects in Britain, it still demonstrates high levels of
commitment. There was also the evidence of high levels of shared values among group members. There was no evidence of any successful groups where the members were other than highly committed as a whole, and on this basis the hypothesis is well supported. Against this, there was little evidence of failed projects, and the members of both the Corby and HCHP projects may be said to have been highly committed also, even if confused at various stages. Except, in the case of Corby, it would appear that there was a significantly different commitment level on the part of the professional health authority staff members of the group and those volunteers who continued with the project after the "parting of the ways". This suggests that the example of Digital Research's corporate vision reported by Peter Senge (page 41), where staff of the company originated and developed the visionary idea of networking the company, is in fact the prevalent manner by which corporate visions are formed and developed. This demonstrates the importance of the group or team rather than the individual leader figure.

Hypothesis 9. A visionary project needs a project champion.
Although there was some evidence of individuals in the case studies and histories who may have been considered to be project champions, they were in a minority of projects. This is perhaps a concept of more relevance to teams in business than voluntary sector projects. There was no evidence to substantiate this hypothesis.

Hypothesis 10. A visionary project needs effective teamwork.
The case study evidence shows groups of people acting as well-balanced teams, with a variety of specialisations represented in every case. Minutes reflect the typical approach at founding group meetings of several sub-groups reporting back on their activity between meetings in a structured way, with groups usually organised around the main functions of fund-raising building and professional (clinical) matters. The group sizes were, on average, about double the size advocated by Belbin for effective management teams (page 124), and this may be another distinguishing factor between these projects and business management. There was evidence of a lack of effective teamwork on the HCHP project, and also at Corby, and on the basis of this the hypothesis is well-supported by the evidence.

EXTERNAL STAKEHOLDER HYPOTHESES
Hypothesis 11. A visionary project requires to satisfy community interest if it is to win the support necessary to succeed.
Both case study and questionnaire evidence showed that all the successful projects received substantial support from their local communities, and this implies that community needs were being satisfied. There is evidence that the HCHP project was not perceived to be satisfying the need of its intended supporting community, and this is probably connected with its failure. The
example of the Frances Taylor Hospice Unit in Bristol demonstrates a direct response on the basis of community interest. This hypothesis is therefore supported by the evidence available.

**Hypothesis 12. A visionary project needs a benign government climate.**

While on the legislative and fiscal level successive British governments have demonstrated a tacit support for charities, only a very few of the total number of registered charities operate on anything like the scale of the voluntary hospices. To be regarded as benign, a government climate should provide active support of those projects that are satisfying a major public need, particularly in an area such as health care affecting most of the population. The evidence is that there was, on the whole, little expectation of government financial support for the founding of these projects, and even less support was forthcoming than had been hoped for. Dedicated government funding for the operation of the hospice movement only began in any significant way in the late 1980’s, and the promise of some £11,000,000 of funding in 1990 to support the ninety-plus hospices which had been opened by then looked very much like a political reaction rather than a desire to nurture and support a desirable phenomenon. The evidence available does not support this hypothesis, and this may point further to the possibility that government in general tends to follow demonstrations of public interest rather than to lead in such areas. Table 10-1 summarises the findings from the case studies and the questionnaire survey.

**SUMMARY OF FINDINGS**

1. The concept of corporate vision has been shown to be valid and a definition has been derived.
2. Corporate vision exhibits factors that permit the analysis of a visionary project to the extent that its feasibility may be assessed.
3. Feasibility of a corporate vision has been shown to relate to the ease of implementation of a project.
4. The assembly of corporate visions into the bases for several successful projects has been observed.
5. The contributions of a wide variety of sources into corporate visions has been evidenced.
6. Leadership is a function that can be subordinated to the visionary project itself.
7. All successful founding groups displayed a high level of organisation and were composed of people with a consistent and wide range of professional skills.
8. It was found that the groups did not use or rely on conventional or expected measures of success or progress. It was found that financial targets were consistently regarded as secondary to the main aim of completing the project.
9. Communicability and community interest were demonstrated to be very important factors affecting the success of projects.
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10. Both communicability and community interest were shown to be capable of being subdivided into measurable criteria.

11. In the case of these projects central government support had no measurable effect on the implementation of the projects.

12. The availability of suitable property was a critical factor affecting the time to completion of these projects.

<table>
<thead>
<tr>
<th>No</th>
<th>Hypothesis</th>
<th>Survey Finding:</th>
<th>Case-study Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A corporate vision can be assembled in a charitable/non-profit setting</td>
<td>Strongly supported</td>
<td>Majority support</td>
</tr>
<tr>
<td>2</td>
<td>The feasibility of a corporate vision can be assessed before implementation</td>
<td>Supported</td>
<td>Failed case support,</td>
</tr>
<tr>
<td>3</td>
<td>There will be a direct correlation between the ease of implementation of a corporate vision and the extent to which it satisfies the feasibility criteria</td>
<td>Supported</td>
<td>Failed case support</td>
</tr>
<tr>
<td>4</td>
<td>There are performance criteria against which the success of a project can be measured</td>
<td>Refuted</td>
<td>None reliably observed</td>
</tr>
<tr>
<td>5</td>
<td>There are performance criteria against which the progress of a project can be measured</td>
<td>Weakly supported</td>
<td>Evidence of some performance monitoring,</td>
</tr>
<tr>
<td>6</td>
<td>Communicability of a visionary project is necessary for success</td>
<td>Strongly supported</td>
<td>Strong support</td>
</tr>
<tr>
<td>7</td>
<td>A visionary project needs a highly committed leader</td>
<td>Not supported</td>
<td>Evident in 6 out of 11 cases</td>
</tr>
<tr>
<td>8</td>
<td>A visionary project needs highly committed supporters</td>
<td>Strongly supported</td>
<td>Strong support</td>
</tr>
<tr>
<td>9</td>
<td>A visionary project needs a project champion</td>
<td>Not supported</td>
<td>Not supported</td>
</tr>
<tr>
<td>10</td>
<td>A visionary project needs effective teamwork</td>
<td>Strongly supported</td>
<td>Strong support</td>
</tr>
<tr>
<td>11</td>
<td>A visionary project requires to satisfy community interest if it is to win the support necessary to succeed</td>
<td>Strongly supported</td>
<td>Majority support</td>
</tr>
<tr>
<td>12</td>
<td>A visionary project needs a benign government climate</td>
<td>No support</td>
<td>8 out of 11 received no direct support from government</td>
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</table>

REDEFINING CORPORATE VISION

The working definition of corporate vision used throughout the research was:

"the capacity to hold a shared picture of the future we seek to create.... The practice of shared vision involves the skills of unearthing shared pictures of the future that foster genuine commitment and enrollment rather than mere compliance".
The qualities of successful corporate vision evident from the research are that:

1. It shows a future achievement aim that can be readily visualised
2. It receives contributions from a variety of sources
3. It attracts the involvement of individuals with the specialist skills needed
4. It can be communicated easily and in detail
5. It is powerfully motivational in effect
6. It intends to serve an important need for other people
7. It is in accordance with the personal values of the prospective supporters

The qualities listed above add to the working definition the requirement for corporate vision to be a shared product, for it to be capable of attracting the specialist skills needed, for it to be aimed at benefiting other people, and for it to be communicable. I am assuming that a corporate vision which fosters "genuine compliance and enrollment" will of necessity be in accordance with the personal values of its supporters. These findings support the views of Harari (page 30), who wrote about the need for vision to be shared, but not to the extent that corporate vision could be developed in a way that could be applied to any type of organisation.

The operation of a visionary project may easily relieve the needs it is aimed at, and then the project may come to an end. This operation of corporate vision therefore helps to eliminate some of the confusion between vision and mission noted in the literature survey (page 34 et seq.). It is not of the essence of the visionary projects examined that they must necessarily continue into the indefinite future. Perhaps this view arises from an attempt to combine mission with vision, in that a visionary project may involve the establishment of an organisation whose mission is to identify and satisfy important needs on an ongoing basis (as is often the case with religious orders). The hospice movement, however, is an example of a series of discrete projects which might quite conceivably at some point achieve their aim and then have no further purpose.

Clearly it is not sufficient to regard corporate vision as simply any kind of plan for a future achievement target requiring the co-operation of a group of people, or any form of future state desired by one or more people. It is also more than a "capacity". A valid definition must therefore refer to all the qualities identified in this research as listed above. We have also seen that it is not necessarily the leaders who conceive the corporate vision in the first place, and that successful visions have also become the product of many minds rather than just one. The leader-generated and leader-driven approach to vision advocated by Quigley (page 30) amongst others cannot be substantiated as a reliable approach by any of the findings of this research.
A New Definition Of Corporate Vision

Corporate vision is: a clear mental picture of a future goal created jointly by a group for the benefit of other people which is capable of inspiring and motivating those whose support is necessary for its achievement.

Setting a Context for Vision

While it is easy to see how such corporate vision relates to the activity of voluntary organisations, it is also possible to see that it could serve for projects in other sectors. Illustrations of the latter situation could include the growth of Microsoft, under the leadership of Bill Gates, or the Edison company, or even Ford Motors. These examples are examined at length in Appendix 1, and the lives and work of these three businessmen is compared with those of Florence Nightingale, Mother Teresa, and Cicely Saunders. In each of these cases the founding leaders envisaged products or services which they firmly believed would improve the quality of life for vast numbers of people, and events proved them right. The distinction between corporate vision in the voluntary sector and in business seems to persist more in the ways in which such projects are implemented rather than in the essential qualities of the vision. This group of cases would all normally be regarded as examples of personal vision, and one feature that stands out for each of them is the extraordinary levels of determination and perseverance. It may be that this quality of leadership commitment is a key thing that distinguishes this kind of visionary project from the hospice corporate visions.

In chapter three, we observed a considerable diversity of views about vision. In focussing on corporate vision, one effect was to ignore discussions about the role of vision which may be imposed on organisations without the assent and cooperation of the members. The responses to vision statements reported by Collins and Porras and Coulson-Thomas, and which were satirised by Scott Adams clearly fall into this category (see diagram 3-1 p.40). Collins and Porras' observations about charismatic leaders, however, have been further validated in this research.

Differences between Voluntary Sector Management and Business Management

Significant differences between the operation and management of the voluntary founding groups and those normal in business have been identified including group size, measures of success and progress, and the relative importance of finance (capital funding) and property.
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Management Group Size

While it was not possible to say whether the members of the founding groups bore any relation to the management team member types identified psychometrically by Belbin\(^97\), the typical team size, at twelve members, was double that advocated by Belbin. The significance of this observation is that these were successful teams, yet there was no correlation between team size and performance. The explanation may be that management teams in business are all paid members of staff, and cost money, so that what is seen in the voluntary sector is an optimum size for management teams when cost is not an issue. Belbin comments on teams and syndicate sizes of around ten\(^98\), noting the historical references which indicate that these sizes of group are very common through history, before arguing that six is best. Belbin has analysed eight different team roles found in management teams, and in a team of six then at least two members are having to operate in two of the eight roles. While this may be a reasonable expectation for full-time paid staff, yet in a group of volunteers one should not expect this, but rather that some roles are duplicated to allow for the reduced time available for voluntary workers, and to provide "back-up". This could indicate that perhaps the team sizes of the hospice groups are nearer a genuine optimum, and that the difference in size is accounted for by the reduced time available to volunteers.

Business Measures Of Progress And Success.

Business organisations exist for the purpose of making a profit, therefore they must have measures of success and progress related to this purpose. Profitability is part of the mission for any business, so businesses need measures of success and progress, and they must be linked to profitability and time. Because profits are denoted in money, money is therefore an essential measure for business. Profit needs to be expressed in terms of a return on capital invested, so businesses do not normally plan projects on the basis of unlimited capital and elastic time. It is said that a difference between businesses in the Anglo-Saxon world (mainly the USA and UK) and those in other parts of the world, such as continental Europe, and Japan, are that businesses in USA and UK take a very short-term view on investment returns, and perhaps this sharpens the distinctions observed between voluntary organisation and business practices in this study.

As seen in Appendix 1, Thomas Edison, Henry Ford, and Bill Gates all have in common that their main projects (the incandescent lamp, the Model T, and Windows) over-ran both on time and cost before they became successful, and in this respect they displayed qualities similar to many of the voluntary projects reported on. Their prime focus in each case seems to have been completing the project they had envisioned, rather than making a profit in the shorter term. Each of them at times

\(^98\) Ibid pp. 108-110
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put their basic business badly at risk by their pursuance of the larger visionary goals, and could be argued that it was more by luck than by judgment that they were the ones who succeeded and achieved fame and fortune. The rebuttal of this view would be found by studying their competitors of the day, to ascertain the extent to which the competition was fixated on a visionary goal, or the need for short-term profit. Fear of failure does not appear to have been permitted to dictate business decisions on the part of these three industrialists.

Motivation Analysis.
The example of Edison, Ford, and Gates indicates the possibility that the most successful businesses of all share the qualities of determination, perseverance, and inspiration seen in the voluntary sector, so perhaps it is the voluntary sector that more truly represents the best in the creativity and capabilities of human organisations rather than ordinary businesses.

This would be consistent with an argument that people working on voluntary projects are operating in the top levels of Maslow’s hierarchy of motivation (page 12), and that is a possible common factor between voluntary project founders and these most successful businessmen. They are all doing something not because they have to, but because they want to, and it is for them self-actualisation. The wider range of businesses, in their interest in short-term profitability and even survival are clearly operating in their business activity at lower levels of the Maslow hierarchy.

The point at which two of the hospice projects studied began using business-style performance measures was when the survival of their organisation was threatened. The behaviour of the hospice founding groups, and their attitudes towards financial targets and measures of time and money therefore appears to relate to the fact that financial profit plays no part in their planning. As charitable trustees they are under a duty to be prudent and responsible in the application of charitable funds, but the determination of the scale of the project and the time they need to complete it is their responsibility alone. The evidence available shows that voluntary groups have repeatedly proved themselves capable of planning and executing most impressive and large-scale projects, and even though they vary in the skills and resources available to them, the end results conform very closely to the original visions. Corporate vision is therefore a normal precursor of substantial achievement.

The analysis of the behaviour of the management groups studied and the comparison with examples from a few of the most successful businessmen in recent history shows that there are common elements in the behaviour of visionaries, in that these individuals also behaved in ways comparable to hospice founders. This highlights a possibility that motivational theory may have explanations applicable to the operation of groups of people working on a shared vision. This
could suggest that only organisations and people operating on higher levels of motivation (than "survival purpose") and are free to adopt this philosophy should actually develop and attempt to implement corporate visions. Within this area of the relationship between corporate vision and motivation theory applied to groups lies the probable explanation of the disparity between rhetoric and reality noted in chapter four. The scepticism about corporate vision in businesses probably arises from the attempt to use vision that does not conform to the above criteria in organisations that are operating at too low a motivational level.

POSSIBLE APPLICATIONS

Feasibility Testing.
An important potential application of these findings is the use of the criteria that have been established in the evaluation and design of future projects. Further research and testing is needed to assess the validity of the feasibility test in relation to projects other than voluntary hospices, or in other cultures. It should prove possible to evaluate a proposed project against the feasibility test, and ascertain its probability of success, and also the length of time the project is likely to take. It should also prove possible to study a project vision in detail and identify areas that could be altered in order to improve the project's feasibility and speed up its implementation.

Leadership and Teamwork.
The findings on leadership and teamwork could encourage groups confronting possible changes of leader, and also supply models for typical successful teams. The composition of most groups was arrived at usually on a basis of common sense and the availability of people with the required skills. This knowledge should prove encouraging to "lay" members of groups embarking on projects with a specialist dimension.

Health Care Commissioning.
Given that these groups of people have demonstrated the ability to identify an important health care need, and have then acquired the resources needed to meet that need, we are witnessing an "alternative" approach to health care commissioning. Given the precedent in particular of the charitable hospitals and the cottage hospital movement of the mid-19th century, the hospice movement represents a typical response of the British public when they learn that it is possible to takes steps to ensure charitable health care provision for their communities. This stands in sharp distinction to the health care commissioning model used in Britain for the past fifty years, where commissioning decisions appear to have been taken on a centralised basis using expert professionals as key advisors. If this latter approach had been successful in addressing the feelings of the public about their own health care preferences, then the hospice movement would probably
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not have been needed. It is certainly true to say that if the centralised commissioning model were the only possibility, then the hospice movement would never have happened.

Those responsible for health care commissioning need to reflect on the demonstration of public interest and action in health care provision revealed by this research. It may be possible that other areas of health care provision could be improved following a more open dialogue between health care providers on the one hand and the general public on the other hand. The conclusions in this area may be of relevance to national healthcare charities.

SUMMARY

An effective understanding and application of corporate vision depends upon a sound definition. In this chapter, it has been demonstrated that the central hypotheses concerning corporate vision have been supported by the evidence gathered in research, and this has led to a working test for the feasibility of corporate vision. The existence of such a test affords opportunities for future groups to test and develop their corporate vision before attempting implementation, with all the saving of time and resources that this should make possible.

The discussion of group motivation within organisations, particularly in relation to a simplified version of the Maslow hierarchy, appears to relate to the types of behaviour witnessed within those organisations. If it were to prove possible to categorise organisations in a systematic way according to their motivational level, then it would also help to determine whether or not corporate vision was relevant or even feasible within the organisation.

The analysis of the relationship between hospice foundation and health care commissioning in Britain could also usefully be applied to the role of the voluntary sector in other areas of provision for social needs, within the broad remit given to charitable organisations in Britain since mediaeval times. The antiquity of the ideas does not diminish their relevance.

CONCLUSIONS

In chapter one, a list of expected outcomes was identified. The list below summarises the results obtained from this research:

1. **A demonstration that corporate vision exists in organisations.** This has been established on the basis of sound and agreed definition beyond reasonable doubt.

2. **A definition of successful corporate vision based on the evidence obtained.** The definition offered is soundly based on the evidence obtained, and serves to clearly distinguish personal from corporate vision, and also to determine the validity of corporate vision statements.
Corporate vision is: a clear mental picture of a future goal created jointly by a group for the benefit of other people which is capable of inspiring and motivating those whose support is necessary for its achievement.

3. An analysis of corporate vision that will permit a detailed analysis of the content of successful corporate vision. The content of successful vision was shown to be capable of well-substantiated detailed analysis.

4. A feasibility test against which future projects can be assessed. A feasibility test was devised which drew on evidence obtained from seventy seven hospice projects. The test was then applied to a further number of projects which had not previously been subjected to case study analysis, and comparable results were demonstrated.

5. A comparison between vision in hospice foundation and that in business. It was shown that there were several common elements between hospice visions and the activity of a small number of successful visionary businessmen. This also served to highlight differences between the business practices observed in the great majority of companies and those followed by business organisations that had a major impact on the life and culture of the whole of human society.

6. An identification of the management issues relating to leadership, teamwork, and finance in hospice foundation evidenced during the research. A relationship has been demonstrated between leadership and corporate vision which shows that the leader is subordinate to the vision. Team structure and behaviour has been shown to be at variance with those commonly found in business organisations, and that these are teams which have demonstrated the most remarkable determination and perseverance in maintaining their visionary aims. The approach to finance in hospice foundation has shown the powerful capability of these visionary groups to generate whatever resources are needed for the completion of their project.

7. An identification of any factors that appear to be closely associated with failure in visionary projects. The only common factor related to failure has been shown to be visions that were defective at the outset, in that they were not shared.

This research has therefore successfully achieved its main aims, and has also identified matters which could be of significant benefit in management. The main benefits will be in the field of voluntary/non-profit organisations, but it has been shown that there are possibly some wider uses. The information gathered during the research represents a substantial body of evidence on hospice foundation, and is probably capable of further application.

One important possible area of further application is the categorisation of organisations in such a way as to define appropriate contexts for the use of corporate vision. The categorisation of organisations on the basis of group motivation suggests a way of looking at organisations that...
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could greatly facilitate their management. Further research into this field could also result in the development of methods of management designed to arrest organisational decline, and possibly even to improve the state of an organisation to a higher level.

This research into hospice foundation has resulted in what is probably the most comprehensive analysis of the thoughts and experiences of founders of voluntary organisations of a similar type. Many of the issues identified have been shown to have potential applications far wider than the voluntary hospices themselves, and even outside the voluntary sector. The issues of leadership, decision making, and team membership offer areas for further study for those interested in corporate governance, and particularly in voluntary organisations.
APPENDIX 1: THE ORIGINATION OF VISIONARY IDEAS

Aim
The aim of this appendix is to consider some visionary projects initiated by individuals who have become famous in consequence. These projects have had a major impact on the lives of vast numbers of people. They are personal rather than corporate, in that they are attributed to single named people. There is the possibility that there is a corporate element in each vision, and this will be explored. There will be an attempt to identify common factors evident in these different projects, and also to see the extent to which they may support the twelve hypotheses developed in chapter five. Thus it may be possible to establish whether some of the hypotheses advanced for corporate vision are applicable to personal vision. It is likely that some of the hypotheses advanced for corporate vision may in fact be common to any visionary project, whether the visionary idea is the product of a single person or whether it has resulted from combining the ideas of several people. This analysis should therefore assist in establishing factors that are unique to corporate vision. These are compared to evidence from other sources in chapter 10.

Origination of the Hospice Vision
In the case of the modern hospice movement, the inspiration came from Dame Cicely Saunders. While there had been a few hospices, run by religious orders on traditional lines, in the British Isles and elsewhere prior to the start of her work, these did not possess the combination of modern methods of pain and symptom control combined with the holistic approach to patient care found throughout the modern hospice movement. The first hospice of the modern movement was St Christopher’s at Sydenham, founded by Dame Cicely and opened in 1967. These developments will be examined in detail later in this chapter, under the section on Dame Cicely.

Selection of Visionary Leaders
For comparisons with the work of Dame Cicely, I have chosen the examples of another five famous and successful individuals whose work spans the last 150 years, and who each attempted projects not considered feasible either in scale, nature, or scope, by many of their peers. Three of these are from the world of industry, Thomas Edison, Henry Ford, and Bill Gates, and two from the field of charitable and health care; Florence Nightingale and Mother Teresa of Calcutta. A brief review of their achievements will be followed by an identification of the probable origin of their idea, key components of the project, and a list of identifiable influences.
THOMAS EDISON

Thomas Alva Edison lived from 1847 to 1931. Among his first memories was seeing the “prairie schooner” covered wagons, in which families were setting out for the 2,000 mile trek to California, in an age when hostile Indian tribes still roamed the Great Plains. By the time he died, aircraft and motor cars were commonplace. This era also brought the “modern age” with electrical industries, radio and telephone systems, the phonograph and the movies. Edison was personally responsible for much of the development in these latter fields\(^9\). During his lifetime he took out 1,093 patents, the most ever granted to any one person. These included the incandescent light bulb and the phonograph, but also fundamental contributions to many other devices, such as the telegraph, telephone, typewriter, microphone, movie camera, storage batteries, and electric railways. He was also involved in a large number of non-electrical developments\(^{100}\). The invention of the first economically-viable incandescent light bulb in 1879\(^{101}\) became Edison’s greatest claim to fame, and is an invention that had an incalculable effect on world civilisation over subsequent decades, changing the ways in which people live (by the hours they keep) and also patterns of work.

What is not so widely appreciated is that, while attempting to develop the incandescent lamp Edison also developed electricity generating and power distribution systems. Without such things as insulated cables, generating plant and electricity meters, none of which had then been invented, the lamps themselves would have been of very little use. Edison also recognised that if he could achieve a satisfactory distribution system for electricity, then all manner of other electrical machinery could be brought into use. He envisaged both the widespread use of electric lifts and hoists and also electrically powered railway locomotives. For these reasons, Edison is viewed as the father of the electrical age\(^{102}\).

The Origin Of The Idea

At the age of twelve, Thomas Edison began spending a lot of time on and around the railway, and he also started experimenting with chemicals. During the Civil War, as a teenage boy he produced printed and sold a weekly news sheet to railway passengers. At fifteen, a friendly station master taught him telegraphy, a system then being introduced to assist safety. This was when he began experimenting with electrical gadgets, and his first inventions were devices to improve

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telegraph. As a young telegraphist, Edison seems to have outclassed most other operators, and he also devoted his spare time to learning all he could about chemistry and physics. Edison invented and developed a variety of devices for improving telegraphy, including devices for automating transmission and reception, and multiplexing, where multiple transmissions could take place simultaneously on a single wire. Work on methods of recording telegraph messages led to the observations which triggered his invention of the phonograph, and thus to microphones and speech transmission systems. These inventions formed the background for the work on lighting and power distribution.

The Key Components Of The Idea

Edison believed that electricity coupled with other scientific discoveries would alleviate much of the burden of work for ordinary people, and would greatly improve their lives. He preferred to operate in the realms of the practical rather than abstract theory, but he also believed in the virtues of hard work and perseverance. Successful inventions attributed to genius were “one percent inspiration, ninety nine percent perspiration.” He knew that there were many possible uses and effects of electrical phenomena, but that the important thing was to focus on what was commercially useful. He was aware of the defects and dangers of gas and oil lighting systems, and the major drawbacks of steam locomotives.

Identifiable Influences

- A thorough study of Faraday and Newton
- A childhood home life where independent and original thought was encouraged
- Growing up in an environment of major social and economic change
- A very inquisitive nature
- Early contact with telegraph systems
- An exceptional aptitude for mechanical devices
- A desire to supply the needs of ordinary working people

HENRY FORD

Henry Ford achieved fame and success because he envisaged a society where every family could own its own motor car, regarded at that time as something only for the wealthy. He then brought his vision into reality. Henry Ford had been fascinated with the internal combustion engine, and by 1899 he had built three motor cars in his own workshop. In the years that followed he established his own company, and began producing cars. He first gained fame by building racing cars, but his aim was to manufacture a low-priced car aimed at the ordinary working man. His first production

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104 Clark R. W. (1977) p. 89
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vehicle, made in 1903, was the Model A, selling at $800\textsuperscript{105}. Subsequent models over the next five years ranged from the Model B to the Model S, at prices ranging from $950 to an expensive $2,500\textsuperscript{106}.

In 1907 Ford commenced his plan to build what he said would be "the largest automobile factory in the world"\textsuperscript{107}. At that time there was a total of only 142,000 motor vehicles registered in the whole of the USA\textsuperscript{108}. To the alarm of some of his shareholders, the new factory was built to manufacture only a single model of motor car, the Model T. Before this time, mass-production had been used in American Industry, but only for the manufacture of smaller or simpler products, such as sewing machines, bicycles, agricultural machinery and guns\textsuperscript{109}. Ford was to be the first to attempt to use these methods, based on a minute division of labour and a methodical arrangement of machine tools, for building motor cars.

Production of the Model T Ford began in 1909, and in that year total vehicle production from the Ford factories was 12,292. In one year this increased to 19,293, and by 1914 the price of the basic Model T had fallen from an initial $950 down to $600. At the beginning of 1914, he also astonished other industrialists by more than doubling the minimum wage in his factory. Despite this increase in overhead costs, the price of the basic Model T was reduced still further to $440 and finally, in 1926, to $290\textsuperscript{110}. By the time that production of the Model T ceased in 1927, 15,000,000 had been built, and motor cars were part of the way of life of ordinary American families. Whatever the initial reason for the big increase in pay for his staff, Ford saw this as helping to build a new market for his car among his own employees\textsuperscript{111}.

Possibly the most remarkable manufacturing achievement of the Ford Motor Company during the life of its founder, however, was the mass production of B-24 bombers. In 1941, when Ford engineers visited the Consolidated Aircraft plant, they saw a company with the theoretical capability of building fifty bombers a month, but which failed to achieve this target. Four-engined bombers were vastly more complicated machines than motor cars. The B 24 Liberator bomber comprised an estimated 488,193 separate parts, with large sub-assemblies that could not be constructed on a straight line principle, but the Ford engineers believed it was possible to design a plant that could manufacture these large bombers at the rate of one aircraft an hour. By May 1942

\textsuperscript{106} Ibid p. 52
\textsuperscript{107} Ibid p. 56
\textsuperscript{108} Ibid p. 55
\textsuperscript{109} Ibid p. 41
\textsuperscript{110} Ibid pp. 63-105
\textsuperscript{111} Ibid p. 77
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a mile-long factory had been built and started production, and by January 1944, after overcoming enormous difficulties, this production target had been exceeded\textsuperscript{112}.

The Origin Of The Idea
Henry Ford was born in 1863, during the American Civil War, son of a Scottish-Irish immigrant father. As a boy, his main interest was in farm machinery, and he displayed a remarkable gift for understanding mechanical logic. At the age of twelve, he began repairing watches, and before he was sixteen he had built one from scratch. At sixteen he became an apprentice in a workshop making steam engines, and became an expert in setting up and repairing road engines, while repairing and making watches in his spare time. His experiments with a steam vehicle showed him that a high-pressure boiler light enough for a light tractor was too dangerous to be practicable. In 1891 he went to work for the Edison company, and by 1895 had become chief engineer at the Edison plant. He developed a very high regard for Thomas Edison, who advised him to keep on with his attempts to develop an internal combustion engine\textsuperscript{113}.

The Key Components Of The Idea
Henry Ford’s intention was to manufacture a motor car cheap enough to create a mass-market\textsuperscript{114}. He saw this as a form of liberation of ordinary working people, especially in view of the needs of people in America, with the great distances involved in travelling within the continental USA\textsuperscript{115}. He conceived of a motor car factory mass-producing vehicles in which the whole system worked as an intricate machine, not requiring special skills on the part of most of the workforce\textsuperscript{116}. He believed that many others would share his passion for motor vehicles if only they could be produced at a price ordinary people could afford. This meant that car design had to be studied and refined until he had a design of car suitable for mass-production. It is also true that Ford had assembled a team of very capable staff who contributed greatly to the overall concept\textsuperscript{117}.

Identifiable Influences
- The existence of an industry resulting from weapon production for the civil war
- The availability of a wide variety of mechanical objects in childhood
- An exceptional aptitude for mechanical devices
- The example of mass production for smaller items of consumer goods.
- The rapid development of the motor car in the 1890’s.

\textsuperscript{112} Burlingame R. (1957) pp. 140-149
\textsuperscript{113} Ibid pp. 22-33
\textsuperscript{114} Ibid p. 35
\textsuperscript{115} Ibid p. 55
\textsuperscript{116} Ibid p. 59, pp. 72-75
\textsuperscript{117} Ibid p. 57
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A desire to supply the needs of ordinary working people
The availability of employees who could contribute to the project design.
The example of Thomas Edison

BILL GATES

Bill Gates envisaged a society where every home could have a personal computer, used for information, entertainment, and education, at a time when the computer was regarded as a specialist tool of limited use outside major companies and institutions. Gates believed that the most important thing was the development of the software that operated computers rather than the hardware from which they were built, and the company he founded with his friend Paul Allen, Microsoft, began by producing software systems designed to work with the earliest microprocessors. They went on to write the Basic operating language for the Altair, the first true personal computer, and then the Disk Operating System (DOS) for the IBM Personal Computer. Microsoft became involved in developing software for Apple corporation, the company that really promoted the use of effective personal computers, and on further development of the OS2 operating systems for the later range of IBM PCs. During this whole period, while the Microsoft DOS (MS DOS) became the industry standard for the Personal Computer industry world-wide, Gates insisted that Microsoft develop an operating system with a Graphic User Interface (GUI), to be called ‘Windows’.

Despite many delays and problems, and in the face of stiff competition from systems produced by other companies such as Apple and Digital Research, Microsoft Windows became the dominant operating system for PCs. In parallel with this development, Gates also believed that Microsoft should aim at producing applications software, particularly a spreadsheet and word processor, also to become industry standards. This could only be accomplished against then dominant products such as Lotus 1-2-3, WordStar, and WordPerfect. The Microsoft motto was “we set the standards”. By 1992, MS DOS and MS Windows had indeed become industry standards.

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119 Ibid pp. 85-93
120 Ibid pp. 165-206
121 Ibid pp. 352-359
122 Ibid pp. 344-351
123 Ibid pp. 250-258
124 Ibid p. 320
125 Ibid p. 178
126 Ibid p. 362
127 Ibid pp. 229-230
128 Wallace J. & Erickson J. (1992) p. 146
129 Ibid pp. 396-397
standard systems, and Gates had become the youngest billionaire in the history of the USA. By 1997, Microsoft applications had become the dominant systems in use for word processing and spreadsheets and Bill Gates has become one of the wealthiest men in history as a result. In 1997, his wealth was estimated at over $17 billion.

The Origin Of The Idea
Born in 1955, Gates was very interested in Science Fiction as a youngster, especially the writers Isaac Asimov and Edgar Rice-Burroughs, and at school proved to be brilliant at mathematics. He was fortunate enough to go to a school which rented time on a computer, and by the age of thirteen he had become very proficient at programming. His friend Paul Allen and he appear to have shared a conviction that computers were destined to spread widely and become machines for every day use in people's homes. Gates' single-mindedness about the need for computers to have a user-friendly graphic display interface caused great difficulties both within Microsoft and with competing companies, but his work has been characterised by a powerful and intense determination to succeed. The key opportunities which provided Microsoft with its foundation in the industry, and the financial wherewithal to pursue the main vision, the Altair basic programme and the MS DOS for the IBM PC were openings that Gates recognised and fought for, with a full knowledge of the necessity and value of each.

The Key Components Of The Idea
The ability of computers to manage information was more important than the hardware.
An exceptional aptitude for mathematics.
Standards were needed for operating software and applications.
Information technology would transform the way people work and live world-wide.
That the spread of computers onto every office desk and into every home was inevitable.
A desire to supply the needs of ordinary working people.
It was vital to ensure that software would be simple for everyone to use.
The rapid development of personal computer hardware in the 1980's and 1990's

Identifiable Influences

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130 Ibid p. 330
131 There were many references in the press to the wealth of Bill Gates throughout 1997. The figure cited here was given in an article by: Pretzlik, C. (1997) in the Daily Telegraph, 17 March 1997 p. 25. On 28th October 1997, many television news channels in the USA were stating that in the stock market 'crash' of the previous day, Gates had lost over $1 billion with falling share values. Within two days they were reporting that he had regained it!
132 Wallace J. & Erickson J. (1992) pp. 5-6, 25
133 Ibid pp. 26-33
134 Ibid p. 51
Bill Gates grew up in a stable and affluent home, with successful parents. It is very probable that his reading in the science fiction of the 1960's and 70s gave him ideas about the possibilities of technology which were reinforced by the rapid technological developments of the time (the Space race, for instance). His formal education equipped him with the necessary computing skills, at a time when such opportunities were very limited, and the business knowledge that he seems to have possessed as a result of his upbringing enabled him to avoid many of the more basic errors as his company grew.

Some Shared Characteristics

It is interesting that both Thomas Edison and Bill Gates share a number of characteristics:

1. Their work began on newly-developing technologies (telegraph/computers)
2. They sustained a very strong interest in studying the sciences
3. They both had very strong and supportive mothers
4. Both had fathers active in business
5. Both were personal experts in the basic trade at the start of their work (telegraph/programming)
6. Both saw business potentials far beyond the view of their contemporaries
7. Both were involved at an early stage in power struggles between large companies
8. Both were careless of their personal appearance
9. Both created college-style working environments
10. Both aimed to hire people at the top of their fields
11. Both micro-managed their businesses until they became far too big, then hired business managers
12. Both gave a low priority to keeping business accounts until the companies became very large
13. Both were characterised by exceptional energy, and the ability to keep erratic or very late working hours
14. Both were able to fall asleep ‘anywhere’.
15. Both encouraged spontaneous entertainment at late hours at work
16. Both insisted on a very strong company and work ethic
17. Both persisted with key developments until success was finally achieved
18. As teenagers, both had other boys working for them
19. Both were subjected to massive criticism from others working in their fields
20. Both became involved in major and difficult lawsuits over patent or copyright

[135 Ibid p. 67
[137 Ibid p. 8]
Henry Ford shares at least items 1, 5, 6, 7, 10, 16, 17, 19 and 20 with Edison and Gates. Of the three, the work of Edison and Gates probably bears closest comparison, in terms of complete changes caused to working environments and lifestyles by the developments they pioneered.

FLORENCE NIGHTINGALE

Florence Nightingale lived from 1820 to 1910, born to a well-off family connected to Government. Her grandfather was a member of parliament for forty-six years, and both her great-grandfather and grandfather had championed humanitarian causes, including the abolition of slavery. Florence herself was reported to have been exceptionally intelligent as a child, and was very close to her father. On February 7th, 1837, she believed that God spoke to her, and called her to His service. She believed that she received further divine direction in 1853, before going to her first post at the Hospital for Poor Gentlewomen, next in 1854 before the Crimea, and again in 1861.

The years immediately after her “call” in 1837 were taken up with foreign travel and a very active social life. Then, in 1842, when England was in the grip of what would now be called an economic depression, Florence became aware of the prevalence of starvation and disease, and started trying to find out what she could do to help. In 1843, she determinedly opted out of the social whirl, and upset some of her friends and family by refusing offers of marriage. She became very close to an aunt of her would-be suitor, named Miss Hannah Nicholson. “Aunt Hannah”, as she was known, helped Florence to clarify her thoughts, and in the Spring of 1844 she realised that her vocation lay in hospitals among the sick. Soon afterwards, she had the opportunity of nursing sick family members, and then others. At this time, it was assumed that the only qualification needed for nursing the sick was to be a woman. She did not inform her family of her plan to nurse in hospitals until December 1845, and they were shocked and horrified and immediately opposed it.

The subsequent years were times of hopes raised and dashed several times, but she took the time to study all she could about the care of the sick, and management principles. She learned in 1846 about the work of the Deaconesses of Kaiserswerth, a hospital and training centre for nurses in

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138 Woodham-Smith C. (1950) p. 2
139 Ibid p. 8
140 Ibid p. 14
141 Ibid pp. 26-36
142 Ibid pp. 38-44
Germany, run as a Protestant Christian religious establishment, but she was unable to visit Kaiserswerth until the summer of 1851\textsuperscript{143}.

Not until 1853 did she obtain her parents' consent to apply for the (honorary) post of Superintendent at "The Institution for the care of Sick Gentlewomen in Distressed Circumstances", a charity that was in great difficulty at the time. After much delay, she was given the appointment, and she then set to work in a most remarkable way, demonstrating both tremendous energy and a genius for organisation. In the middle of 1854, she also found time to superintend the nursing of cholera patients at the Middlesex hospital, during an epidemic\textsuperscript{144}.

The Origin Of The Idea

Florence Nightingale believed that nursing the sick should be a suitable professional occupation for women of respectable backgrounds. At the time she began developing these ideas, the typical nurse to be found in the hospitals of the day in Britain was a woman with no skills or training who was likely to be a drunk or alcoholic, and also an occasional prostitute, with male patients as her customers. Standards of care in such hospitals were very bad, with no attention paid to hygiene or public health issues\textsuperscript{145}. Such hospitals as aimed at higher standards tended to be run by religious orders, usually of nuns, with a very strong religious emphasis, but again little knowledge of what would now be described as basic nursing disciplines.

Florence Nightingale had pursued her interest in nursing care widely, and visited a number of establishments, and had opportunities to express her views to senior politicians, including Sidney Herbert, Secretary at War, and a family friend of the Nightingales. When the Crimean War began, and news of the terrible situation of the casualties was reported back to Britain, she began straight away to arrange to take a party of nurses out to the Crimea. Sidney Herbert asked her formally to take charge of an official scheme for introducing female nurses into the hospitals of the British Army\textsuperscript{146}. Florence saw this as an opportunity to advance the cause of nursing. There were difficulties in recruiting sufficient suitable women (for a party of forty) in the whole of London, and ultimately twenty-four of the thirty-eight recruited were members of religious institutions\textsuperscript{147}.

\textsuperscript{143} Woodham-Smith C. (1950) pp. 48-62
\textsuperscript{144} Ibid pp. 85-92
\textsuperscript{145} Ibid pp. 46-47
\textsuperscript{146} Ibid pp. 100-101
\textsuperscript{147} Ibid pp. 105-107
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The Barrack Hospital at Scutari, across the Bosphorus from Constantinople, was vast, filthy, and unsanitary. The most terribly compelling fact was that a soldier was more likely to die if he was for any reason admitted to the hospital than if he were to fight on the battlefield\(^\text{148}\).

This was not a new situation, and the condition of military hospitals was one which the army authorities took for granted. The difference this time was that the Crimea was the first war to be reported on a daily basis in the national press by William Russell, the first War Correspondent, and so the British public were being informed of these conditions in a way that had never happened before\(^\text{149}\). The public outcry that resulted forced the army medical authorities (most unwillingly) to accept the intervention of Florence Nightingale and her team of nurses.

The range of issues that she tackled included diet and provisioning, sewers and drainage, and the handling of casualties. Even the transport of casualties to the hospital had been the subject of scandal. After six months, Florence brought the situation at Scutari under some measure of control, and she was also able to report an improvement in the transport and reception of casualties. Despite extremely obstructive behaviour from many senior army staff, she continued developing and improving the standards of nursing care, even as far as the battlefield area on the Crimea itself. The dramatic improvements in the care of sick and injured soldiers were also widely reported, and Florence Nightingale became a national heroine\(^\text{150}\).

The effects of the Crimean War on British society included a transformation of the attitude towards soldiers, who were no longer viewed as drunken brutes, but as symbols of courage; and also the establishment of the modern concept of the nurse, as a capable and professional woman. On her return from the Crimean War, Florence withdrew from public life, but gave a lot of time to explaining the need for reform of the army’s medical systems to top politicians and the Royal family. The result was a Royal Commission of Inquiry\(^\text{151}\).

Florence Nightingale began work on establishing civilian hospitals and training schools for civilian nurses, and in particular became closely connected with St Thomas’ Hospital, at the time of the decision to move the hospital to Lambeth\(^\text{152}\). She acted as a consultant on hospital design and related public health issues, and it is this work that established the standards for the modern nursing profession.

\(^{149}\) Ibid p. 45
\(^{150}\) Ibid p. 189
\(^{151}\) Ibid pp. 215-229
\(^{152}\) Ibid p. 269
The Key Components Of The Idea

Nursing the sick was a task demanding training and specific skills
Nursing care could transform the survival rates of sick and injured patients
Doctors could not be relied on to provide or monitor care for patients subsequent to medical treatments
Building design was an essential feature for creating a safe environment for patient care
Nursing should be regarded as a respectable paid profession for women

Identifiable Influences

Family environment
Kaiserswerth institute
A strong sense of Christian vocation
Encouragement from established professionals.
Established patterns of traditional organisations that served as models.

MOTHER TERESA

An Albanian nun felt she had to devote her work to the sick and dying in Calcutta, but this could only be done outside her order, which therefore could not support her. She is now world-famous as Mother Teresa. Mother Teresa, who died in 1997, was born in 1910 in Skopje, Macedonia, then within the Ottoman Empire, into an Albanian family. She grew up, as Agnes Gonxha Bojaxhiu, in a community where the Albanian Christians were very much a minority group, but very aware of their ancient Christian heritage and their ethnic identity. The time of Mother Teresa’s childhood was one of great change and upheaval in the Balkans, and her father died when she was nine years old. Her mother worked hard to sustain the family, but also demonstrated her strong personal values in many ways, including giving food and shelter to the poor and sick. She very much encouraged her daughter to be active in the life of their church. Here, Mother Teresa came under the influence of a Polish Jesuit priest who established a parish library, and also a young people’s society, the Sodality of the Blessed Virgin Mary, an organisation which had been connected with the Jesuits since it was founded in 1563. The core of the teaching of this organisation was to challenge young people about what they should do for Christ.

The Jesuits are a missionary order, and the Jesuit priests of Yugoslavia went on a mission to Bengal in 1924, joining fellow Jesuits established in Calcutta and the surrounding area of Bengal.

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154 Ibid. pp. 3-7
155 Ibid p. 8
156 Ibid pp. 8-10
Mother Teresa took a very close interest in all this activity as a girl at the time. During her teenage years she displayed academic talents, and a gift for teaching. When she was eighteen, she decided to become a nun, wanting to serve the Lord in Bengal. She joined the Irish order of the Sisters of the Institute of the Blessed Virgin Mary, commonly called the Sisters of Loreto. This order was based at Loreto house, Calcutta.

The nun who had founded the Irish province of this order in 1822 was named Mother Teresa Ball. This order traced its descent from a seventeenth century order called the Institute of Mary, which had aimed to send members into the community to help the poor, but in 1690 a Papal decree required that all nuns become enclosed, and the order was suppressed. As a novice, Mother Teresa studied the lives of the saints, and also taught children in St Teresa’s school (named after St Thérèse of Lisieux). St Thérèse was named in 1927, along with St Francis Xavier, by the Pope as patron of missions of the world. In 1931, when Mother Teresa took her vows, she adopted the name of this saint, though using the Spanish spelling, because one of her colleagues in the novitiate was also taking the same name. Mother Teresa then served as a nun, teaching in the school at Loreto, for the next nineteen years. At the end of this time she had become head teacher.

The Origin Of The Idea

Mother Teresa has emphasised that her call to work among the poor was not a vision in the sense of a religious vision, and that she did not have visions. The inspiration that led to her work, however, came to her on the 10th of September 1946 while on a train journey en route to a retreat at Darjeeling, and she has said that the message she received from God was quite clear: she was to give up all and follow Him into the slums - to serve Him in the poorest of the poor. Shortly afterwards, she conveyed her calling in writing to her spiritual director, Fr. Celeste Van Exem, who has said that in those papers were all the marks of her future work.

Mother Teresa spent the next two years seeking the permission of her church authorities to begin this work, which was received on 8th August 1948. She was offered training in nursing care at a mission hospital at Patna, where she stayed some three months. After this time, she moved back to Calcutta, where she was supported by a Bengal Catholic family, and in March 1949 a young girl who had been one of her pupils came to join her in her work, followed soon after by another. By August 1949, after her year of exclaustration was finished, there were more than ten members of the group, and the reports of their work had been very good. Shortly afterwards, the church
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authorities began the steps necessary to recognise them as a congregation. They became officially recognised as the Missionaries of Charity on 7th October 1950. By the end of 1984, there were a total of 340 houses of the order among the poor of five continents.

The Key Components Of The Idea
‘To serve Him (Jesus Christ) in the poorest of the poor.... I was to leave the convent and work with the poor while living among them.’ The care would not be given behind the walls of institutions and those who joined in would be bound to the poor by a special vow. The key components were an intention to serve the poor in whatever ways would be seen as appropriate, especially by providing food and helping the sick and the dying, and also education for the young. The work was to be carried out by people of the Roman Catholic faith who were prepared to commit themselves to this work in a way that was identifiably the traditional method of a religious order.

Identifiable Influences
A family background where a duty to help the less well-off was practised.
Christian life as a minority religion in a multi-cultural community.
The Jesuit orders’ teaching about Christian service.
Her own church’s connection with Calcutta.
A supportive church system.
Models of organisation already extant within the church.
The examples of several female Christian leaders of previous generations.
The specific call to serve the poor embedded in the history of her initial Order.
An overwhelming need among the people to be served.

DAME CICELY SAUNDERS
The modern hospice movement traces its origins to the work of Dame Cicely Saunders, who pioneered new methods in pain and symptom control, and founded St Christopher’s Hospice in Sydenham, in 1967. Cicely Saunders was born in 1918 into a well-off family, but one not noted for religious feeling. She was successful at school, and went to Oxford to study PPE. When the Second World War broke out, she gave up her studies to train as a nurse, qualified in nursing, and became a Nightingale Nurse at St Thomas’ hospital, one of the nursing schools founded by Florence Nightingale. She very much enjoyed nursing, and was clearly very capable, but after only a few years she had to give it up because of back trouble. As the war came to a close, she returned to her studies, and completed her degree at Oxford, and also a diploma in Public and

163 Ibid p. 25
164 Ibid p. 27
Social Administration. It was during this time also that she converted to Christianity. Following this, she trained as an Almoner (the closest modern description would be a hospital social worker).\textsuperscript{165}

Once she began her work as an Almoner, in 1947, she got to know a dying patient named David Tasma, a Polish Jew who had escaped from Warsaw. While she was caring for him, she formed a close relationship with him, and gained a deep understanding of the needs of the dying patient. In their discussions, she started developing the ideas that were to lead towards the hospice movement. After two months, David Tasma died, but left her £500 for “a window in your home”. She then made contact with St Luke’s Hospital, in Bayswater, founded in 1893 as a “Home for the Dying Poor”. This had begun as a home rather than a hospital, it was free, and it had a strong religious (but interdenominational) basis, and, most importantly, the patients were recognised and treated as individuals. Here she first saw effective pain control being practised, in a way not done in other hospitals. The essential difference was the administration of pain-killing drugs at regular intervals, before the pain levels built up again. This method had been practised there since at least 1935, but was not known to be used anywhere else. Cicely Saunders began working as a volunteer at St Luke’s in evenings and occasional Sundays\textsuperscript{166} between 1948 and 1955.

At the age of thirty-three, on the advice of a colleague who was a highly-respected doctor, she decided that the only way to see through her ambition to improve the quality of care for the dying was to train as a doctor. Despite the fact that she had had no education in the main scientific subjects at school or university, she persevered, and qualified (at an exceptionally high standard) in 1957, at the age of thirty-eight. Soon afterwards, she gained a research fellowship to study pain in the terminally-ill, at St Mary’s Hospital under Professor Harold Stewart. After qualifying as a doctor, she came into contact with St Joseph’s Hospice, in Hackney. This hospice had been founded by the Irish Sisters of Charity in 1905, and her initial demonstrations of the pain control techniques practised at St Luke’s were well-received by both patients and staff. The improved quality of life experienced by the terminally-ill patients at St Joseph’s made an impact on many professional carers, and during the seven years she worked there, she observed and documented over 1,000 cases of patients dying of cancer.\textsuperscript{167}

On 24\textsuperscript{th} June 1959, in the course of her daily Bible study, she felt she received a clear direction from God that the time had come to begin the practical work of realising her “dream”\textsuperscript{168}. Shortly afterwards, during a time of meditation, her vision became clear. It addressed the needs of the

\textsuperscript{165} Du Boulay, Shirley (1994) \textit{Cicely Saunders}. London: Hodder and Stoughton. pp. 21-42
\textsuperscript{166} Ibid pp. 54-62
\textsuperscript{167} Ibid pp. 63-73
dying patient, and she had the evidence that these needs were not being met, and then went on to what she described as "The Scheme"\textsuperscript{169}. "The Scheme" was a very detailed plan for the design and operation of a 100-bed home for terminally-ill patients, providing a combination of spiritual care with the best medical methods of care available. It was also her vision that her hospice would be a centre where doctors (in particular) could be trained in the techniques she had developed. Her estimate of the cost of the project was £200,000. Her next move was to send copies of her vision to a number of people who she thought may be able to help, and by 1961 St Christopher's was a registered charity.\textsuperscript{170} A site was acquired in 1963\textsuperscript{171}, and building work commenced two years later, to be completed in 1967. The description of these years can be characterised by Cicely Saunders pushing ahead with the plan in the firm faith that money would be given as it was needed, and on more than one occasion, large donations arrived unexpectedly on the day and even the hour they were needed to prevent work coming to a halt.

Since then, the number of institutions describing themselves as "hospices" in Britain has increased to well over 200, with more being opened every year.\textsuperscript{172} These include NHS-owned and operated units, usually located with general hospitals, chains of homes operated by the Sue Ryder and Marie Curie Foundations, and originally established as cancer care nursing homes, and a handful of much older care establishments such as St Joseph's at Hackney. The independent and voluntary establishments opened since 1967 number around 150, and they include hospices that provide in-patient care, day care, and home care, hospices that are day care centres only, and in one case, a hospice that only provides home care nursing. Hospices can now be found in several other countries throughout the world, all attempting to apply the principles used at St Christopher's.

It is possible to see how the various ideas that distinguish the modern hospice movement came together through the life and work experience of Cicely Saunders. By the time she had started thinking about this concept, she had already had a very wide-ranging training, including a PPE degree from Oxford, training as a Nightingale Nurse, and as an Almoner. She then had a close personal experience of caring for a dying patient, whose personality made an indelible impression on her, and in whose company she began to explore the possibilities of what was to become St Christopher's. Subsequently, she encountered a unique approach to pain control, and care within a deeply religious but tolerant environment at St Luke's. Her training and qualifying as a doctor was another remarkable feat, followed by the very serendipitous appointment as a research fellow.

\begin{footnotes}
\item[168] Du Boulay, Shirley (1994) \textit{Cicely Saunders} p.85
\item[169] Ibid pp. 86-91
\item[170] Ibid pp. 90-101
\item[171] Ibid p. 124
\end{footnotes}
studying the very topic closest to her heart. Throughout all of this was her profound Christian belief and sense of vocation, even though the “signal to act” was not clear for her until June 1959. Thus we see that the vision by which the modern hospice movement was inspired actually contained many components from the diverse training and experience of one individual gained over a period of (at least) eighteen or nineteen years.

The implementation of the vision for St Christopher’s took a further eight years, but the situation that Cicely Saunders then found herself in was that of a pioneer in medicine and care. St Christopher’s was not an end in itself, but a platform from which the world-wide movement was launched. While the biography shows that she had a desire to help a much larger number of people than could be cared for at a single home, beyond the intention to train doctors, there is no indication of any belief that a large number of establishments would ever be founded. Thus it would appear that, although the modern hospice movement resulted from Cicely Saunders’ vision for St Christopher’s, it was not itself a part of that vision.

The Origin Of The Idea

It is reported that Dame Cicely’s grandfather, Frederick Knight, at one time cared for a terminally-ill friend and others during the time Boer Wars. Certainly, Cicely Saunders was interested in caring for others from her teenage years, though she was confronted with a situation where her academic ability and social standing appeared to point her in a different direction. From the commencement of her nurse training, however, her life and work were devoted to caring for the sick. Her experience with David Tasma showed her the nature and scale of the need for effective palliative and terminal care, and at that time the vision of what was to become St Christopher’s began in her mind. Her experience and the knowledge gained at St Luke’s and St Joseph’s were also vital, and the concepts found there can be seen embodied throughout the hospice movement.

The Key Components Of The Idea

That better care should be provided for the dying.
That it was possible to alleviate the most distressing symptoms associated with terminal cancer.
That care should be for the whole person, including their family, social, emotional and spiritual needs.

172 All information on the Hospice movement, and statistics, are extracted from The Hospice Information Service (1996) Directory of Hospice and Palliative Care Services St Christopher’s Hospice, London.
174 Ibid p.221
175 Ibid pp. 17-18
Research and education in pain and symptom control, and related aspects of hospice care. 
Spreading the basic principles of hospice care.

Identifiable Influences
A supportive family background.
A strong sense of Christian vocation.
Encouragement from established professionals.
Personal experience of the need for terminal and palliative care.
Established patterns of traditional organisations that served as models.
A belief that an individual could make a difference.

Learning how a Bill Gates, or Henry Ford, went about achieving their personal visions is straightforward: the biographies are freely available. But advice on how to emulate their success, and become the next Henry Ford or Mother Theresa would be very suspect; because only a small number of individuals achieve such accomplishments in any one generation, and it does not seem as if any of these individuals consciously attempted from the start to emulate any established pattern of activity in order to achieve the successes that brought world-wide renown.

Common Factors
There are a number of striking resemblances between the lives of the three women who made such an impact in the field of care, including the following:

1. A strong sense of a divine vocation
2. All came from relatively wealthy families.
3. All were academically gifted.
4. All adopted a celibate lifestyle while pursuing their vocations (Dame Cicely married late in life).
5. All spent many years in preparation before carrying out the work which made them famous.
6. All three had to use persuasion and acquire powerful connections in order to succeed.
7. All three met strong opposition at one point or another once their work had commenced.

In each of the subjects examined, the following common factors can be observed:

1. The area of their main achievement can be traced back in every case to the dominant interest of their teenage years. At this time of life, Edison was experimenting with chemicals and electrical devices, Ford was tinkering with machinery of all descriptions, Bill Gates was
writing computer programmes, Florence Nightingale was learning to care for her sister and mother, Mother Teresa was learning to help the poor and assist in church mission work.

2. Each individual attempted a number of projects and showed persistence in their field before establishing the project for which they became most famous.

3. The projects themselves were based on much established activity in the same field: for Edison, there were many other inventors attempting to develop the incandescent lamp, for Ford there were many other people attempting to develop the motor car, for Gates there were many others developing computer operating systems and applications. Florence Nightingale made her achievements in an environment where many others were seeking to develop nursing care, and when she started, Mother Teresa’s mission was only one of many similar works around the world.

4. None of these projects was a complete innovation: they did however to contain the one or more incremental innovations that set them apart from much that was otherwise similar.

5. Every one of these individuals built their work on established foundations.

6. Each one of these projects was aimed at satisfying a major human need.

COMPARISON WITH HYPOTHESES

1. A corporate vision can be assembled in a charitable/non-profit setting

Each of the individuals examined built their visions from several components, many of which are traceable to others. Thomas Edison Henry Ford and Bill Gates all gathered experts in different fields to contribute to their visionary projects, while the stories of Florence Nightingale, Mother Teresa and Cicely Saunders all include references to individuals and organisations who clearly influenced their planning and thinking. Even though all these individuals took personal responsibility for their projects, the project designs contained input from many different sources. Therefore, it would appear that even in these cases, visionary projects are assembled from a range of component parts. Thus Hypothesis 1 appears to be valid even in ostensibly personal visions, and in commercial settings.

2. The feasibility of a corporate vision can be assessed before implementation.

It also seems probable that the inclusion of diverse inputs from a variety of sources could be a criterion increasing feasibility. However, each of the people discussed in this chapter also had many “experts” or people of influence telling them that what they wanted could not be done. This suggests that these visionary leaders, while accepting much information and advice from others, possessed sufficient strength and independence of mind to ignore advice they felt was wrong. Observations against hypotheses 6 to 12 will give details of feasibility criteria conformed to by these projects.
3. **There will be a direct correlation between the ease of implementation of a corporate vision and the extent to which it satisfies the feasibility criteria.**

Each of the projects, though ultimately successful, involved the individuals taking great risks and undergoing various hardships. It is therefore difficult to quantify “ease of implementation” given the information here. “Ease” also implies a comparative measure, and that is particularly difficult to achieve with these projects because of their disparity and also their uniqueness in their respective fields. While it is possible to effect comparisons of personalities and processes, it is not reasonable to compare these projects with each other.

4. **There are performance criteria against which the success of a project can be measured.**

To establish this hypothesis, it would be necessary to consider whether in any of the cases above it would have been possible to establish a form of comparative success. If Henry Ford had only constructed a part of his factory, or Edison had produced a less than fully-functioning light bulb, or Florence Nightingale had managed to alter only one aspect of patient care in military hospitals, would they have been considered still to have achieved success? If Bill Gates had not achieved the production of Microsoft Windows and its related applications software, how would he be viewed today? The answer seems clear. In each of these cases, success was an absolute, not suitable for comparative measures.

5. **There are performance criteria against which the progress of a project can be measured.**

For each of these projects, there are well-defined stages on the route to success. Edison set parameters against which to measure the development of his light bulbs, and Ford could measure the development of his project both by numbers of cars produced and by the planned decrease in cost of production. Bill Gates systematically worked forward in software systems stage by stage, and Florence Nightingale had measures of success through setting standards for patient care and observing declining mortality rates. Mother Teresa worked to a set plan in the establishment and development of her order, and Cicely Saunders had a clear plan for the development of St Christopher’s Hospice. The key test is whether each of these individuals could have been asked at an intermediate stage how far forward they were on their project. Although they would have been able to describe the progress they had made, they would be very likely to have given qualified statements about how close they were to their final goals.

6. **Communicability of a visionary project is necessary for success.**

All the individuals considered here were able to describe their visions with great clarity, whether it was Edison’s vision of the incandescent electric lamp, Ford’s planned factory, or Mother Teresa’s system of caring for the very poor. Clarity is therefore indicated, and thus communicability. Each project depended for its success on teams of people working to a common goal, and on the
communication of the project to a customer or supporter base in such a way as to convince these people of the value of the project to them.

7. A visionary project needs a highly committed leader.
Every project discussed here has involved leadership and commitment of the highest order on the part of the individuals concerned. In every case, working colleagues or supporters have had to be persuaded to persevere through major setbacks and times of hardship or discouragement. All of these individuals have taken great personal risks in order to see their project through, and each one has persevered until they achieved their planned result. In these visionary projects, the evidence strongly supports this hypothesis.

8. A visionary project needs highly committed supporters.
Such evidence as there is tends to support this hypothesis, but it should be noted that in each of the projects discussed, there are reports of prominent supporters falling by the wayside at various stages. Those who do stay the course seem prepared to undergo whatever hardship is called for - whether working hard and antisocial hours at Microsoft, or enduring the difficulties alongside Florence Nightingale at Scutari.

9. A visionary project needs a project champion.
In most of the cases there does not appear to have been any persistent advocate of the project other than the visionary leaders themselves. Florence Nightingale had the continuing support of Sidney Herbert throughout the key stages of her work, but there does not appear to be a similar figure for the others. This hypothesis is not supported by this set of cases.

10. A visionary project needs effective teamwork.
Thomas Edison, Henry Ford and Bill Gates have all been noted for assembling excellent teams to carry out their projects. This also applies (albeit in a somewhat different way) to Florence Nightingale, Mother Teresa and Cicely Saunders. The main difference is that these latter three all tended to have influential and expert supporters who were effectively part of their teams, but who were not “under command” as such. That is probably a better demonstration of teamwork than in the commercial/industrial projects.

11. A visionary project requires to satisfy community interest if it is to win the support necessary to succeed.
Every one of these projects brought benefit to a large sector of their respective communities, so community interest is also indicated. If there had been no potential requirement for the light bulb or the mass-produced motor car, these projects would have failed. In all the commercial/industrial
projects, there is a clear satisfying of community interests, even if the communities themselves were not aware of that need before the products were available. In the case of the other three projects, community interest was of a more altruistic nature, but the rapid development of modern hospitals in the 19th century or of hospices in the late 20th century demonstrates direct community support. The growth of Mother Teresa’s order also indicates that it is widely supported both by local communities and by an international community. This hypothesis is supported by the evidence from these cases.

12. A visionary project needs a benign government climate.

Of the six projects discussed, only one shows evidence of direct support by central government, Florence Nightingale’s. In this case, the need was to protect the lives of soldiers, so the British government had a very direct interest in improving conditions. The government of the day believed that Florence Nightingale was a person able to help their interests. Once work had become well-established, there is evidence of Indian government support for Mother Teresa’s efforts. Of the other four projects, there is no evidence of interest by the respective national governments while the projects were being developed, and the recognition of Dame Cicely Saunders by the British government took place long after the success of the hospice movement had become apparent. This hypothesis does not therefore appear to be supported.

Conclusion

It seems that some of the hypotheses may be valid for visionary projects that are not at first sight corporate visions. The hypotheses supported by the evidence of these cases are numbers 1, 2, 5, 6, 7, 8, 10, and 11. The hypotheses not supported are numbers 2, 4, 9, and 12. This may help to establish significant differences between visionary projects in which a single visionary leader plays an apparently vital role and those that are truly corporate.

Factors that appear as distinct characteristics of these visionary projects are the great determination and perseverance of the visionary leaders, and that they produce either a product or a form of organisation that differs in key ways from anything that has gone before. The corporate visions evidenced in the studies of hospices are all replications of an extant hospice idea. This may be related to the lower dependence on individual leaders evidenced in these studies.
VISION AND ACHIEVEMENT

NAME :............................................................... DATE ........................................

HOSPICE PROJECT: ................................................... No:................

CONFIDENTIALITY
The names of respondents to this survey will not be published in any form, and neither will any
names of individual people that may be given in answers to any of the questions.

It is possible that answers given may be identified with the hospice concerned in published
research. If you do not wish any of the answers you give to be identified in any way with your
own hospice project then please indicate this:

I consent/do not consent (strike through as applicable) to answers that I give in this
questionnaire being linked in publication to the hospice project named above:

Signed: .....................................................................

The purpose of this questionnaire is to explore the existence of “Corporate Vision” during Hospice
foundation, and its origins and effects.

“Corporate Vision” is defined as:

“The capacity to hold a shared picture of the future we seek to create”

The practice of corporate vision involves the skills of unearthing shared pictures of
the future that foster genuine commitment rather than mere compliance

It is hoped that the findings of this research, when completed, will be used to encourage other
people who are contemplating founding hospices and other large-scale charitable projects.

The questionnaire is divided into four sections. The first is concerned with discovering how the
idea to build or start the hospice began, and what was involved in establishing a clear idea.

The second section is intended to establish how the project actually came into being, and the third
is concerned with the mechanics of leadership and teamwork.

The fourth and final section is designed to test a number of prevailing views on “Corporate
Vision” which have already been widely published in management literature.

Thank you very much for your help and co-operation with this
project.

PLEASE RETURN COMPLETED QUESTIONNAIRES TO:
Mr. M W Johnson, FREEPOST, Luton & South Beds Hospice,
Great Bramingham Lane, Streatley, Luton, Beds, LU3 3NT
APPENDIX 2: THE QUESTIONNAIRE SURVEY

SECTION 1 - WHERE DID THE IDEAS COME FROM?

leave blank Answers

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<tbody>
<tr>
<td>1</td>
<td>Who first had the idea to start the hospice?</td>
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<td>2</td>
<td>Did this idea come following contact with an existing hospice?</td>
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<td>3</td>
<td>Did representatives of the local community express a desire for the hospice project before it was started?</td>
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<td>4</td>
<td>At what point did you feel that the project “jelled” and became clearly defined?</td>
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<td>5</td>
<td>If you felt that “vision” as defined above was an important factor, was it:</td>
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<td></td>
<td>a) consistently important throughout?</td>
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<td>b) more important at the start than later?</td>
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<td>c) more important at the intermediate stages?</td>
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<td>d) more important at the later stages?</td>
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<td>6</td>
<td>Did the detailed “vision” as used:</td>
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<td>a) originate with the initial leader?</td>
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<td>b) originate from another person?</td>
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<td></td>
<td>c) originate following joint discussion?</td>
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<td>7</td>
<td>Was there any other individual whose ideas and thinking had a major influence over the ultimate design and operation of the Hospice?</td>
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<tr>
<td>8</td>
<td>Was there any other organisation whose ideas and thinking had a major influence over the ultimate design and operation of the Hospice? (If yes, please identify)</td>
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<td>9</td>
<td>Were there any major changes to the project after it had been clearly defined?</td>
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SECTION 2 - THE PROJECT ITSELF

(please answer to the best of your recollection)

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<tr>
<td>10</td>
<td>Did the project encounter serious delays, or “run out of steam” at any stage?</td>
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<td>11</td>
<td>What was the main cause of the delays, if any?</td>
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<td>12</td>
<td>When did you feel that the fund raising campaign “took off”?</td>
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<td>13</td>
<td>Was there any key factor that triggered the “take-off” in fund raising? (If yes, what?)</td>
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<td>14</td>
<td>Were visual images/models of the proposed building used at fund raising events?</td>
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<td>15</td>
<td>What was the cost of the project originally expected to be?</td>
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<td>16</td>
<td>What was the final cost of the project?</td>
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<td>17</td>
<td>Were there any community bodies or organisations which played a significant role either as providers of funds or fund raisers, of helpers, or any other resources needed by the project? (If yes, please list)</td>
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(Yes/no, when)

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<td>c)</td>
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APPENDIX 2: THE QUESTIONNAIRE SURVEY

18 Which of the following were originally planned (and, ultimately,) / constructed:
   - In patient unit? (No. Beds: planned/constructed)
   - Day Care centre? (Tick for planned/ constructed)
   - Home care service? (Tick for planned/ implemented)
   - Bereavement care service? (Tick for planned/ implemented)
   - Training facility? (Tick for planned/ constructed)

19 From what type of sources did the majority of the financial support come in the early days? (Nominate top 2 or 3 sources).
   - Central Government (NHS)
   - Local Authorities
   - Charitable Trusts
   - Private Donations
   - Clubs and Social organisations
   - Small and medium companies
   - Large Companies
   - Trading Activities
   - Other (please specify)

SECTION 3 - THE PEOPLE WHO MADE THE HOSPICE

20 Did the founding group have a single individual who was the leader, whether acknowledged or not?

21 Was the group leader in the role of chairman throughout?

22 Did the leadership of the group change during the development of the project?

23 What professions, vocations, and trades were represented in the founding group?
   - Accountant
   - Journalist
   - Architect
   - Nurse
   - Business Manager
   - Politician
   - Clergy
   - Sales/Marketing
   - Doctor
   - Solicitor
   - Housewife
   - Teacher
   - Other (specify)

24 What were the numbers of men and women in the group?
   - M[ ] F[ ]
# APPENDIX 2: THE QUESTIONNAIRE SURVEY

## SECTION 4 - INFORMED OPINION

These questions ask for a grading of 1-7.
1 = irrelevant/not at all; 2 = insignificant; 3 = not very important; 4 = neutral;
5 = important; 6 = very important; 7 = vital/completely
(please circle the number most applicable)

<table>
<thead>
<tr>
<th>Question</th>
<th>Graduation Range</th>
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<tbody>
<tr>
<td>25 Did corporate vision exist in the planning and development of your</td>
<td>1 - 2 - 3 - 4 - 5 - 6 - 7</td>
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<td>hospice project?</td>
<td></td>
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<tr>
<td>26 To what extent was the corporate vision (if any) of your project</td>
<td>1 - 2 - 3 - 4 - 5 - 6 - 7</td>
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<td>shared by the founding group?</td>
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<td>27 Were the changes (if any) at question 9 important factors affecting</td>
<td>1 - 2 - 3 - 4 - 5 - 6 - 7</td>
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<tr>
<td>the success of the project?</td>
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<td>28 How important was the initial cost estimate in encouraging members</td>
<td>1 - 2 - 3 - 4 - 5 - 6 - 7</td>
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<tr>
<td>of the group to launch the project?</td>
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<td>29 Did the change of cost (if any) prove to be an important factor</td>
<td>1 - 2 - 3 - 4 - 5 - 6 - 7</td>
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<tr>
<td>affecting the ultimate completion of the project?</td>
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<tr>
<td>30 Was leadership by one or more members of the group an important</td>
<td>1 - 2 - 3 - 4 - 5 - 6 - 7</td>
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<td>factor in the success of the project?</td>
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<tr>
<td>31 Was the commitment of all the members of the group an important</td>
<td>1 - 2 - 3 - 4 - 5 - 6 - 7</td>
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<td>factor in the success of the project?</td>
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<tr>
<td>32 Did the commitment of the members of the group increase once</td>
<td>1 - 2 - 3 - 4 - 5 - 6 - 7</td>
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<tr>
<td>suitable land or buildings had been identified?</td>
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<tr>
<td>33 Were the personal values and beliefs of the members of the team an</td>
<td>1 - 2 - 3 - 4 - 5 - 6 - 7</td>
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<tr>
<td>important factor in the success of the project?</td>
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<tr>
<td>34 Did all members of the group share the same values and beliefs (in</td>
<td>1 - 2 - 3 - 4 - 5 - 6 - 7</td>
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<tr>
<td>relation to the project)?</td>
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<tr>
<td>35 Was the need of the community for the hospice an important factor in</td>
<td>1 - 2 - 3 - 4 - 5 - 6 - 7</td>
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<tr>
<td>the success of the project?</td>
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<tr>
<td>36 Did you believe from the beginning that the government would support</td>
<td>1 - 2 - 3 - 4 - 5 - 6 - 7</td>
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<td>the hospice with NHS funds?</td>
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<tr>
<td>37 Was the founding group united in its understanding of the project?</td>
<td>1 - 2 - 3 - 4 - 5 - 6 - 7</td>
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### APPENDIX 2: THE QUESTIONNAIRE SURVEY

**QUESTIONNAIRE SURVEY: SUMMARY OF ANSWERS**

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**YES = 1, NO = 0**

**response** 140 77 56 65 78 69 30 33 90 55 40 46 % "YES" 56 49 21 24 64
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| AVE DEV | 0.83 | 0.91 | 1.77 | 1.49 | 1.68 | 0.85 | 0.67 | 1.59 | 0.71 | 1.01 | 0.64 | 1.72 | 0.86 |
| STD DEV | 1.16 | 1.26 | 2.11 | 1.76 | 1.93 | 1.24 | 0.86 | 1.93 | 0.95 | 1.27 | 0.82 | 2.03 | 1.10 |
## APPENDIX 2: THE QUESTIONNAIRE SURVEY

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Note: "other" total above includes multiple reports.
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