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AN EXPLORATION OF CORPORATE SOCIAL RESPONSIBILITY AND
MACHIAVELLIANISM IN FUTURE HEALTHCARE PROFESSIONALS

by

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B.S., Southern Illinois University Carbondale, 2001
M.B.A., Southern Illinois University Carbondale, 2003

A Dissertation
Submitted in Partial Fulfillment of the Requirements for the
Doctor of Philosophy Degree

Department of Workforce Education and Development
in the Graduate School
Southern Illinois University Carbondale
May 2010

DISSERTATION APPROVAL

AN EXPLORATION OF CORPORATE SOCIAL RESPONSIBILITY AND
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A Dissertation Submitted in Partial
Fulfillment of the Requirements for the
Doctor of Philosophy in the field of
Workforce Education and Development

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AN ABSTRACT OF THE DISSERTATION OF

Sandra K. Collins, for the Doctor of Philosophy degree in Workforce Education and Development, presented on March 15, 2010, at Southern Illinois University Carbondale.

TITLE: AN EXPLORATION OF CORPORATE SOCIAL RESPONSIBILITY AND MACHIAVELLIANISM IN FUTURE HEALTHCARE PROFESSIONALS

MAJOR PROFESSOR: Dr. C. Keith Waugh

The purpose of this study was to explore the Corporate Social Responsibility (CSR) orientations of future healthcare professionals and their relative viewpoint of CSR in terms of Socioeconomic or Classical. The study also sought to determine the nature and the strength of relationships between CSR orientations and Machiavellian tendencies. To conduct the study, 162 future health care professionals enrolled in varying healthcare-related programs at an accredited university were surveyed.

Findings from the study indicated a linear relationship between an individual's CSR orientation, CSR viewpoint, and innate Machiavellian levels. The higher an individual's Machiavellian score, the more likely he or she was to fall into a CSR orientation, which is economically focused as opposed to society focused. Furthermore, the study revealed that this particular group of future healthcare professionals most often fell within the Legal and Ethical CSR orientations, and most were considered to be Low Machiavellians.

Although the study indicates that this specific group of individuals tends to need social norms or legal regulations to help guide them with their CSR-related decisions, they seemingly possess a high moral compass and largely consider the good of society before profit maximization. However, these characteristics should be further molded and cultivated jointly by current healthcare leaders and academicians. Curriculum modifications and employee training programs are highly recommended. Included within

should be an introspective understanding of both sides of the healthcare continuum, the patient care aspects, and the financial obligations of the organization.

ACKNOWLEDGEMENTS

I greatly admire people who can finish what they start. This is a personal weakness of mine and a characteristic that I desire to acquire. Since I tend to get distracted with multiple projects, this dissertation could not have been possible without the help and guidance of many. It more likely would be another unfinished task collecting dust on my desk if it were not for the following individuals.

First and foremost, this dissertation is a testimony that all things are possible with God. To Him, I extend my appreciation, praise, love, and adoration. He is the wind beneath my wings.

I greatly appreciate the diligence and attention to detail which my committee members extended to this project. Dr. Keith Waugh helped me tremendously with his statistical insight. I appreciate his exceptional talents. Dr. John Washburn guided me through the preliminary examination process and the first few drafts of the dissertation. Dr. Marcia Anderson's expertise and infectious enthusiasm kept me focused. Dr. Mark Kittleson found holes in the research that needed filled. Dr. Barbara Hagler was always supportive, kind-hearted, and was a great sounding board for ideas, grumps, and gripes. Dr. Steve Jensen, a valued friend and mentor, has helped me and my family in ways that extend far beyond this dissertation.

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A special message goes out to my family. My father died in 1992, but he loved me unconditionally. My mother's pride and enthusiasm are always evident. Thank you for a childhood filled with laughter and love and for teaching me about God's love.

To my children, Kari, Nathan, Savannah, and Courtney, I extend my heartfelt apologies for the activities and events that I missed because of class, studying, or writing. I wish I could get those times back, but I have been awestruck by their ability to adapt and sacrifice. I apologize if I ever made them feel that they were not a priority.

I acknowledge my husband last because he deserves emphasis. He supported my educational pursuits without question, helped me with data collection and analysis, edited my numerous editions, growled at me when I wanted to quit, and cheered for me when small milestones were met. Forever and always, I will appreciate his efforts and influence. I sincerely hope God continues to bestow His blessings upon Scott, keeping him as loved and appreciated as he is at this very moment.

TABLE OF CONTENTS

<u>CHAPTER</u>	<u>PAGE</u>
ABSTRACT	i
ACKNOWLEDGEMENTS	iii
LIST OF TABLES	vii
LIST OF FIGURES	viii
CHAPTER 1: INTRODUCTION	1
Background of the Study	1
Statement of the Problem	11
Purpose of the Study	11
Research Questions	11
Limitations/Delimitations	12
Significance of the Study	13
Definition of Terms	15
CHAPTER 2: LITERATURE REVIEW	17
History of Corporate Social Responsibility	18
Viewpoints of Corporate Social Responsibility	22
Corporate Social Responsibility Orientations	24
Corporate Social Responsibility in Healthcare	27
Theoretical Foundations of Corporate Social Responsibility	29
Addressing Corporate Social Responsibility in Healthcare	35
Machiavellian Construct	37
Corporate Social Responsibility and Machiavellianism in Healthcare	42

CHAPTER 3: RESEARCH METHODS	47
Research Questions	47
Research Design	48
Participants	48
Instrumentation	49
Treatment of Data	54
CHAPTER 4: ANALYSIS OF DATA	59
Treatment of Data	59
Findings	60
Post-Hoc Analysis	66
Summary of Chapter Four	77
CHAPTER 5: SUMMARY, FINDINGS, DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS FOR FUTURE RESEARCH	79
Summary	79
Findings	80
Conclusions	82
Discussion	86
Recommendations for Practice and Future Research	91
REFERENCES	96
APPENDICES	
A. Permission to Use CSR Instrument	108
B. Cover Letter and Survey Instrument	109
VITA	116

LIST OF TABLES

<u>TABLE</u>	<u>PAGE</u>
1. Demographics of Survey Participants	61
2. Distribution of CSR Orientations	62
3. Descriptive Statistics for Overall Machiavellian Scores	64
4. Distribution Frequencies of Machiavellian Levels	65
5. Correlation Between Machiavellian Level and CSR Orientation	65
6. Distribution of CSR Orientations	68
7. Descriptive Statistics for Machiavellian Scores	70
8. Distribution Frequencies of Machiavellian Levels	72
9. Correlation Between Machiavellianism and CSR Orientation	73
10. One-way ANOVA Descriptives of CSR Orientation and Machiavellian Score	75
11. One-Way ANOVA Source Table for Corporate Social Orientation and Machiavellian Score	76
12. Tukey Analysis of Group Differences	77

LIST OF FIGURES

<u>FIGURE</u>	<u>PAGE</u>
1. Corporate Social Responsibility Viewpoints and Orientations	5
2. Dispositions of Machiavellians	7
3. Defining Corporate Social Responsibility Orientations	25
4. Viewpoints and Correlating Orientations of Corporate Social Responsibility	27
5. Suppositions of Machiavellianism	40
6. Aupperle's Initial Testing of the Corporate Social Responsibility Instrument	51
7. Example of the Corporate Social Responsibility Instrument Scoring	55
8. Corporate Social Responsibility Viewpoints and Orientations	63

CHAPTER ONE

INTRODUCTION

Background of the Study

The American business industry is in a unique position. On the one hand, it provides the entrepreneurial spirit and creativity necessary to spur economic progress. On the other hand, it is often derided for causing social and environmental problems without accepting responsibility. When problems arise within an organization, the ethical propensity of individuals often becomes the focus of speculation. Questions often surface surrounding what motivated the decisions which were made by the individuals involved; were they motivated to increase profits as opposed to being motivated to produce for the good of society? (Abbott & Monsen, 1979). The impetus of this study was to determine whether an individual's propensity to make ethical decisions is impacted by his or her individual ethical orientation and/or internal drive to increase business results even if it is by unethical means.

Over the last several years, public scrutiny of business activities has caused a greater emphasis to be placed on social involvement, social responsibility, and the ethical behavior of those in the business sector. There has been increased awareness placed on linking business activities to societal impact. Such efforts include the one in 1978 when the United States government attempted to require a social activity report by which organizations would be required to identify how they were meeting societal expectations and encouraging ethical behavior (Abbott & Monsen, 1979).

The social activities report, commissioned by then-Secretary of Commerce

Juanita Kreps, never materialized. However, years later, some reporting requirements did emerge. For example, organizations were required to describe their equal opportunity and affirmative action programs. Although this particular report was not supported, the number of these types of requirements is expected to increase as both the government and the public become more cognizant of how the business sector and the decisions it makes impact society as a whole. This is particularly true given the fiscal climate in the United States (U.S.) economy (Abbott & Monsen, 1979).

The term corporate social responsibility (CSR) has grown out of what some believe is a missing element in some corporate environments (Abbott & Monsen, 1979). However, some individuals in the business sector may find it difficult to embrace CSR initiatives if they have certain characteristics, such as a High level of Machiavellianism, which prompts them to naturally focus only on higher levels of profit as opposed to how their actions might negatively impact society (Jones, 1992).

Corporate Social Responsibility

CSR has been extensively studied for several decades, and a number of theories which address the concepts of business ethics and corporate social consciousness have emerged. Educational disciplines such as management science (Makower, 1994), psychology (Koys, 2001), sociology (Lackey, 1987), and organizational development (Kraft, 1991) have addressed the topic of CSR. However, the ethics discipline is largely responsible for the introduction of the concepts surrounding CSR. Two concepts from ethics literature which correlate with CSR are nonmaleficence and beneficence. The notion of nonmaleficence is to *do no harm* and the principle of beneficence insists

decisions be made with kindness and compassion (Morrison, 2006). Furthermore, CSR has been linked to financial performance (Aupperle, Carroll, & Hatfield, 1985), stock market performance (Stump, 1999), organizational citizenship (Greening & Turban, 2000), employer attractiveness (Ray, 2006), and a variety of workforce development issues (Greening & Turban, 2000).

Although the topic has been addressed across multiple disciplines, it is still a complicated and misunderstood concept. Even the definition of the term is difficult to clarify since the various disciplines have seemingly created meanings for the topic which are suitable for their individual purposes (Albinger & Freeman, 2000). One definition that has been used frequently in the literature identifies CSR as an ongoing obligation by organizations to act ethically while contributing to the economic growth and augmenting the quality of life of employees, their families, and the community (Holme & Watts, 2000). Also referred to as social accounting (Jensen, 1976) and social forecasting (Carroll, 1979), the definition that will be used for CSR for the purposes of this research has been derived from Archie Carroll's work. Carroll's research stated that CSR is the process by which an organization attempts to meet its economic, legal, ethical, and discretionary responsibilities to society (Carroll, 1979; Ray, 2006).

While the definition of CSR may vary, the literature consistently indicated that CSR has two basic and contrasting viewpoints. These viewpoints are known as the Classical and the Socioeconomic. The first perspective is the Classical viewpoint of CSR, which states that the only responsibility individuals have is to the stockholders of the organization (Robbins & Coulter, 1996). An important factor of this viewpoint is that CSR is used as a way to leverage business performance by increasing customer opinions

and community loyalty. Therefore, the primary role of an individual within the business industry is to maximize profits (Stump, 1999).

The other perspective is that CSR efforts are altruistic or essentially considered as the right thing to do. This viewpoint is known as the Socioeconomic viewpoint (Robbins & Coulter, 1996). It is grounded in Freeman's Stakeholder Theory, which indicates that organizational decisions and actions impact more than just stockholders (Freeman, 1984). Other individuals such as customers, employees, and members of the community can also be impacted (Luce, Barber, & Hillman, 2001).

The Socioeconomic viewpoint contrasts with the Classical viewpoint in that the financial gains sought can only be achieved by following the laws and regulations of society (Carroll, 1991). Furthermore, this perspective indicates that the responsibility of an individual within the business industry goes beyond simply making a profit. It also includes protecting the welfare of the communities, the environment, and the larger society (Robbins & Coulter, 1996).

Expanding beyond the two basic viewpoints of CSR is Carroll's framework which outlines CSR as a personality construct with varying ethical propensities, otherwise known as orientations. Carroll's work is foundational for this research in that it has been used extensively in empirical studies which focus on CSR (Ray, 2006). As illustrated in Figure 1, this highly respected conceptual framework indicated that there are four domains, which are associated with the two original viewpoints of CSR (Carroll, 1991; Robbins & Coulter, 1996).

The domains represented in Figure 1 are considered to be an individual's natural orientations for CSR and are known as the CSR orientations. These components are

known as economic, legal, ethical, and discretionary behaviors. These orientations encompass the responsibilities that individuals within the business sector have to their stakeholders, and they are centered on the two basic viewpoints of CSR discussed earlier (Carroll, 1991).

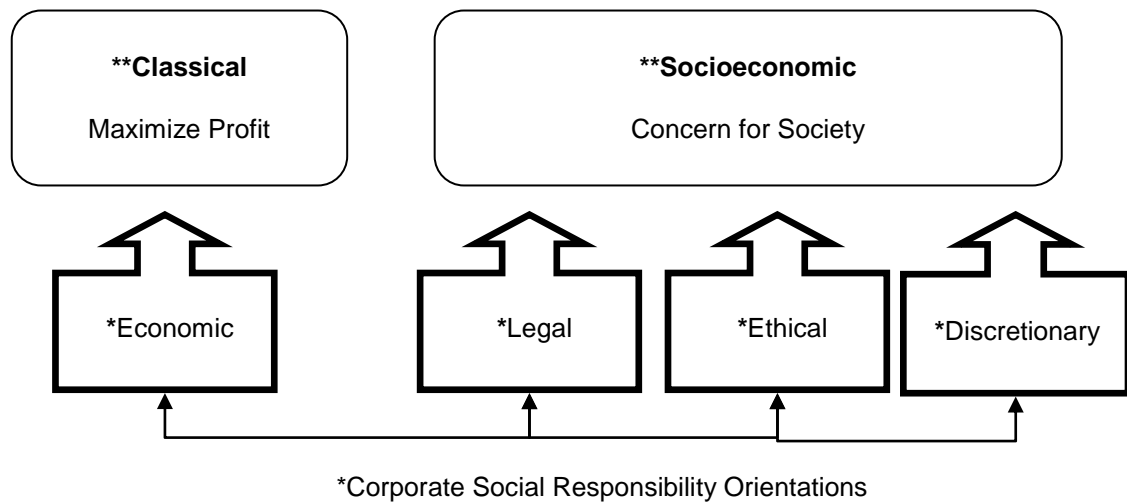


Figure 1. Corporate Social Responsibility Viewpoints and Orientations. Data from: ***Carroll, A. B. (1991).** The pyramid of social responsibility: Toward the moral management of organizational stakeholders. *Business Horizons*, 34(4), 39-48, and ****Robbins, S. & Coulter, M. (1996).** *Management* (5th ed.). Upper Saddle River, NJ: Prentice Hall.

From the public perspective, it is difficult to understand why CSR activities are such a challenge for the business sector. The public often assumes every corporation has unlimited resources, excess profits, and relentlessly autocratic leaders. However, this is not the case for most organizations. Most businesses are expected to produce more and more with fewer and fewer resources (“Highlights and Lowlights,” 2009; Millstein & Katsh, 1981).

Although the business sector is often misinterpreted by the public, some individuals within the business industry will undoubtedly find it difficult to embrace CSR initiatives if doing so means a reduction of organizational profits. This may be especially true for those with characteristics such as Machiavellianism. These individuals are known to have a natural tendency to heavily base their decisions and actions on profit margins as opposed to the potential impact on society (Christie & Geis, 1970).

Machiavellianism

Determining an individual's CSR orientation may provide an avenue to analyze his or her ethical propensity. Other characteristics, such as Machiavellianism, have also been linked to unethical tendencies in many studies (Gable, Hollon, & Dangelo, 1990; Hegarty & Sims, 1978, 1979; Rangel, 2009; Saccarelli, 2009). The Machiavellian theory was introduced by Niccolo Machiavelli decades ago. Individuals with a Machiavellian disposition are characterized to conduct themselves cunningly and in bad faith. Extensive studies by Christie produced an instrument known as the Mach IV to measure and analyze an individual's Machiavellian tendencies (Christie & Geis, 1970).

As Figure 2 indicates, individuals with a high level of Machiavellianism, otherwise known as High Machs, have dispositions which differ from those with a low level of Machiavellianism, known as Low Machs. High Machs are depicted to be detached from ties such as friendship or loyalty because they resist social influence (Christie & Geis, 1970). They focus predominantly on the initiation of thought and the control of others. They have little concern for goodness and view the manipulation of others as a natural and effective way to get things accomplished (Hegarty & Sims, 1978).

High Machs are willing and skilled in manipulating others for personal gain, and they enjoy stretching the limits and taking excessive risks (Christie & Geis, 1970).

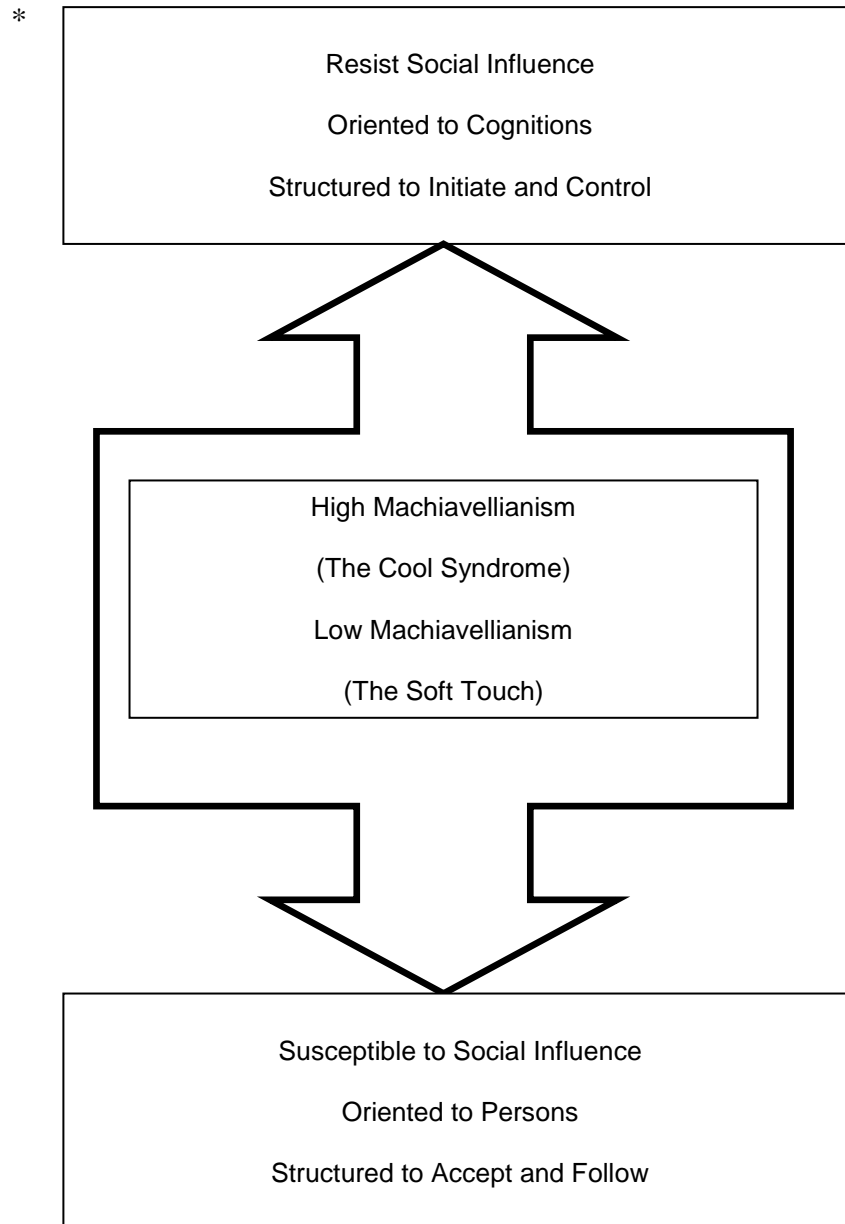


Figure 2. Dispositions of Machiavellians. Data from: *Christie, R., & Geis, F. L. (1970). *Studies in Machiavellianism*. New York: Academic Press.

Those considered to be Low Machs are the exact opposite of their High Mach counterparts. As Figure 2 indicates, Low Machs are more focused on people and conduct themselves more as followers than leaders. They are extremely focused on social influences and accept pressure for social conformity without reservation (Christie & Geis, 1970). These individuals have a strong conscience and are depicted to be more sympathetic and more trustworthy than High Machs. In terms of gender, females are more likely to fall within the Low Mach group (Guterman, 1970).

Ethics and Corporate Social Responsibility in Healthcare

The healthcare industry has a variety of challenges that the average citizen may not fully understand, such as reduced governmental reimbursement, stringent regulatory compliance, and intense labor shortages in nursing and other allied health professions (Aupperle, 1982; Millstein & Katsh, 1981). These issues create a very complex business environment which impacts a variety of stakeholders. On a daily basis, individuals within the healthcare industry are faced with decisions that test their wisdom and ethical foundations. The industry challenges can vary from fundamental management dilemmas, such as the selection of employees that will be terminated if a reduction in force is demanded, to more perplexing decisions, such as if healthcare professionals should be involved in stem cell research (Morrison, 2006). Regulatory bodies, such as the Joint Commission on the Accreditation of Hospital Organizations (JCAHO), initiated ethics mandates in 1982. These mandates have seemingly increased the number of facilities (from 1% in 1983 to 90% in 2001) which have dedicated ethics committees (Rangel, 2009).

It has become increasingly evident that the decisions of individuals within the healthcare sector impact more than just the stockholders of the organization. In healthcare settings, errors in management strategies and poor leadership decisions can impact employees, patients, and the community in a number of ways. This is largely due to the fact that unlike most other industries, the healthcare industry recognizes that the decisions of the individuals within the organization have the potential to create life-threatening consequences (Davis, 1967; Morrison, 2006). Although not every individual in the healthcare organization delivers patient care, they all make decisions which impact patient care. Many, in essence, create the structure and provide the administrative support that makes healthcare activities possible. Furthermore, all individuals within the healthcare sector are charged with the responsibility of being good stewards of the resources that come from federal and state funds in the form of Medicare and Medicaid payments (Morrison, 2006). This certainly is a huge responsibility.

To meet this responsibility, individuals within the healthcare industry need to have a broad understanding of a variety of business principles. However, possessing knowledge in areas such as finance, human relations, and system functions will not be the only areas of expertise they will need. They also need to fully understand the ethical climate in which they operate from the perspectives of society, the organization, and the individual. Furthermore, individuals in the healthcare industry should examine the founding ethical concepts of nonmaleficence and beneficence as discussed earlier. These two concepts are central to an ethical and trust-based healthcare organization because they are considered to be societal expectations (Morrison, 2006).

The ethical concepts of nonmaleficence and beneficence may seem relatively

elementary and easily achieved in the healthcare environment because of its people-focused nature. However, healthcare is also a business (“Ethics Eroding,” 2008). On one hand, it must function on basic business principles like any other entity in the corporate world. On the other hand, concepts like nonmaleficence and beneficence suggest the importance of social responsibility and ethical behavior. This creates a conflict considering the healthcare industry is different than virtually any other industry in terms of origination and mission. For many years, the healthcare industry has been based solely on the service of caring for people rather than maximizing profits. However, with today’s complex regulatory and reimbursement pressures, the healthcare industry has been forced to function more like a business. The focus has shifted toward a dual role of helping the sick and making a profit (Morrison, 2006).

This is complicated even further when the views of the public are considered. They do not expect, and potentially may even resent, the possibility that healthcare organizations could entertain the thought of acting like a business (“Highlights and Lowlights,” 2009). Negative characteristics such as Machiavellianism and making decisions based only on profits are strictly rejected by the public. They expect healthcare facilities and the people within to care about their illnesses more than reimbursement schedules or managed-care contracts (Morrison, 2006). A large degree of trust is placed on the healthcare facility from the patients’ perspective. Therefore, the industry is held to a higher standard than typically any other business sector (Leach & Fletcher, 2008; Morrison, 2006).

Statement of the Problem

Given the expectations for ethical behavior in the healthcare industry, the problem of this study was to determine patterns associated with the CSR orientation and CSR viewpoints of future healthcare professionals and how those patterns may be impacted by their Machiavellian tendencies.

Purpose of the Study

The purpose of this study was to explore the CSR orientations of future healthcare professionals and their relative viewpoints of CSR in terms of Socioeconomic or Classical. The study also sought to examine if there was any relationship between an individual's CSR orientation and his or her innate Machiavellian tendencies. Specifically, the study targeted undergraduate students in various allied health programs. This audience was the focus of the study in order to speculate as to what level of ethical orientation future healthcare professionals might potentially hold.

Research Questions

1. What are the patterns associated with the CSR orientation of future healthcare professionals with respect to the following corporate social responsibility orientations?
 - a. Economic
 - b. Legal
 - c. Ethical
 - d. Discretionary

2. What are the trends associated with the CSR perspectives of future healthcare professionals with respect to the Classical or Socioeconomic viewpoints?
3. What is the nature and strength of the relationship between an individual's CSR orientation and their level of Machiavellianism?

Limitations / Delimitations

As a sample of convenience was used, the study was limited by the actual participants who were all undergraduate students in varying allied healthcare programs of an accredited university. Although the students had diverse backgrounds, there were notably more females than males.

Another limitation of this study is the social desirability issue. First addressed by Crowne and Marlowe in 1960, the concern with social desirability is that participants may answer survey questions based upon what they feel is more socially acceptable. The CSR instrument that was utilized addresses the social desirability issue by using a forced-choice question format (Aupperle, 1982). Machiavellian research provides researchers with the Mach IV (the original Machiavellian instrument) and the Mach V (a revision of the Mach IV which also addressed the social desirability issue with the forced-choice type of questioning) (Hunt & Chonko, 1984). The Mach V could not be obtained for this research project; therefore, the Mach IV was used despite the social desirability concern. Therefore, the possibility of social desirability is listed here as a limitation.

In terms of delimitations, this particular study is delimited to undergraduate students in varying allied health programs at an accredited university. Therefore, results of the study cannot be generalized to all undergraduate students or all healthcare

professionals.

Significance of the Study

CSR is a complicated topic consisting of contrasting approaches and interpretations which vary widely from industry to industry. Although the topic of CSR may be difficult to understand, interest in how organizations and the professionals within impact society continues to grow (Albinger & Freeman, 2000). The importance of ethical and socially responsible behavior has only increased due to recent scandals such as those associated with Enron and Arthur Andersen. Many of the executive leaders in these organizations manipulated corporate outcomes to give themselves personal economic advantages while bankrupting their corporations and causing harm to investors, employees, constituents, and clients (Dubinsky, 2002).

Although the healthcare industry is already heavily regulated, there is ongoing pressure for organizations and the professionals within them to be socially responsible and ethically oriented. Over the last decade, the healthcare industry has emphasized ethical behavior by implementing corporate compliance initiatives and ethics committees. However, changes in reimbursement patterns, increased managed-care initiatives, and an aging population poised to require more care than past generations complicate an already financially challenged industry (Rivers, 2005). These types of pressures can create a turbulent environment where even the most ethically grounded healthcare professionals can be morally tested in terms of their actions and decision-making capacity (Scott, 2004). These issues have intensified regulatory requirements, public scrutiny, and an urgency to more closely analyze the topic of CSR and its relationship to other theories

such as Machiavellianism, which have been linked to naturally unethical behavior (Barber, 1999). Potentially linking the formative theories of the CSR viewpoints with more recent theories of CSR orientations would provide an avenue by which to converge and strengthen both concepts. Furthermore, Aupperle's seminal theory, which indicates that CSR orientations are personality constructs, could potentially be further substantiated if linkages with vintage theories surrounding Machiavellianism could be found.

Understanding how organizations impact society can benefit stakeholders, including patients, employees, and community members, by providing a means by which to recognize the relationship between organizational decisions and subsequent societal impact (Davis, 1973). Analyzing the CSR orientations of future healthcare professionals may indicate their natural tendencies in terms of CSR and how they may potentially interact with stakeholders such as patients, employees, and the community at large (Ray, 2006; Wood, 1991). For example, an individual with high levels of CSR has been said to be one who strives to make a profit, obeys the law in an ethical way, and acts as a good corporate citizen (Carroll, 1991).

This information could potentially provide a foundation by which to articulate the CSR requirements, strengths, and weaknesses of future healthcare professionals. It also may create an avenue to open discussions on the implications of CSR and CSR orientations between field executives, educators, researchers, and other stakeholders (Ray, 2006). Furthermore, the information gathered from this study could aid healthcare organizations in a variety of ways, ranging from determining person-environment fit of potential employees to finding ways of increasing an organization's financial performance. Data collected from this research will not only identify specific trends and

implications concerning CSR for future healthcare professionals, but also present educators, researchers, and stakeholders with an avenue to review their respective concerns and considerations of the healthcare industry (Ray, 2006). For example, educators may use the information to modify their courses of study, and researchers may use the information to expand their CSR and ethics research platforms.

Definition of Terms

Beneficence - the ethical foundation that actions and decisions should be conducted with compassion and kindness (Morrison, 2006).

Corporate social responsibility - the process by which an organization attempts to meet its economic, legal, ethical, and discretionary responsibilities to society (Carroll, 1979).

Corporate social responsibility orientation - a category by which individuals can be designated which identifies their viewpoint on the things they do and the decisions they make beyond those that are required by law, economics, and in pursuit of long-term goals that are good for society (Aupperle, 1991).

Free rider - a concept associated with the public versus private good theory, which categorizes individuals who reap the benefits from those who incur the costs (Keim, 1978).

Healthcare professional - a health care professional is an individual who delivers proper health care in a systematic and professional way to those in need of health care services ("Healthcare Professional," 2009).

Hippocratic Oath - an oath which is typically taken by physicians and pertains to the ethical practice of medicine (Baker, 1999).

Leadership development - the training mechanisms utilized to prepare potential candidates for their leadership roles (Taylor, 2003).

Machiavellianism - a personality disposition which uses principles of cunning, duplicity, and bad faith to advance personal agenda (Christie & Geis, 1970).

Nonmaleficence - the ethical foundation that actions and decisions should do no harm to shareholders (Morrison, 2006).

Person-Environment Fit - the process by which individuals attempt to attain congruence or alignment with their work environment (Schneider, 1987).

Reduction in force - the temporary or permanent termination of an employee or a group of employees for business reasons, such as business slow down or interruption in work ("Reduction in Force." 1988).

Social desirability - a term used to describe the possibility that research participants may reply in a way that will be viewed positively by others (Crowne & Marlowe, 1960).

Stakeholder - those individuals or groups who can impact or are impacted by an organization's successes or failures (Freeman, 1984).

Stockholder - those who share in the risks and rewards by holding stock or ownership in the organization ("Stockholder," 1988).

CHAPTER TWO

LITERATURE REVIEW

The business sector in America drives economic progress and has the potential to participate in a variety of both honorable and controversial activities. Business organizations operate locally and nationally in communities that depend on them as employers and producers of goods and services. These organizations pay taxes and serve as indicators of the economic prosperity of the community. Likewise, these organizations depend on the communities to provide them with a workforce, economic structure and development, and social support. Therefore, organizations and communities equally need each other to be productive and prosperous (Ray, 2006).

Although organizations and communities mutually require the existence of each other, organizations and the employees within are also obligated to the stockholders of the company. Stockholders are typically focused on maximizing profits. When organizational strategies are developed and decisions are made, a conflict can occur in terms of to whom the employees within the organization are predominantly responsible. Employees must determine which group takes priority; are they responsible to the stockholders to maximize profits, or are they responsible to the stakeholders and the needs of society?

This question has brought forth an emergence of theories which address how businesses, and those within, impact society. This has resulted in an increased interest in social issues and philanthropic activities across all business industries. Tragedies like Hurricane Katrina have led to the creation of a variety of expectations concerning how

businesses should respond to community need (Ray, 2006). For example, Shell Oil experienced negative business consequences, such as a reduced number of applications for employment, when it allegedly failed to sufficiently focus on human rights in another country where it operated (Holliday, Schmidheiny, & Watts, 2002). Consequently, world and business leaders alike are looking for ways to solve social issues, which has caused an increased interest in CSR (Ray, 2006).

The literature review that follows is organized into varying sections. First, the history and viewpoints of CSR are reviewed and the CSR orientations and linkages to the healthcare field are explored. Then, the theoretical foundations of CSR are addressed and how the healthcare field utilizes CSR concepts are reviewed. Finally, an overview of Machiavellian concepts and an exploration of relationships between Machiavellianism and CSR viewpoints and orientations are conducted.

History of Corporate Social Responsibility

CSR has been examined for decades by theorists in a variety of academic disciplines (Makower, 1994). There are three eras which outline the evolution of CSR activities. The first phase correlates with the 19th and 20th centuries, when the focus was predominantly on maximization of profit. Phase two ran from the 1920s to the 1930s, and although the focus was still on increasing profits as the primary goal, this phase initiated an expectation that corporate leaders would operate with concern for organizational constituents beyond the stockholders. Phase three ran from the 1960s to the 1970s. The emphasis of this phase was on increasing the quality of life of all organizational stakeholders. Organizations were expected to place more interest on a commitment to

society and solving social problems than on maximizing profits (Hay & Gray, 1974).

The CSR theory has been widely accepted across multiple educational disciplines, but it has also been highly criticized. Opponents of CSR have indicated that the theory is too vague and has too many highly subjective and varying meanings (Frankental, 2001). Furthermore, CSR has been critiqued for being an elusive concept (Lee, 1987), ill-defined (Preston & Poste, 1975), and as a term surrounded by value-laden judgments which make it a highly subjective topic incapable of universal application (Aupperle, 1982).

Despite the criticism of CSR, there is a great deal of support for the theory. Over the years, the social contract between business and society has been steadily restructured. This started with passage of the Sherman Act in 1890. Later, political figures such as Franklin D. Roosevelt (FDR) addressed the relationship between business and society in his politically charged platform called the New Deal. FDR created a new philosophy which indicated that the government had a duty to make sure businesses were going beyond merely creating conditions by which people could pursue happiness. FDR insisted that businesses were responsible for assuring the well-being of all citizens. He believed the government should be charged with the responsibility of monitoring the level of happiness felt by citizens (Will, 2009).

CSR originated from the supposition that organizations owe something to societal stakeholders rather than merely to the organization's stockholders (Rowley & Berman, 2000). Defined as the understandings that describe the relationship between business and society (Carroll, 1981), the new social contract proposed by FDR was well intended. However, the responsibilities and obligations of businesses were seemingly too

aggressive and perhaps even repressive. Despite the aggressive and repressive nature, FDR's efforts did raise the levels of social consciousness (Will, 2009).

The topic of CSR may still be difficult to understand, but the interest in how organizations, and the professionals within, impact society continues to grow (Albinger & Freeman, 2000). Educational disciplines such as management science (Makower, 1994), business ethics (Carroll, 2000), psychology (Koys, 2001), sociology (Lackey, 1987), and organizational development (Kraft, 1991) have addressed the CSR topic. Furthermore, CSR has been linked to increased financial performance (Aupperle, Carroll, & Hatfield, 1985), improved stock market performance (Stump, 1999), increased levels of organizational citizenship (Greening & Turban, 2000), high levels of employer attractiveness (Ray, 2006), and a variety of workforce development issues (Greening & Turban, 2000).

Sen and Bhattacharya (2001) conducted specific studies which examined the impact of CSR on consumer choices. They surveyed 227 Masters of Business Administration (MBA) students by asking them to rate the likelihood of them purchasing goods or services from varying types of businesses after they had been given positive or negative CSR-related information. The results indicated that, under some circumstances, consumers are more likely to purchase goods or services from organizations practicing CSR initiatives (Sen & Bhattacharya, 2001). This aspect of CSR research is further substantiated by issues such as the joint venture between General Motors and Toyota. Automobile consumers purchased these vehicles over others simply to support the joint venture's focus on innovation, employee-relations, and the environmentally responsible manufacture of small, fuel-efficient vehicles (McWilliams & Siegel, 2001).

CSR has also been linked to increased employee satisfaction (Koys, 2001), successful leadership development (Porter, 2004), well-established workforce diversity initiatives (Peterson, 2004), solid employee retention efforts (Bradford, 2001), increased employee relations (Riordan, Gatewood, & Bill, 1997), exceptional organizational performance (Juholin, 2004), and effective employee recruitment programs (Albinger & Freeman, 2000). Van Over and Barone (1975) surveyed chief executive officers within the business industry and found that 91% of them refused to believe that socially responsible activities, such as philanthropy, were not in the best interest of their businesses. As many as 51% indicated that they felt socially responsible activities served society as a whole (Van Over & Barone, 1975). These topics have all been extensively studied and correlated with CSR (Ray, 2006).

The core values of society have largely driven the increased emphasis on CSR, and it continues to emerge as a relevant organizational issue. Proponents of the concept have diligently introduced CSR to the business industry, academic sector, and the general public (Abbott & Monsen, 1979). The increased attention placed on CSR has originated from changes in the core values of society. It may have been acceptable that making a profit was the primary goal of business organizations in previous decades, but today topics such as global warming, environmental deterioration, discrimination, respect for human rights, safety in the workplace, and doing the right thing have become increasingly relevant to society (Nieto & Fernandez, 2004). These values are driven by the following key factors:

- a. Increased regulation – a number of diverse organizations, such as the Office of Economic and Cooperative Development (OECD), have developed

guidelines which the industry is expected to adhere to in terms of operating with the good of society in mind.

- b. Pressure from consumer markets – consumers are capable of making more informed choices due to technology.
- c. Pressures from the financial market – investors are more likely to do business with companies that have good CSR practices (Nieto & Fernandez, 2004).

Viewpoints of Corporate Social Responsibility

Defined as the process by which an organization attempts to meet its economic, legal, ethical, and discretionary responsibilities to society, the CSR theory revolves around two basic and opposing viewpoints (Carroll, 1979). These viewpoints are themed into two categories known as the Classical viewpoint and the Socioeconomic viewpoint (Robbins & Coulter, 1996).

The first view is the Classical viewpoint, which holds that the only responsibility an executive has is to the stockholders of the company. The important factor in this view is that they use CSR as a way to leverage business performance by increasing customer opinions and community loyalty. Therefore, the primary role of individuals within the organization is only to maximize profits (Robbins & Coulter, 1996; Stump, 1999).

One of the most vocal advocates for the Classical viewpoint is Nobel Laureate Milton Friedman. He believed when organizations pay too much attention to what is best for the social good of the community, the market mechanism is undermined. The impact of undermining the market mechanism results in a domino effect, where eventually the employees and consumers lose because someone must pay for the redistribution of assets.

Stockholders typically will not assume the losses themselves; they will pass the losses onto others by increasing prices or decreasing wages (Robbins & Coulter, 1996). Some management experts maintain that the business industry should be concerned for society; however, they identify the principal social responsibility of business as economic advancement (Drucker, 1953).

The other predominant viewpoint is that CSR efforts are altruistic or essentially considered as the right thing to do. This is known as the Socioeconomic viewpoint and opposes the Classical viewpoint in that the financial gains sought must be achieved by following the laws, regulations, and expectations of society (Carroll, 1991; Robbins & Coulter, 1996). This viewpoint indicates the responsibility of an organization's employees goes beyond making profits and includes protecting the welfare of the communities, environment, and the larger society in which they serve. This viewpoint has been publically emphasized over the years when companies have been found guilty of withholding information from community members concerning life-threatening agents that were knowingly being emitted into the environment from factories (Robbins & Coulter, 1996). This led to social legislation and the creation of groups such as the Environmental Protection Agency (EPA), the Equal Employment Opportunity Commission (EEOC), the Occupational Health and Safety Administration (OSHA), and the Consumer Product Safety Commission (CPSC) (Carroll, 1991).

Like the Classical viewpoint, the Socioeconomic viewpoint also indicates that maximizing profits should be a chief concern of those within the organization. However, financial solidarity is viewed merely as a means by which to continue to offer ethical and moral service to the stakeholders (Carroll, 1991). The Socioeconomic viewpoint focused

on the long term rather than merely the short term. As seen with asbestos contamination issues, it is difficult to maintain a hefty profit margin ten years from now if what the company does today kills a majority of their employees within the next two years (Robbins & Coulter, 1996). The Socioeconomic viewpoint suggested that the Classical viewpoint does not serve the public interest (Bell, 1973).

Corporate Social Responsibility Orientations

Theories of CSR are linked to the evolving nature of societal expectations. The original CSR viewpoints have served as the foundational studies from which CSR theory has emerged. Theorists have determined that CSR is a personality construct and that ethical propensity will vary from individual to individual. The most widely accepted CSR model has been created by Archie Carroll and includes a range of obligations that businesses have to society, including economic, legal, ethical, and discretionary. Figure 3 gives an overview of these obligations, also known as the CSR orientations.

The definitions outlined in Figure 3 are provided to express the importance of each component within the CSR theory (Aupperle, 1982). The Economic orientation indicates that organizations have an obligation to be both profitable and productive in order to meet the needs of society in terms of consumption. Activities which result in ineffective business operations, such as inappropriate allocation of resources or unwarranted risk taking, would be considered socially irresponsible.

Economic	Ethical	Legal	Discretionary
An organization has an obligation to be both profitable and productive in order to meet the needs of society in terms of consumption.	An organization must follow unwritten codes and social norms which are commonly held in society and believed to be germane to the business industry.	An organization must act within the limits of the law. Attempts to meet the economic responsibilities must be legally acceptable.	The public expects organizations to volunteer and participate in both humanitarian and philanthropic activities.

Figure 3. Defining Corporate Social Responsibility Orientation. Data from: Carroll, A. B. (1991). The pyramid of corporate social responsibility: Toward the moral management of organization stakeholders. *Business Horizons*. 34(4), 39-48.

The Ethical orientation of the CSR theory indicates that the responsibility of an organization revolves around a variety of unwritten codes and social norms which are commonly held in society. These codes and behaviors are believed to be germane to the ongoing success and socially responsible behavior of organizations. Organizations which operate predominantly in the Ethical orientation of CSR theory will not need written laws to guide them toward ethical decisions and behavior.

The Legal orientation indicates that each organization must act within the limits of the law. Therefore, any attempts to meet the economic responsibilities of an organization must be legally acceptable. There is much controversy in terms of this orientation because of the conundrum which supposes that the real reason organizations

act ethically is to avoid legal ramifications. Skeptics of ethical behavior in organizations have indicated that acting ethically to avoid unfavorable legal consequences is not the same as acting ethically for the good of society.

The Discretionary orientation correlates with philanthropic activities (Carroll, 1979). These activities can be perplexing to business leaders because the activities are largely ill defined. In other words, society expects organizations to volunteer and to have a humanitarian philosophy (Carroll, 1991). However, society leaves the definition of acceptable behavior up to those within the organization (Aupperle, 1982).

As Figure 4 demonstrates, a linkage can be made between an individual's CSR orientation and his or her CSR viewpoint once the orientation of that individual has been determined (Carroll, 1991; Robbins & Coulter, 1996). Aupperle's (1982) research indicated that an individual's personal viewpoint will not be impacted by his or her position in the organization. Simply stated, chief executive officers are just as likely to be economically driven as an entry-level employee. Aupperle (1982) did discover that firms with higher levels of visibility tended to operate more toward the socioeconomic mode of CSR. Perhaps this is because they are under the watchful eye of the public and subject to intense scrutiny and media attention (Aupperle, 1982). Ray (2006) also indicated that women, as opposed to men, are more naturally predisposed to have higher CSR values.

Furthermore, Figure 4 indicates the CSR viewpoint an individual will most naturally subscribe to is based on his or her CSR orientation. Individuals who have an economic CSR orientation will be innately driven to maximize profits for organizational stockholders. Individuals who fall within the legal, ethical, or discretionary categories will be naturally driven by their concern for society and the organizational stakeholders, such

as employees, patients, or customers, and those in the community (Carroll, 1991; Ray, 2006; Robbins & Coulter, 1996).

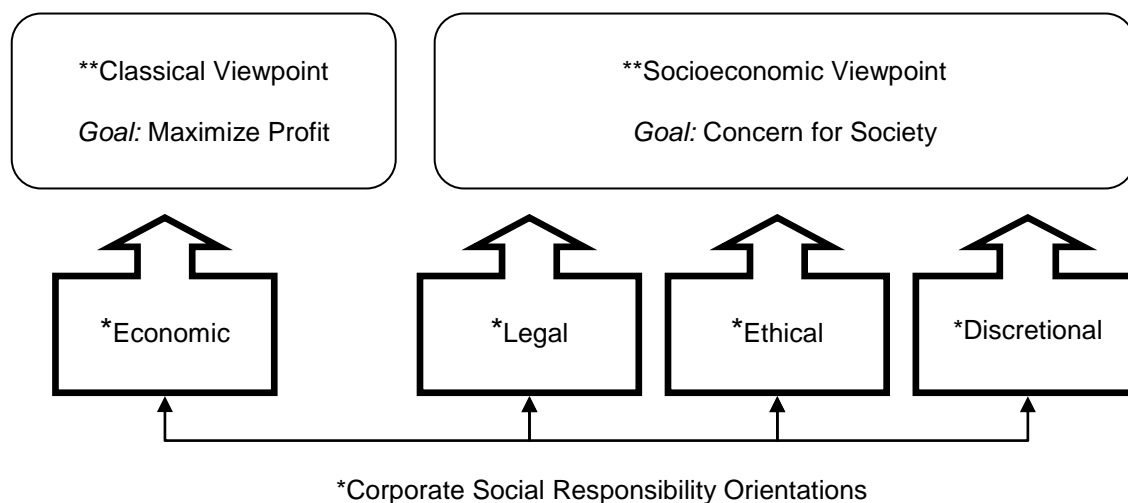


Figure 4. Viewpoints and Correlating Orientations of CSR. Data from: *Carroll, A. B. (1991). The pyramid of social responsibility: Toward the moral management of organizational stakeholders. *Business Horizons*, 34(4), 39-48, and **Robbins, S., & Coulter, M. (1996). *Management* (5th ed.). Upper Saddle River: Prentice Hall.

Corporate Social Responsibility in Healthcare

Earlier CSR studies indicated business executives, in general, seem to be more concerned about the economic realm of their organizations than the social realm (Guth & Tagiuri, 1965). It is difficult for the public to understand why the business sector struggles with the concept of CSR (Millstein & Katsh, 1981). The public has become increasingly wary of the business industry and substantially mistrusts it as a whole ("Highlights and Lowlights," 2009; Weiss, 1978). In the past, public mistrust caused the creation of agencies such as the Better Business Bureau and the National Vigilance Committee. More currently, the level of mistrust has considerably intensified given the

recent transgressions of corporate executives. Like the misdeeds of the banking industry, believed to have created the Great Depression in the 1930s, recent offenses have required governmental intervention. The hope is that increased governmental oversight can once again rebuild the public's trust ("Highlights and Lowlights," 2009).

The average person seemingly thinks that every business operates with unlimited resources, excess profits, and relentlessly autocratic leaders (Millstein & Katsh, 1981). In recent years, socially affluent individuals and those among the higher educated have initiated intense scrutiny of businesses that are focused predominantly on profit maximization. These groups have increasingly come to expect more from the business industry ("Highlights and Lowlights," 2009; Wright, 1968).

In reality, most organizations are inundated with financial demands and are expected to be more and more productive with fewer and fewer resources. The healthcare industry, in particular, has a variety of challenges that the average person may not fully understand. Issues such as reduced governmental reimbursement (Makower, 1994), stringent regulatory compliance (Morrison, 2006), intense labor shortages in nursing and other allied health professions, increased and costly technological advancements (Rivers, 2005), an aging population poised to need more care than past generations (Collins & Collins, 2006), and heavy community dependence have filled the healthcare industry with a number of seemingly insurmountable obstacles (Millstein & Katsh, 1981). These issues create a very complex business environment which impacts both the stockholders and the stakeholders. The American healthcare system also operates under intense public expectations and scrutiny regarding how healthcare organizations impact society (Rivers, 2005). This includes the decisions and activities of the employees and leaders within

(Stewart, 2004).

The obstacles are challenging, considering there is increased interest in the social dimension of organizational activities as well. Technology thrives, and individuals have a number of avenues by which to educate themselves. Furthermore, the values of the individuals within the population have changed. They are becoming increasingly more socially aware, and they demand more from the business sector in terms of efficient and effective resource stewardship and organizational leadership. This may be particularly relevant in the healthcare sector (Fuentes-García, Núñez-Tabales, & Veroz-Herradón, 2008).

These challenges have increased the focus on the need for socially responsible decision-making across all business sectors. It has become increasingly evident that leadership and organizational decisions impact more than the stockholders of the company. This is especially true in industries where errors in leadership strategy and poor decisions can impact stakeholders such as employees, patients, and the community at large in a number of objectionable ways. This is largely due to the fact that unlike most other industries, the healthcare industry is faced with the responsibility that every organizational decision has the potential to create life-threatening consequences (Davis, 1967).

Theoretical Foundations of Corporate Social Responsibility

Studied for several decades, CSR originated from the theoretical assumptions that organizations are responsible to society and the community they serve. CSR has been extensively studied for decades (Makower, 1994). It originates from the supposition that

organizations owe something to societal stakeholders rather than merely to the organization's stockholders (Rowley & Berman, 2000).

The theory of CSR has been widely accepted across numerous educational disciplines, but it has been heavily criticized as well. Some theorists believe the theory is too elusively defined, while others have identified it as a measurable personality construct (Aupperle, 1982; Frankental, 2001; Lee, 1987). As previously discussed, CSR has been linked with a variety of performance issues. It has also been linked to a number of theoretical concepts.

Freeman's Stakeholder Theory

Businesses in particular deem their involvement in social issues as highly controversial. Some simply do not believe it is their role. Therefore, the question remains concerning the degree to which businesses, and the employees within, are responsible to society (Ray, 2006).

Freeman's Stakeholder Theory supposes that organizations have a direct relationship to the external environment and a direct impact on multiple stakeholders. The theory focuses on creating value for each of the stakeholders rather than merely the stockholders. In Freeman's work, stockholders were identified as those individuals who share in the risks and rewards by holding stock or ownership in the organization. Stockholders have the potential for either profit or loss by owning stock in the organization (Freeman, 1984). Freeman's work also identifies stakeholders as those individuals or groups who can impact or are impacted by an organization's successes or failures. Stakeholders can include suppliers, customers, employees, governments,

stockholders, community members, and other groups that potentially could be impacted by organizational actions (McWilliams & Siegel, 2001).

Stakeholder Theory placed an emphasis on those whom the organization serves and is accountable to (Kakabase, Rozuel, & Lee-Davies, 2005). Typically, individuals who focus on Stakeholder Theory will pursue positive results for all rather than just those that positively impact the owners of the company alone (Jones, 1999).

Stakeholder Theory is significant in relation to CSR because it emphasized the importance of relationships between the organization and its diverse stakeholders. These relationships are essential assets that businesses must appropriately manage (Post, Preston, & Sachs, 2002). Furthermore, Stakeholder Theory identifies stakeholders as salient partners with organizational leaders. These stakeholders hold unmitigated levels of organizational power (Mitchell, Agle, & Wood, 1997). Organizational leaders will need to interact with these stakeholders with high levels of integrity, respect, standards of responsibility, transparency, and accountability for their actions (Waddock, Bodwell, & Graves, 2002). They will expect industry leaders with whom they interact to have ethical business behaviors, stakeholder loyalty, and environmental commitment. These factors are used as a means to measure an organization's level of corporate citizenship (Davenport, 2000).

Because the decisions and actions of business leaders impact their organizations as a whole, stakeholders will insist on leaders who can appropriately align resources to their social issues (Sharfman, Pinkston, & Sigerstad, 2000). The cultivation of relationships with both stakeholders and stockholders is a vital component of Stakeholder Theory. These relationships are also an important consideration associated with CSR.

When relationships are appropriately cultivated, CSR can provide organizations with a competitive advantage (Fuentes-García et al., 2008). A number of empirical studies have linked increased profitability to organizations that practice effective and ongoing CSR activities (Moskowitz, 1972).

Organizational leaders are recognizing the complexities associated with the rapidly changing socioeconomic environment, and many top-ranking organizations are actively implementing CSR initiatives (Davenport, 2000). Ostlund (1977) studied chief executive officers and found that nearly all respondents felt CSR was important in terms of the long-term interest of their businesses. Furthermore, in a study asking businessmen if they felt their organizations had any obligation to the community, 93% of them responded that their organizations did have an obligation to the community (Bowen, 1953). It would have been interesting to have administered this same study to AIG executives prior to them paying over \$170 billion dollars of governmental bailout money in executive bonuses in 1990 (“Highlights and Lowlights,” 2009).

A close inspection of organizational goals comes from the exploration and study of CSR initiatives. The goals of CSR are defined by reflecting upon what responsibilities an organization and the professionals within should attempt to fulfill (Fuentes-García et al., 2008). Perception of those in leadership positions is vital in terms of weaving the CSR philosophy into the organizational strategy. Holmes (1978) surveyed 500 firms and studied executive perceptions of CSR and found that industry type had no correlation with executive perceptions of CSR (Holmes, 1978).

Self-Interest Theory

Some of the problems associated with organizations accepting CSR come from the Theory of Public versus Private Goods, otherwise known as the Theory of Self-Interest. This theory indicated that organizations and individuals will refrain from socially conscious activities because public goods can be consumed by a large number of people or constituents. There is resistance in allowing multiple constituents access to the benefits of socially conscious behavior when they do not help bear the costs associated. The constituents, in essence, become 'free-riders' and essentially receive something for nothing.

For example, if an individual decided to fix a number of potholes in the street where he lived, he would benefit from his efforts. However, everyone else who used the street would also benefit from his efforts even though he solely absorbed the entire cost of the public good. The Self-Interest Theory indicated that the individual would be better off to invest in private goods. For example, this individual could take the same amount of resources he had dedicated to fixing the potholes in his street and use them to purchase a new vehicle. He would still incur the entire cost. However, unlike the public good whereas the benefits were shared, he would enjoy the full benefit of the private good. Both organizations and individuals struggle with the logic behind supporting projects or activities if they incur all of the costs but do not reap the entire benefits (Aupperle, 1982; Keim, 1978).

Nonmaleficence and Beneficence

CSR is a concept that has evolved from theories surrounding the field of ethics.

Two of the main ethical theories which correlate with CSR are nonmaleficence and beneficence. These two concepts are considered to be societal expectations.

The intent behind nonmaleficence is to *do no harm*. This philosophy is foundational and widely prevalent in the healthcare industry. It is most famously associated with the Hippocratic Oath that is taken by physicians. However, it can be useful in considering the impact of the decisions and actions of all healthcare professionals, as well as those in other business industries. Ethics theory indicated that organizational decisions and actions should be grounded in nonmaleficence. The *do no harm* philosophy should be extended to employees, patients or customers, vendors, communities, and anyone with whom the institution interacts. The goal of nonmaleficence is to protect all stakeholders from any type of harm.

Beneficence is another key ethical concept. It demands that individuals should relate to all organizational stakeholders with kindness and compassion. Both beneficence and CSR focus on how organizational decisions and actions impact stakeholders. This concept can be as simple as telling staff that they are appreciated and valued to as complex as addressing a distraught patient who cannot afford a necessary medical procedure (Morrison, 2006).

The ethical theories of nonmaleficence and beneficence may seem relatively simple and easily achieved in the business industry. One particular industry which is heavily linked to these principles is the healthcare industry. Although nonmaleficence and beneficence are seemingly simplistic, the healthcare industry is wrought with complexities surrounding these foundational concepts. If the industry could operate how it was originally intended the complexity would be largely alleviated. In the beginning,

this people-focused industry was based solely on the service of caring for the public rather than maximizing organizational profits. This philosophy is appreciated by CSR advocates. However, with today's complex regulatory and reimbursement pressures, the healthcare industry has been forced to function more like a business. The focus has shifted from primarily being about helping the sick to covertly emphasizing making a profit (Morrison, 2006).

Addressing Corporate Social Responsibility in Healthcare

The shift from serving the ill to profit maximization is duly noted in the healthcare field. In some respect, this shift has occurred out of necessity. For example, like other industries, healthcare organizations must attempt to recruit the most-talented and skilled professionals. This is difficult to do if there are insufficient financial resources available to offer competitive salaries and benefit packages. Therefore, healthcare organizations have been forced to apply business principles that allow them to make a profit so they will have the financial resources available to be competitive in the labor market. Without a skilled workforce, it is difficult if not impossible to offer quality patient care. This is essentially true in both for-profit and non-profit entities (Bouckaert & Vandenhove, 1998).

However, being focused on profits creates a conflict in this particular industry, considering that healthcare is perceived differently compared to virtually any other industry in terms of origination and mission (Morrison, 2006). This is essentially true in both for-profit and non-profit entities because a social contract exists regardless of the profit status of the organization. A social contract exists between those who created the

institution, those who seek care and trust in the facility, the providers of care who expend their talents and efforts to deliver care, the regulatory bodies that regulate the field, the taxpayers who largely finance the facility, the executives who create and implement policy, and a multitude of intermediary agencies such as professional associations, supplies, communities, and financial institutions.

Because social responsibility is believed to be an integral attitude, there is little to no difference noticed when comparing non-profit organizations to for-profit organizations. In other words, there can be individuals in the profit sector who are just as, if not more, socially responsible than their counterparts in the non-profit sector even though the non-profit sector is typically perceived to be socially responsible by its very nature (Bouckaert & Vandenhove, 1998). This is further substantiated by a survey conducted in 2007 by the Ethics Resource Center. They surveyed 558 for-profit and non-profit organizations and found that 55% of non-profit employees had observed workplace misconduct. This was only 1% lower than those in for-profit organizations (“Ethics Eroding,” 2008).

There seems to be little to no difference in the presence of socially responsible activities in non-profit or for-profit organizations. However, Eilbirt and Parket (1973) found that CSR activities did vary by organizational size. In their study, they defined large firms as those with over \$250 million in sales. In all relative CSR categories, large firms practiced more socially responsible activities and were focused on CSR activities to a larger degree than smaller firms (Eilbirt & Parket, 1973). Corson and Steiner (1974) defined the prevalent socially responsible activities to include equal employment opportunities, contributing financial aid to schools, and recruiting the disadvantaged.

Individuals within the organization that innately focus only on profits may make decisions or act in ways that cause public resentment. The public does not expect a healthcare organization to act like a business. They expect healthcare facilities, and the employees within, to care about their illnesses more than reimbursement schedules or managed-care contracts. A large degree of trust is placed on the healthcare facility from the patients' perspective. Therefore, the industry is held to a higher standard than typically any other business industry. This is perhaps why CSR has been widely accepted by the healthcare industry (Morrison, 2006).

The Machiavellian Construct

Although CSR has been widely accepted by many industries, there are individuals who have a difficult time with the greater good philosophy if it means the organization will experience a reduction in profits. Individuals with certain personality traits, such as Machiavellianism, may find making decisions or acting for the good of society counterproductive to their natural tendency to maximize profits. These individuals may predispose their healthcare organizations to severe public scrutiny (Morrison, 2006).

The concepts and characteristics of what would eventually be known as Machiavellianism were initially studied by Niccolo Machiavelli. Theorists Christie and Geis introduced the Machiavellian Theory, which provided an overview of individuals who have a natural tendency to self-servingly manipulate others and to reject ethical norms. Christie and Geis (1970) developed the original Machiavellianism scale, known as the Mach IV, which has been widely used when studying this personality trait. The Mach IV had 20 statements, nine of which addressed personal views, two addressed

abstract morality, and nine statements addressed Machiavellian tactics. Christie and Geis used their scale in 38 studies to determine how High Machiavellians differ from Low Machiavellians in terms of attitudes and behaviors (Christie & Geis, 1970). Vleeming, in 1979, confirmed the findings of Christie and Geis by conducting 34 additional studies. Figure 5 illustrates the Machiavellian suppositions and shows that there are two levels associated with the Machiavellian personality construct. These levels are known as the Cool Syndrome and the Soft Touch. The Cool Syndrome is associated with those known to have high levels of Machiavellian tendencies. Individuals with a low level of Machiavellian tendencies would fall in the Soft Touch category.

Each level has varying personality dispositions which are also illustrated in Figure 5. Individuals known as High Machs are depicted to be detached from ties such as friendship or loyalty because they resist social influence. High Machs focus on accomplishing their goals by controlling others and are often known to possess a propensity for unethical behavior. This is largely due to their general disregard for the best interests of others and their inability to be influenced by social expectations (Christie & Geis, 1970).

Conversely, those considered as Low Machs are concerned for the welfare of others and tend to exhibit characteristics associated with followership as opposed to leadership. Unlike those known as High Machs, the Low Machs do not enjoy manipulating or controlling others for personal gain. Low Machs are influenced by social pressure and are more likely to conform to social expectations than their High Mach counterparts. Furthermore, Low Machs are driven by their conscience and tend to be trustworthy and sympathetic (Christie & Geis, 1970). Studies show that females tend to

be Low Machs more often than men, but the gender issues in terms of ethical propensity and Machiavellianism have been inconsistent in the research. Females have been shown to be more likely to use sexual overtures to manipulate others than their male counterparts (Singer, 1964). Therefore, the assumption is that women are just as manipulative as men, but externalize their form of manipulation differently (Gable et al., 1990; Singer, 1964). Some family and gender research indicates that women actually dominate and lead men and that this is a necessary ingredient for successful relationships (Moran, 1995; Saccarelli, 2009). In this context, researchers indicate that women tend to be more Machiavellian than men (Saccarelli, 2009).

The inconsistencies in terms of correlating gender and unethical propensity is obvious when reviewing the plethora of vintage studies on the subject. For example, Hegarty and Sims (1978) found no gender differences, but Stratton, Flynn, and Johnson (1981) found women tended to be slightly more ethical than men. Other studies indicated that women have shown higher levels of Machiavellianism in some managerial positions than males in similar managerial positions (Chonko, 1982). However, other research indicates that women do not view cheating as a way to get ahead as often as men, and females were less likely than men to compromise their personal values to participate in workplace deviance such as theft (Patterson & Kim, 1991). Jones (1992) studied 289 individuals (147 males and 142 females) attempting to resolve the gender issue. Her study resulted in a .75 Chronbach alpha. She found that men tended to be more Machiavellian than women (Jones, 1992). Moore (1993) studied 308 nurses and found no significant differences in gender in terms of Machiavellianism (Moore, 1993), and Sherry, Hewitt, Besser, Flett, and Klein (2006) corroborated this finding when 483

participants revealed no significant gender differences in terms of Machiavellianism.

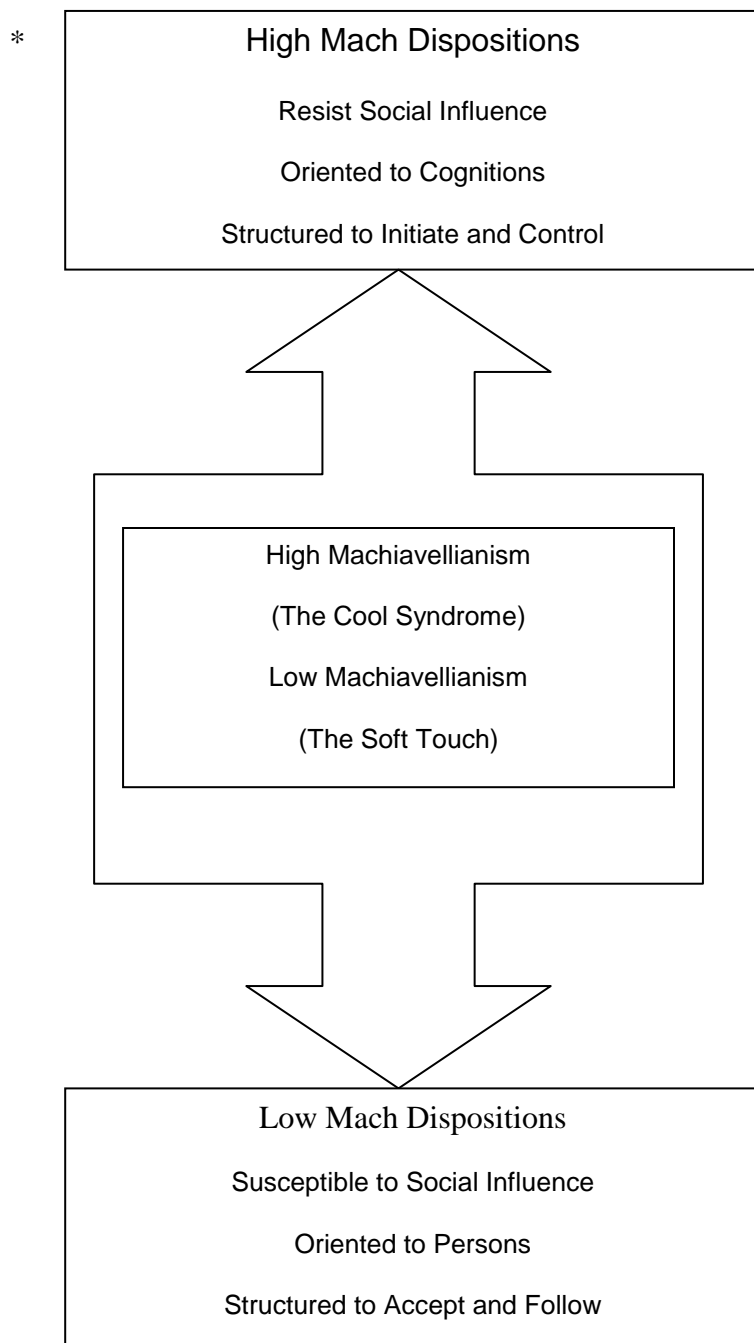


Figure 5. Suppositions of Machiavellianism. Data from: *Christie, R., & Geis, F. L. (1970). *Studies in Machiavellianism*. New York: Academic Press.

The two levels of Machiavellianism presented in Figure 5 demonstrate the perplexing conundrum which exists in terms of CSR. Individuals with high levels of Machiavellianism may possess the leadership acumen and persuasiveness to advance profit levels. Obviously, there may be times when organizational leaders need to be risktakers and capable of resisting social pressure. High Machs are known to be excellent in this regard, and these characteristics may be organizationally necessary (Jay, 1967). Interestingly, Turnbull (1976) found no correlation with Machiavellianism and the ability to persuade. He concluded this when he studied individuals in the sales profession and found that High Machs had no greater chance of persuading someone to buy a car than Low Machs (Turnbull, 1976). Beck (2006) used the Mach IV and studied 42 individuals; he found that Machiavellian characteristics do not predispose an individual to exhibit lesser amounts of socially anxious behavior.

Other studies indicate that individuals with high levels of Machiavellianism tend to select careers where they can utilize their innate Machiavellian aggression. Although the characteristic of Machiavellianism cannot describe a career in its totality (such as all executives are High Machiavellians), Christie and Geis (1970) found that there may be some careers within specific industries that have more High Machs than others. For example, when medical students were studied, Christie and Geis (1970) found that psychiatrists had higher levels of Machiavellian tendencies than general surgeons. This was attributed to the specific field and the certain skills, such as manipulation, that were needed (Christie & Geis, 1970).

Aggressiveness may be a characteristic assumed to be associated with Machiavellianism, but studies indicate that there is no correlation between aggressiveness

and manipulative personality types such as Machiavellianism. Therefore, the assumption can be made that those within the business organization can assertively pursue their business agendas without sacrificing ethical principles (Tobias, 1982).

Although studies indicate individuals with high levels of Machiavellianism tend to select careers where they can effectively use their Machiavellian traits, there are indications that every career field, from accountant (Wakefield, 2008) to lawyer (Valentine & Fleischman, 2003) and from college professor (Siegel, 1973) to college student (Okanes & Murray, 1982), has Machiavellians within it (Wakefield, 2008). Hunt and Chonko (1984) found that Machiavellians are not only evenly dispersed across all careers, but that they are evenly distributed across the general population as well.

Corporate Social Responsibility and Machiavellianism in Healthcare

The need for profit maximization in business organizations is obvious. However, the healthcare industry is plagued with differences when compared to other business industries. It has a number of challenges that most individuals outside of the industry do not fully understand. These issues can range from stringent regulatory compliance and the subsequent costs associated with meeting the expectations of accreditation bodies to intense labor shortages and salary compression issues associated with professional occupations such as nursing (Aupperle, 1982; Millstein & Katsh, 1981). Most business industries are faced with these challenges at some level, but the healthcare industry is inundated with life-threatening decisions in terms of patient care and quality-of-life concerns. Healthcare employees, at virtually every level of the organization, are faced with situations that test their wisdom and ethical framework. These challenges occur on a

daily, and sometimes, minute-to-minute basis (Morrison, 2006).

These intense challenges have led to an increased awareness concerning the decisions and actions of those within healthcare organizations. This moral imperative is part of the current debate on healthcare reform. Bell (1973) predicted that schools, hospitals, research institutions, and voluntary and civic associations would notice significant growth. It would be difficult to argue his prediction at this point. However, individuals concerned about the moral movement of healthcare could potentially argue against his prediction which indicated society would place an increased emphasis on sociologizing society at the expense of economizing society. In his research, the sociologizing mode was similar to the socio-economic perspective and the economizing mode was similar to the economic perspective as discussed earlier.

However, concern for ethical delivery of healthcare services has considerably increased with rapid alteration of the system as a whole. Medical care seemingly has evolved from caring for the ill to caring about the dollar, which has moral philosophers ignited. Some will even state that the very moral foundation of people as a whole can be reflected in how they help those who are helpless or incapable of caring for themselves. Moral philosophers have previously looked to healthcare professionals to set the standard in terms of how other industries view their responsibility to others (Kaufman, Fein, & Fins, 2009). This is because healthcare is predominantly considered to be a people-oriented business. People-oriented businesses require interpersonal skill and a certain level of social insight. Studies have shown that high levels of social insight have been significantly correlated with individuals labeled as High Machs. The subjects evaluated in these studies were hospital department leaders which provide a direct correlation to the

healthcare field in terms of the infiltration of, and perhaps the necessity for, some level of Machiavellian attributes (Okane & Stinson, 1974).

Other Machiavellian studies involving the healthcare field included nurses. Nurses were studied in terms of their Machiavellian nature, and they were compared to administrators. There was no significant difference between the two groups in terms of their levels of Machiavellianism. There was also no significant difference between the nurses and their level of Machiavellianism when their level of education (bachelor's, master's, or doctorate) was considered (Moore, 1993).

How Machiavellian tendencies impact an organization's ability to make socially responsible decisions is a complex issue. Studies indicate that shared information dominates group discussion, which precipitates group decision-making. Stasser and Titus (1985) designed a paradigm, known as the hidden profile technique, for studying the impact of shared and unshared information on group decision-making. Study participants were given a problem that had a correct answer. A portion of information which would make the correct answer obvious was withheld from participants. Therefore, group members inadvertently favored potentially inferior problem resolutions because they only had portions of the information. The assumption to this theory is that the group could make a decision which supported the most superior resolution to the problem if they had all portions of the information.

This outcome was documented by Stasser and Titus (1985) when they studied groups of people charged with the responsibility of hiring new employees. In the study, one candidate was clearly the best match for the fictitious position. Each study group had four participants. Some groups were given inclusive information on all of the job

candidates. In other groups, only a portion of information was given on the job candidate most likely to be the best match for the position. The latter groups received inclusive data on every candidate except the ideal candidate.

Stasser and Titus (1985) discovered that the groups did not discuss the incomplete information on the most suitable candidate. They only discussed the information that was freely shared. They made their candidate selection based on the freely shared information, which was rarely in favor of the most suitable candidate. The unshared information precluded them from selecting the best candidate. Since Machiavellians tend to operate with personal agendas, they may not readily disclose all pertinent information to constituents in order to control the decisions the group is charged with making (Christie & Geis, 1970).

Another study, conducted by Dukerich, Nichols, Eli, and Vollrath (1990), demonstrated that the decision-making ability of leaders impacts the moral reasoning of group decisions. These researchers studied 21 groups, each with four participants, and determined that when more principled individuals took leadership roles, the groups made more principled and moral reasoning decisions to resolve problems. Later, the studies were extended, and individuals who were determined to have high levels of moral reasoning were assigned to specific groups. Performance of those groups was compared to the performance of groups that were assigned leaders who had been determined to have low moral reasoning. Interestingly, the groups assigned a high-moral reasoning leader did not experience a significant increase in productivity. However, those groups assigned a low-moral reasoning leader experienced a significant decrease in productivity (Dukerich et al., 1990).

These studies introduced yet another conundrum in terms of CSR, ethics, and Machiavellian tendencies. Since High Machs may routinely withhold information for the purposes of controlling individuals or outcomes, could health care professionals with high Machiavellian characteristics exhibit counterproductive decision-making capacity in terms of social good? It is fairly obvious that the decisions and actions of individuals within a healthcare organization impact more than the stockholders of the organization (Morrison, 2006). Therefore, further exploration of the ethical propensity of health care professionals is necessary. Since Machiavellianism has been linked to unethical behavior, a linkage between Machiavellianism and CSR theories should also be explored.

CHAPTER THREE

RESEARCH METHODS

The purpose of this study was to explore the CSR orientations of future healthcare professionals and their relative viewpoint of CSR in terms of Socioeconomic or Classical. Although the CSR concept has been studied for several decades, Aupperle's CSR orientation is still in a relative stage of infancy. The study also sought to examine potential relationships between an individual's CSR orientation and his or her innate Machiavellian tendencies.

Research Questions

1. What are the patterns associated with the CSR orientation of future healthcare professionals with respect to the following corporate social responsibility orientations?
 - a. Economic
 - b. Legal
 - c. Ethical
 - d. Discretionary
2. What are the trends associated with the CSR perspectives of future healthcare professionals with respect to the Classical or Socioeconomic viewpoints?
3. What is the nature and strength of the relationship between an individual's CSR orientation and their level of Machiavellianism?

Research Design

This study utilized a descriptive type of research, which is a method used to describe and interpret conditions without manipulating variables. To gather information from participants, a survey with structured questions was designed to concurrently assess CSR perspectives and CSR orientations as they currently existed, which is also indicative of descriptive research (Wiersma, 2000). As CSR is a construct, the structured questions within the survey were created to elicit a self-reported explanation for an individual's beliefs and attitudes (Alreck & Settle, 1995). The study also used a publicly accessible version of the Mach IV test designed to determine an individual's Machiavellian tendency.

This type of quantitative descriptive research was appropriate because the goal of the study was to analyze what potential patterns exist, if any, in terms of the CSR orientations of future health care professionals. This type of research was also appropriate considering the other goal of this study was to determine whether any relationship exists between CSR orientations and Machiavellian level (Wiersma, 2000).

Participants

The participants in this study were not selected through any sampling process; therefore, they would be considered a sample of convenience or a nonprobability sample. The 162 participants were students enrolled in varying allied health programs at an accredited university. Students from six different classes (three managerial classes and three technical classes) volunteered to participate in the study, receiving no remuneration for their participation. No student refused to assist in the research when it was offered to

them at the end of the class. The 162 participants constitute the total student population within the six classes.

These students were selected as the target population due to their aspirations to be future healthcare professionals. Although the students had Southern Illinois University Carbondale in common, they came from diverse backgrounds. Some were studying managerial aspects of the healthcare field alone, and others were pursuing a technical degree, such as radiation therapy. Some had previous work experience in the healthcare field while others did not.

It was predetermined that any surveys that were incomplete would be removed from the study population and would not be used as part of the collected data. It was also predetermined that overlapping students (a participant concurrently enrolled in both the healthcare management program and one of the technical programs being surveyed) would be removed from the study. Participants were asked by the survey administrator, prior to handing out the survey, whether they were dual enrolled in both groups. This was done so data would not include two surveys completed by the same person and to avoid contaminating coding efforts of the management versus technical aspect. However, as there were no incomplete surveys received and no overlapping students in the participant pool, there was no need to remove any of the 162 surveys.

Instrumentation

The CSR Instrument

While conducting the literature review on CSR, a survey with structured questions which was designed to concurrently assess CSR perspectives and CSR orientations was

located (Aupperle, 1982). The instrument was designed with structured questions intended to elicit a self-reported explanation for an individual's beliefs and attitudes (Alreck & Settle, 1995). The instrument used was developed by Aupperle, and it was designed based on Carroll's foundational framework on CSR (Carroll, 1981). Aupperle gave permission to use his instrument for the purposes of this study (Appendix A).

Aupperle's CSR instrument has been widely accepted in the field of management theory and has been validated by management scholars for more than 20 years (Ray, 2006). The statements in the instrument were based on extensive literature reviews and expert panel evaluations. To determine the CSR orientation of individuals, the respondents were asked to allocate 10 points to each of 10 sets of four CSR statements. The forced-choice design of the instrument is believed to reduce the effects of respondent bias and social desirability responses (Aupperle, 1982; Burton, Fahr, & Hegarty, 2000; Ray, 2006).

Aupperle's instrument has been thoroughly supported in a variety of empirical studies (Acar, Aupperle, & Lowy, 2001; Albinger & Freeman, 2000; Angelidis & Ibrahim, 2002; Buchholtz, Amason, & Rutherford, 1999; Burton et al., 2000; Greening & Turban, 2000; Juholin, 2004; Koys, 2001; McWilliams & Siegel, 2001; Porter, 2004; Ray, 2006; Riordan et al., 1997; Thorsteinson, Palmer, Wulff, & Anderson, 2004; Waddock et al., 2002; Waring & Lewer, 2004; Zwetsloot, 2003). However, as the CSR theory is not as well known as the Machiavellian theory, a brief summary of Aupperle's initial testing of the CSR instrument is portrayed in Figure 6.

Figure 6 also includes an overview of the Cronbach alpha scores which were reported in association with the CSR orientation. These scores ranged from .83 to .92.

With the CSR components reflecting Cronbach alpha coefficients of .83 or higher, it has been established previously by researchers that the CSR instrument is both reliable and valid (Aupperle, 1984; Aupperle et al., 1985). Use of Cronbach alpha scores for this purpose is common practice (Ford, 1981).

*Testing of the CSR Instrument		
Validity		Reliability
Definition	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>the process of measuring what is intended to be measured</p> </div> <div style="width: 45%;"> <p>will the instrument produce consistent measurements</p> </div> </div>	
Process	<i>Content Validity</i>	<i>Reliability</i>
1	Exists if impartial experts agree that test items are representative of what is being measured	Survey given to 158 individuals in four varying settings.
2	Elicited blind panel of judges to determine representations after assuring all possible questions equally covered construct components	<i>Internal Consistency</i>
3	Only those statements with a level of rater congruence were placed into the survey	Cronbach Alphas were developed, and results were as follows: <div style="text-align: right;"> Economic = .934 Legal = .843 Ethical = .836 Discretionary = .872 </div>

Figure 6. Aupperle's Initial Testing of the CSR Instrument. Data from: *Aupperle, K. E. (1982). *An empirical inquiry into the social responsibility as defined by corporations: An examination of various models and relationships*. Athens, GA: University of Georgia.

The Machiavellian Instrument

The Machiavellian Theory has been studied for years, and some consider it to be foundational research in the fields of psychology and management. The Machiavellian instrument was created based on the original studies conducted by Niccolo Machiavelli (Christie & Geis, 1970; Ray, 2006). Christie developed the original Mach IV test, which was widely used in terms of analyzing the Machiavellian personality construct. This testing mechanism presented 20 questions with Likert-type response scales. The questions provided in the Mach IV either endorsed or denied Machiavellian tendencies (Hunt & Chonko, 1984).

Although widely accepted and used in Machiavellian studies, the Mach IV received intense criticism because opponents believed it did not account for social desirability issues. To address those concerns, a revision of the Mach IV was developed. This test was called the Mach V, and it used a forced-choice question format in attempt to ease concerns over social desirability (Christie & Geis, 1970; Ray, 2006).

However, the Mach V received criticism of its own. Researchers indicated that random error was inadvertently introduced in the Mach V due to the structure of the triad questioning sequence. Some seemingly believed that although social desirability may have been addressed in the forced-choice format, it was reintroduced in the scoring of the Mach V instrument. Mach V opponents indicated that this occurred when developers subjectively allocated the scores based upon what they felt was most likely High Mach or Low Mach responses (Rogers & Semin, 1973).

The reliability of the Mach V is stated to fall in the .60s in terms of Cronbach alpha scores (Christie & Geis, 1970; Moore, 1993). However, researchers have reported

the Cronbach alpha score for the original Mach IV to be .76 (Hunt & Chonko, 1984). Furthermore, Vleeming (1984) conducted studies which further represented the validity of the Mach IV. He attested that the .71 Cronbach alpha score generated in his studies was satisfactory in terms of validating the Mach IV testing mechanism (Vleeming, 1984). Therefore, the Mach IV instrument was used for this study, and the potential for social desirability was listed as a limitation. Since Christie's (2009) Mach IV was available online in a public format, no permission for use was required.

Combining the Research Instruments

Aupperle's CSR instrument and the online version of Christie's Mach IV instrument were combined into one paper/pencil survey. The final instrument and cover letter (Appendix B) were submitted to the Human Subjects Committee of Southern Illinois University Carbondale, where they were approved for distribution to the study population.

Distribution of the Instrument

The nonprobability sample of allied health students was asked to voluntarily participate in a management-related study. Along with all applicable Human Subjects forms, participants were asked to complete the final instrument, which contained the combined CSR and Mach IV testing mechanisms. For demographic purposes, the survey instrument was color-coded. Pink instruments were given to females, and blue instruments were given to males. Instruments were also coded based on which cohort of students (management students or technical students) were being administered the

survey. Management included those in the healthcare management program, and technical included those in field-specific programs, such as radiation therapy. Those codes (located on the bottom of the instrument) were as follows: Female Technical (FT), Male Technical (MT), Female Management (FM), Male Management (MM). Therefore, females in the technical classes received surveys on pink paper with FT on the bottom left-hand corner, females in the management courses received surveys on pink paper with FM on the bottom left-hand corner, males in the technical classes received surveys on blue paper with MT on the left-hand corner, and males in the management courses received surveys on blue paper with MM on the left-hand corner of the survey. To avoid conflict-of-interest issues, the instructor of record for the courses where volunteers were solicited never administered the survey in his or her own classes. For example, the researcher regularly teaches the healthcare management classes. She did not administer the instrument to her classes; this was done by a designated colleague. Once the instruments were completed, they were given a code that correlated with the course number of the class where the survey was administered.

Treatment of Data

Once all surveys were completed, they were taken and scored based upon the scoring process applicable to each instrument. It had been predetermined that incomplete surveys would be removed from the study population. This action was not necessary because there were no incomplete surveys received from the participant pool. To assure accuracy, each survey was entered twice to make sure the same CSR orientation was recorded.

The CSR instrument was scored based on the information located in Figure 7. This figure provides an example of how each CSR statement had a response that correlated with one of the CSR orientations (economic, legal, ethical, discretionary). Participants were asked to allocate up to, but not more than, 10 points for each set of four statements.

*1. It is important to perform in a manner consistent with:

** <u>econ</u>	4	a. expectations of maximizing earnings per share.
** <u>legal</u>	3	b. expectations of government and the law.
** <u>ethic</u>	2	c. the philanthropic and charitable expectations of society.
** <u>discr</u>	1	d. expectations of societal mores and ethical norms.
Total =		10

Figure 7. Example of CSR Instrument Scoring. *Data from: Aupperle, K. E. (1991). The use of forced-choice survey procedures in assessing corporate social orientation. *Research in Corporate Social Performance and Policy*, 12(2), 269-279. **Denotes the CSR orientation which corresponds with the possible response. The order of the orientations vary from statement to statement.

After all survey responses from the CSR section of the final instrument were entered into the spreadsheet, total values were calculated, and the area with the highest value identified that individual's specific CSR orientation. This process was completed with each survey until all responses were recorded and each individual orientation was determined. CSR orientations were coded as follows: 1 = Economic, 2 = Legal, 3 = Ethical, 4 = Discretionary.

The Machiavellian portion of the final survey instrument was scored by the automatic scoring mechanism provided within the online version of the Mach IV. The

initial thought was to have survey participants go online and complete the actual online version. This would have made data entry much less labor intensive. However, the online version of the Mach IV provided information on the actual website which alluded to what was being measured. It was believed this might increase the chances of social desirability bias. Therefore, the information from the online test was combined on the paper/pencil survey that was distributed to participants as the final instrument.

The information received from the paper/pencil version of the online Mach IV was taken back to the online testing mechanism and entered individually to determine the Machiavellian score for each participant. To assure accuracy, each survey was entered twice to make sure the same Machiavellian score was calculated by the online testing mechanism. An individual scoring 20-59 points was considered to be a Low Mach and was coded as a 1, and an individual score of 60-100 was considered to be a High Mach and was coded as a 2 (Christie, 2009).

Although the online version was reviewed by a subject expert and determined to be an acceptable form of the Mach IV testing mechanism, there were some differences between the original Mach IV test and the online version used for this study. The original version used a 7-point Likert-type scale, including strongly disagree (1), somewhat agree (2), slightly agree (3), no opinion (4), slightly disagree (5), somewhat disagree (6), and strongly disagree (7). The online version, created in 1999, used a 5-point Likert-type scale, including strongly disagree (1), disagree (2), neutral (3), agree (4), and strongly agree (5). Both versions of the Mach IV have 20 questions; however, the original Mach IV instrument provided an initial 20-point constant. Therefore, a score of 4 on all 20 questions would result in a final score of 100 after the constant was added. Total test

scores could range from 40 to 120 (Moore, 1993). The online version did not have a 20-point constant. Each of the 20 questions on the online version was worth five points. Therefore, test scores could range from 20 to 100. Regardless of the test version, the higher the final score, the more Machiavellian the person is thought to be (Christie & Geis, 1970).

Once the CSR orientation and the Machiavellian score of each participant were determined, the results were placed in a statistical analysis program known as SPSS. Each usable survey was given a tracking number that corresponded with the respondent number in the SPSS spreadsheet. This tracking number was used by two individuals who agreed to assure the integrity and accuracy of data entry. They each randomly viewed 20% of the total surveys and verified the information that had been entered into the SPSS program by matching the tracking number to the respondent number. Each individual independently collected the random selection of documents to review; therefore, a record could have had two reviews, one review, or no review at all. The results of this effort in terms of data accuracy can be reviewed in the report of findings in Chapter Four.

To assure integrity of data entry for the Machiavellian score and the CSR orientation score, two individuals not associated with the research project were asked to randomly select approximately 20% of the total 162 completed surveys. Each reviewer evaluated the data entry of 16 completed surveys. They used the respondent number that was assigned to each individual survey and correlated it with the respondent number on the data entry spreadsheet. They reviewed demographic codes for accuracy as well as each individual question on the instrument to determine whether the numerical representations of the Mach score and the CSR orientation had been entered correctly.

They were able to ascertain a 100% accuracy rate in terms of data entry for the randomly selected items.

Use of a nonprobability sample made inferential statistics unnecessary, but descriptive statistics were calculated to determine potential CSR orientation and subsequent CSR viewpoint patterns. Furthermore, Machiavellian construct patterns were evaluated, and an analysis of potential relationships between CSR orientations and Machiavellianism was completed by calculating a Pearson Product-Moment Correlation.

CHAPTER FOUR

RESEARCH RESULTS

The purpose of this study was to explore the CSR orientations of future healthcare professionals and their relative viewpoint of CSR in terms of Socioeconomic or Classical. The study also sought to examine the nature and strength of relationships between an individuals' CSR orientation and their innate Machiavellian tendencies.

Treatment of Data

Data were gathered using a public accessible version of the Mach IV test (Christie, 2009) and a previously validated CSR instrument created by Aupperle in 1982. Both instruments were combined into one paper-pencil survey. After obtaining permission from Human Subjects Review at Southern Illinois University Carbondale, a cover letter addressing the importance of the research and the rights of the participants along with the survey were administered to undergraduate students in various healthcare-related programs (Appendix B). This portion of the study was completed September 1, 2009, through September 3, 2009.

The survey gathered data pertaining to the participants' Machiavellian and CSR tendencies. The demographics of the participants can be reviewed in Table 1 below.

The data were used to address the following research questions:

1. What are the patterns associated with the CSR orientation of future healthcare professionals with respect to the following corporate social responsibility orientations?

- a. Economic
 - b. Legal
 - c. Ethical
 - d. Discretionary
2. What are the trends associated with the CSR perspectives of future healthcare professionals with respect to the Classical or Socioeconomic viewpoints?
 3. What is the nature and strength of the relationship between an individual's CSR orientation and their level of Machiavellianism?

Each completed survey (162 were completed out of a possible 162) was given a respondent number which was written on the survey. The instruments were then taken and scored based upon the scoring process applicable to each individual survey.

Findings

The study produced a number of specific findings. The following information which pertains to the demographics of the participants and the findings, which are arranged according to the research questions, provides an overview of the research findings.

Demographics of the Participants

The percentages related to the participant demographics were as follows. Of the total 162 participants, those in the technical educational group represented 53.1% and management represented 46.9%. Males represented 19.1%, and females represented 80.9%. As originally anticipated, females were much higher in number than males within

the convenience sample. There were slightly more technical participants than management participants. Table 1 shows an overview of the participant demographics.

Table 1

Demographics of Survey Participants (N = 162)

Characteristics	n	%
Gender:		
Male	31	19.1%
Female	131	80.9%
Total	162	100%
Group:		
Technical	86	53.1%
Managerial	76	46.9%
Total	162	100%

Findings According to Research Questions

Research Question 1: What are the patterns associated with the CSR orientation of future healthcare professionals with respect to the following corporate social responsibility orientations?

- a. Economic
- b. Legal
- c. Ethical
- d. Discretionary

Descriptive statistics were calculated to analyze the patterns associated with the CSR orientations. An assessment of the overall CSR orientation for all participants

indicated that the largest percentage of individuals fell within the Legal category.

However, only one participant prevented the Legal and Ethical categories from being essentially equal in terms of overall percentages. There was a much lower representation in the Economic and Discretionary areas. Table 2 provides a graphical representation of the patterns associated with the CSR orientations of these participants.

Table 2

Distribution of CSR Orientations (N = 162)

CSR Orientation	n	%
Economic	15	9.3%
Legal	61	37.7%
Ethical	60	37.0%
Discretionary	26	16.0%
Total	162	100.0%

Research Question 2: What are the trends associated with the CSR perspectives of future healthcare professionals with respect to the Classical or Socioeconomic viewpoints?

As Figure 8 demonstrates, each of the CSR orientations correlates specifically with one of the two CSR viewpoints (Economic or Socioeconomic). Those individuals who fall within the Legal, Ethical, and Discretionary CSR orientations are believed to hold a Socioeconomic viewpoint. This means they are more focused on what is good for society as opposed to financial gain for the organization alone. Those who fall into the Economic CSR category are believed to hold a Classical viewpoint and to be chiefly driven to increase profits even at the expense of society (Carroll, 1991).

Participants in this study most commonly fell into the Legal and Ethical categories of the CSR orientations. Given the information in Figure 8, both of those orientations correlate with the Socioeconomic viewpoint. Therefore, the CSR viewpoint most commonly held by this group of future healthcare professionals is the Socioeconomic viewpoint (Carroll, 1991; Robbins & Coulter, 1996).

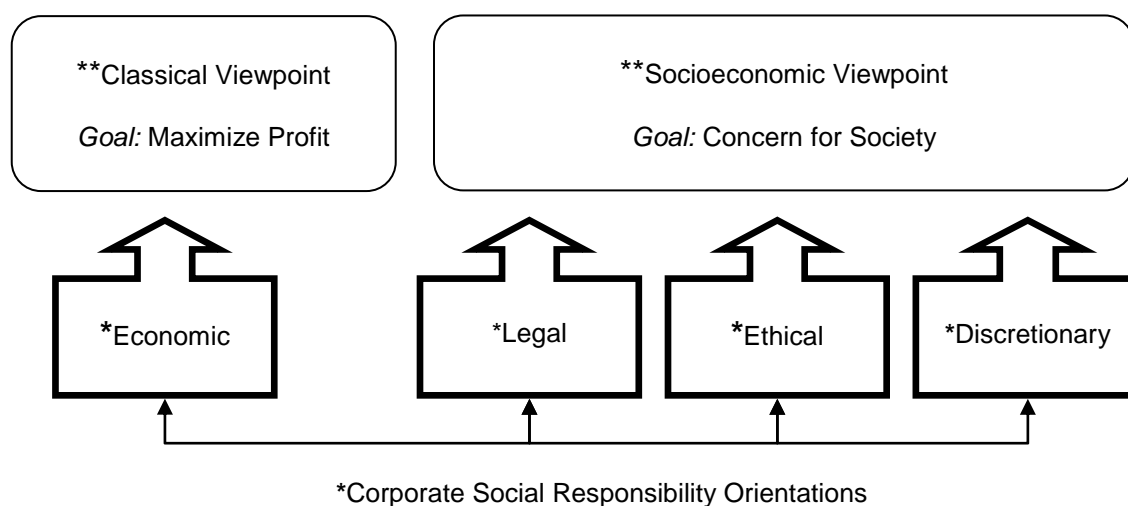


Figure 8. Corporate Social Responsibility Viewpoints and Orientations. Data from:

- *Carroll, A. B. (1991). The pyramid of social responsibility: Toward the moral management of organizational stakeholders. *Business Horizons*, 34(4), 39-48, and
- **Robbins, S., & Coulter, M. (1996). *Management* (5th ed.) Upper Saddle River: NJ. Prentice Hall.

Research Question 3: What is the nature and strength of the relationship between an individual's CSR orientation and their level of Machiavellianism?

To determine if any potential relationship existed between the participant's level of Machiavellianism and CSR orientation, Machiavellian scores were calculated for each survey participant. The actual Machiavellian scores had to be analyzed first in order to

determine the participants' Machiavellian level as High or Low Mach. The descriptive statistics for the overall Machiavellian scores are provided in Table 3.

Table 3

Descriptive Statistics for Overall Machiavellian Scores (N = 162)

Descriptive Statistics	Data
Valid	162
Missing	0.0
Mean	52.6
Median	53.0
Mode	54.0
Standard Deviation	6.94
Variance	48.2
Range	46.0
Minimum	32.0
Maximum	78.0

Once Machiavellian scores were calculated, High and Low Mach levels could then be determined. High Mach scores were those 60 and above, and Low Mach scores were those 59 and under (Christie, 2009). Table 4 provides an overview of the frequencies regarding the status of these individuals in terms of being a High Mach (one perceived to possess a high level of Machiavellian tendencies) or being a Low Mach (one

perceived to possess a High level of Low Machiavellian tendencies). As Table 4 indicates, 84.6% of the overall participants in this study fell within the Low Mach level.

Table 4

Distribution Frequencies of Machiavellian Levels (N = 162)

Mach Level	n	%
High Mach	25	15.4%
Low Mach	137	84.6%
Total	162	100.0%

To further determine if any statistically significant relationships existed between an individual's CSR orientation and their Machiavellian level, a Pearson Product-Moment Correlation was calculated. This procedure is useful in determining the strength of linear relationships between variables (Cronk, 2004). Table 5 demonstrates that there was no statistically significant relationship between an individual's CSR and the Machiavellian level ($r(160) = .098, p < 0.01$).

Table 5

Correlation Between Machiavellian Level and CSR Orientation

Variable	Mach Level
CSR Orientation	
Pearson	0.098
Sig. (2 tailed)	0.213

*Significant at the 0.05 level.

Post-Hoc Analysis

The initial coding of survey instruments by color (gender) and educational group (management/technical) provided several other areas where studies could be conducted within the research project. Therefore, several post-hoc studies were administered. The first Post-Hoc analysis involved examining the patterns associated with the gender, educational group, and CSR orientation of participants. Results can be viewed in Table 6.

Specific patterns include:

- a. Overall, 35.5% of males fell into the ethical category.
- b. Overall, 40.5% of females fell into the legal category.
- c. 40.6% of technical participants fell into the ethical category.
- d. 42.1% of management participants fell into the legal category.
- e. When gender and technical/management were combined, 46.7% of technical men fell into the ethical category. This was consistent with overall male and overall technical categories.
- f. When gender and technical/management were combined, 39.4% of technical women fell into the ethical category. This was inconsistent with overall females, but consistent with overall technical.
- g. When gender and technical/management were combined, male management participants were equally split (25% each) between all CSR orientations. This was inconsistent with the male category overall and the management category overall.
- h. When gender and technical/management were combined, 46.7% of management females fell into the legal category. This was consistent with the

females category overall and the management category overall.

- i. Any inconsistencies noticed among the groups were relatively small.

Table 6

Distribution of CSR Orientations (N = 162)

	Economic		Legal		Ethical		Discretionary		Total	
	n	%	n	%	n	%	n	%	n	%
Male	6	19.4%	8	25.8%	11	35.5%	6	19.4%	31	19.1%
Female	9	6.9%	53	40.5%	49	37.4%	20	15.3%	131	80.9%
Total	15	9.3%	61	37.7%	60	37.0%	26	16.0%	162	100.0%
Technical	5	5.8%	29	33.7%	35	40.7%	17	19.8%	86	53.1%
Management	10	13.2%	32	42.1%	25	32.9%	9	11.8%	76	46.9%
Total	15	9.3%	61	37.7%	60	37.0%	26	16.0%	162	100.0%
Technical Male	2	13.3%	4	26.7%	7	46.7%	2	13.3%	15	9.3%
Technical Female	3	4.2%	25	35.2%	28	39.4%	15	21.1%	71	43.8%
Management Male	4	25.0%	4	25.0%	4	25.0%	4	25.0%	16	9.9%
Management Female	6	10.0%	28	46.7%	21	35.0%	5	8.3%	60	37.0%
Total	15	9.3%	61	37.7%	60	37.0%	26	16.0%	162	100.0%

The next post-hoc analysis that was conducted involved the distribution of Machiavellian scores in terms of gender and educational group. It also shows the distribution of Machiavellian scores when gender and educational group are combined.

The specific observations for this analysis include:

- a. Overall, when compared to women, men had a higher Machiavellian score in terms of the mean score.
- b. Overall, when compared to the technical group of participants, those in the managerial educational group had a higher Machiavellian score in terms of the mean.
- c. When gender and technical/management were combined, male management participants had the highest Machiavellian score in terms of the mean score when compared to females in both the management and technical groups.
- d. Any inconsistencies noticed among the groups were relatively small and there were no significant differences in Machiavellian scores in any of the categories regardless of gender or educational group.

Table 7 provides a graphic interpretation of the distributions of Machiavellian scores in terms of the descriptive statistics.

Table 7

Descriptive Statistics for Machiavellian Scores (N = 162)

	Gender		Area		Gender and Area			
	Male	Female	Technical	Management	Technical		Management	
					Male Technical	Female Technical	Male Management	Female Management
n	31	131	86	76	15	71	16	60
Valid	31	131	86	76	15	71	16	60
Missing	0	0	0	0	0	0	0	0
Mean	53.97	52.31	52.25	53.00	52.60	52.18	55.20	52.40
Median	53.00	53.00	52.00	53.00	52.00	52.00	54.50	53.00
Mode	53.00	51.00	54.00	51.00	50.00	54.00	46.00	41.00
Standard Deviation	7.04	6.91	6.85	7.07	5.39	7.16	8.26	6.67
Variance	49.56	47.84	47.00	50.00	29.10	51.20	68.30	44.50
Range	34.00	37.00	31.00	46.00	18.00	31.00	33.00	35.00
Minimum	44.00	32.00	38.00	32.00	44.00	38.00	45.00	32.00
Maximum	78.00	69.00	69.00	78.00	62.00	69.00	78.00	67.00

Reviewing the distributions of actual Machiavellian scores naturally led to conducting another Post-Hoc analysis involving the Machiavellian levels respective to gender and educational group. Table 8 provides an overview of the results of this analysis. Specific observations include:

- a. 81% of those falling into the Low Mach level and 80% of those falling into the High Mach level were women. This follows the overall distribution of the total population, which was predominantly women.
- b. 54% of all individuals within the technical group fell into the Low Mach level.
- c. 52% of all individuals within the management group fell into the High Mach level.
- d. Males in both the management and technical group were equally represented in terms of Low Mach levels.
- e. Females in both the management and technical group were equally represented in terms of High Mach levels.
- f. Any inconsistencies among the groups were relatively small.

Table 8

Distribution Frequencies of Machiavellian Levels (N= 162)

	High Mach		Low Mach		Total	
	n	%	n	%	n	%
Male	5	20.0%	26	19.0%	31	19.1%
Female	20	80.0%	111	81.0%	131	80.9%
Total	25	100.0%	137	100.0%	162	100.0%
Technical	12	48.0%	74	54.0%	86	53.1%
Management	13	52.0%	63	46.0%	76	46.9%
Total	25	100.0%	137	100.0%	162	100.0%
Male Technical	2	8.0%	13	9.5%	15	9.3%
Female Technical	10	40.0%	61	44.5%	71	43.8%
Male Management	3	12.0%	13	9.5%	16	9.9%
Female Management	10	40.0%	50	36.5%	60	37.0%
Total	25	100.0%	137	100.0%	162	100.0%
Overall Total	25	15.4%	137	84.6%	162	100.0%

The initial research questions addressed potential relationships between Machiavellian level and CSR orientation. However, relationships between Machiavellian score, gender, and group were not included in the original research questions. Therefore, another Pearson's Product-Moment Correlation was conducted as a Post-Hoc analysis. This procedure is useful in determining the strength of linear relationships between variables (Cronk, 2004).

Table 9 demonstrates that there were no relationships evident in terms of CSR orientation and Machiavellian score. There was, however, a weak negative relationship

between CSR orientation and the educational group at the 0.05 level ($r(160) = -.179, p < .05$).

Table 9

Correlation Between Machiavellianism and CSR Orientation

Variable	Technical/ Management	Gender	Mach Score	Mach Level
Technical/Management				
	Pearson			
	Sig. (2 tailed)			
Gender				
	Pearson	-.046		
	Sig. (2 tailed)	.563		
Mach Score***				
	Pearson	.057	-.094	
	Sig. (2 tailed)	.468	.234	
Mach Level****				
	Pearson	-.044	.009	.659**
	Sig. (2 tailed)	.582	.906	.000
CSR Orientation				
	Pearson	-.179*	.028	-.021
	Sig. (2 tailed)	.023	.720	.794
			.213	

*Correlation is significant at the 0.05 level (2 tailed).

**Correlation is significant at the 0.01 level (2 tailed).

***Refers to the actual Mach score.

****Refers to a Mach Score coded as High or low.

To further examine potential relationships between Machiavellianism and CSR orientations, a One-Way ANOVA test was conducted. This procedure determines the proportion of variability attributed to each group by comparing group means. The independent variable used was the CSR orientation, and the dependent variable used was the actual Machiavellian score. The goal was to identify whether an individual's CSR orientation had any relationship to the Machiavellian score (Cronk, 2004). The descriptive statistics can be reviewed in Table 10.

Table 10

One-Way ANOVA Descriptives - CSR Orientation and Machiavellian Score (N = 162)

CSR Orientation	n	Mean	Standard Deviation	Standard Error	Lower Bound	Upper Bound	Minimum	Maximum
Economic	15	56.5	8.56	2.21	51.72	61.11	37	78
Legal	61	51.1	6.49	0.83	49.43	51.76	32	66
Ethical	60	53.2	7.15	0.92	51.35	55.04	38	69
Discretionary	26	52.7	5.72	1.12	50.37	55.00	42	66

Further output from the ANOVA test provided an analysis of the variances between groups due to the CSR orientations and the differences within each category of CSR orientation (Cronk, 2004). The computation of the One-Way ANOVA compared Machiavellian scores to the four varying CSR orientations. A significant difference was found among the orientations ($F(3,158) = 2.732, p < .05$). An overview of these ANOVA results can be reviewed in Table 11.

Table 11

One - Way ANOVA Source Table for CSR Orientation and Machiavellian Score

Variables and Sources	df	SS	MS	F	Sig
Between Groups	3	383.496	127.832	2.732	.046*
Within Groups	7392.28	158	46.787		
Total	7775.78	1631			

*Significant at the 0.05 level.

In order to determine which groups were different from other groups, a Tukey *HSD* was conducted (Cronk, 2004). The Tukey procedure indicates that those falling within the Economic category were significantly different from those falling within the Legal category. Those in the Economic category ($m = 56.4667, sd 8.56794$) scored an average of 5.36831 higher in terms of their Machiavellian score than those in the Legal category ($m = 51.0984, sd 6.49026$) (Cronk, 2004). Table 12 provides an overview of this analysis.

Table 12
Tukey Analysis of Group Differences

CSRO Code (1)	CSRO Code (2)	Mean		Sig.
		Difference (1 & 2)	Standard Error	
Economic	Legal	5.36831	1.97132	0.036*
	Ethical	3.26667	1.97456	0.351
	Discretionary	3.77436	2.21779	0.325
Legal	Economic	-5.36831	1.97132	0.036*
	Ethical	-2.10164	1.24369	0.332
	Discretionary	-1.59395	1.60202	0.753
Ethical	Economic	-3.26667	1.97456	0.351
	Legal	2.10164	1.24369	0.332
	Discretionary	0.50769	1.60601	0.989
Discretionary	Economic	-3.77436	2.21779	0.326
	Legal	1.59395	1.60202	0.753
	Ethical	.50769	1.60601	0.989

*Significant at the 0.05 level.

Summary of Chapter Four

This research study sought to determine the CSR orientations, identify the CSR viewpoints, and examine potential relationships between the ethical propensity and Machiavellian levels of future healthcare professionals. A survey was created to measure these constructs and administered to 162 students currently enrolled in health-related programs at an accredited university.

The results of the research indicate that CSR orientations are well represented

among the selected population; however, the Legal and Ethical CSR orientations had much higher representation than the Discretionary and Economic CSR orientations. Tying the CSR orientation theory to the CSR viewpoint theory demonstrates clearly that participants in this study were more likely to fall within the Socioeconomic viewpoint. Therefore, they will focus more on the good of society as opposed to profit maximization.

Likewise, individuals within this population had a dispersion of Machiavellian scores resulting in a representation of both High and Low Machs. However, participants fell into the Low Mach category more often. This cursory relationship led to determining if there was a correlation between an individual's Machiavellian level and the CSR orientation. Although there were no statistically significant relationships between an individual's CSR orientation and the Mach level, Post-Hoc analysis indicated that a weak negative relationship existed between CSR orientation and the educational group of technical versus management. Further Post-Hoc examination indicated there was a significant difference between the Economic and Legal CSR orientations. Those in the Economic category had a higher Machiavellian score than those in the Legal category.

CHAPTER FIVE
SUMMARY, FINDINGS, CONCLUSIONS, DISCUSSION, AND
RECOMMENDATIONS FOR FUTURE RESEARCH

Summary

The purpose of this study was to explore the CSR orientations of future healthcare professionals and their relative viewpoint of CSR in terms of Socioeconomic or Classical. Although the CSR concept has been studied for several decades, Aupperle's CSR orientation is still in a relative stage of infancy. The study also sought to examine potential relationships between an individual's CSR orientation and their innate Machiavellian tendencies.

Very little is known about the CSR orientation patterns of future healthcare professionals and how those patterns may be impacted by Machiavellian tendencies. To gather information from participants, this study utilized a survey with structured questions which was designed to concurrently assess CSR perspectives and CSR orientations. As CSR is a construct, the structured questions were created to elicit a self-reported explanation for an individual's beliefs and attitudes (Alreck & Settle, 1995). The study also used a public accessible version of the Mach IV survey to determine Machiavellian levels. This type of quantitative descriptive research was appropriate since the goal of this study was to analyze what potential patterns exist, if any, in terms of the CSR orientations of future health care professionals. This type of research was also appropriate considering the other goal of this study was to determine if any relationship exists between CSR orientations and Machiavellian scores (Wiersma, 2000).

Human Subjects Committee at Southern Illinois University Carbondale

The survey instrument and appropriate cover letter were administered to 162 volunteer students September 1 through September 3, 2009. Participants were part of a convenience sample. Data from all 162 participants were analyzed in order to reveal potential patterns of CSR orientations, Machiavellianism, and strength and nature of potential relationships between the CSR and Machiavellian constructs.

Findings

Three research questions guided this study, and findings are presented based upon each research question.

Research Question 1: What are the patterns associated with the CSR orientation of future healthcare professionals with respect to the following CSR orientations?

- a. Economic
- b. Legal
- c. Ethical
- d. Discretionary

With respect to the patterns of this group of future healthcare professionals, a number of observations were noted. The largest percentage of individuals in this study fell into the Legal CSR orientation. However, the difference between the Legal and Ethical CSR orientation was only by one participant. According to Carroll (1991), this indicates that most individuals in the participant pool will follow the unwritten codes and social norms that are commonly believed to be important to business success. They will also act within the limits of the law and believe that their actions must be legally

acceptable. Other patterns that were identified in terms of CSR orientation indicate that the specific CSR orientations are relatively consistent regardless of the category being analyzed (management/technical or male/female).

Research Question 2: What are the trends associated with the CSR perspectives of future professionals with respect to the Classical or Socioeconomic viewpoints?

In terms of CSR orientation, overall participants most commonly fell into the Legal category of the CSR orientations. This was closely followed by those who fell into the Ethical CSR orientations. Both of those orientations correlate with the Socioeconomic viewpoint. Therefore, the CSR viewpoint most commonly held by this group of future healthcare professionals would be the Socioeconomic viewpoint. Given this information, the participants would be expected to be more concerned with the good of society and the well-being of others as opposed to the Classical viewpoint, which is chiefly associated with profit maximization (Aupperle, 1984; Carroll, 1979; Robbins & Coulter, 1996). Due to the sample of convenience, these observations may not accurately be generalized to other groups or healthcare professionals or healthcare students.

The uniqueness between research questions one and two involves merging two theoretical premises. CSR viewpoints have been studied since the early 1900s, yet CSR orientations have only been studied since the mid 1970s. The language of both theoretical concepts is virtually identical, and the foundational research surrounding CSR viewpoints clearly provided the basis for later studies on CSR orientation. However, the literature review did not specifically produce any evidence that the two theories had been linked. Merging the two theories within this research project acts as a catalyst to further substantiate Aupperle's suppositions regarding the specific behaviors associated with

CSR orientations because they parallel the behaviors discussed within the CSR viewpoint.

Research Question 3: What is the nature and strength of the relationship between an individual's CSR orientation and their level of Machiavellianism?

Surprisingly, there were no statistically significant relationships noted between Machiavellian level and CSR orientation. Testing beyond the research questions did find a weak negative relationship between an individual's Machiavellian score and his or her CSR orientation. This was further substantiated by running a One-Way ANOVA test.

These tests revealed that the higher an individual's Machiavellian score, the more likely the individual was to fall into the Economic CSR orientation; and the higher an individual's Machiavellian score, the more likely the individual was to fall into the Classical CSR viewpoint. The results also demonstrated that there was a statistically significant difference in terms of Machiavellian score between the Legal and Economic CSR orientations.

Conclusions

The following conclusions are presented based on the analysis of data obtained from the survey results.

Conclusion 1: This study supports previous CSR research showing that there is a normal distribution of the varying CSR orientations regardless of the group studied. This further substantiates Aupperle's theory that the CSR orientations are an individual construct similar to that of personality (Aupperle, 1982). Therefore, the differing orientations should be added to field-specific academic programs like the differences in

leadership styles and personality types. Future healthcare professionals should reflect upon the varying orientations in order to determine how to more accurately manage and direct those individuals within each specific orientation.

Conclusion 2: This study revealed that the participants fell into the Ethical and Legal CSR orientations most frequently. Therefore, these individuals will act ethically when there are social norms, laws, and sanctioned guidelines that discourage them from acting unethically. The heavy underlying Ethical orientation observed in this group would suggest that they have a strong moral compass that causes them to innately act ethically. Healthcare is heavily regulated, which is a source of much aggravation and financial strain. However, it appears as if social and legal regulation may actually guide the actions of people somewhat effectively and as intended.

Conclusion 3: A study of CSR orientations revealed the CSR viewpoint most often held by these participants was that of the Socioeconomic viewpoint. Therefore, these individuals would be characterized as being more concerned with social good than making a profit. The conclusion drawn from this result is that this group of individuals will predominantly focus on what is in the best interest of the patient. This is a somewhat comforting conclusion given the general public assumes this is the obligation for health care professionals. However, they may potentially ignore the importance of financial gain even though profit maximization is not an insignificant aspect of operating a healthcare facility. Future healthcare professionals need to fully understand that patient care will ultimately suffer if the organization is not profitable. For example, a facility without adequate financial resources cannot hire and retain quality physicians or health care professionals. Furthermore, they may not be able to afford state-of-the-art technology.

The impact of being unprofitable goes far beyond these simple examples, but the message heavily resonates around the fact that organizations need money in order to flourish and provide patients with the highest quality of care.

Conclusion 4: There were no statistical relationships found between an individual's Machiavellian level (High and Low) and his or her CSR orientation, gender, or educational program. Furthermore, there were no relationships found between an individual's Machiavellian score, gender, educational program, or CSR orientation. This is consistent with the multitude of studies which indicate that both High and Low Machs as well as all CSR orientations are constructs that can be found in every industry and in both genders (Aupperle, 1982; Carroll, 1979; Gable et al., 1990; Hunt & Chonko, 1984; Ray, 2006; Singer, 1964). This result demonstrates the need to copiously understand CSR viewpoints and orientations so training, education, and modification can occur within all levels of the varying industries, genders, and organizational positions. Educative efforts should not be focused on men as opposed to women and technical as opposed to managerial. They should focus on a broad gamut so all CSR viewpoints and CSR orientations are represented.

Conclusion 6: There was a relationship found between an individual's educational program and CSR orientation. Those within the management group appeared to be more inclined to conduct themselves ethically if laws and regulations required them to do so. Those in the technical group appeared to be more inclined to conduct themselves ethically because their moral compass required them to do so. This finding could potentially be attributed to the patient-oriented nature of technical professionals as opposed to business professionals in the managerial program. One is taught to care for

the patient, and the other is taught to be fiscally prudent. This perhaps demonstrates and substantiates the need for both areas to more cohesively understand and respect the role of the other. Their opposition could potentially be of benefit to the patients, the community, and the facility as a whole if they can learn to embrace the values of each other.

Conclusion 7: When comparing group means of Machiavellian scores, there was a difference found between Machiavellian scores within the four CSR orientations. Those in the Economic category had higher Machiavellian scores than those in the Legal category. Therefore, it could be concluded that those falling in the Economic CSR orientation are more likely to exhibit High Mach tendencies. This is one of the more significant findings of this specific research because it provides a linkage between the CSR orientation theory and the Machiavellian theory. This further substantiates Aupperle's highly respected yet minimally studied CSR orientation theory by tying it to the time-honored and extensively studied Machiavellian theories.

Conclusion 8: Those falling within the Economic CSR orientation (which is associated with the Classical CSR viewpoint of profit maximization) were noted to be significantly different than those in the Legal category (which is associated with the Socioeconomic viewpoint of social good). This is a significant finding in that those in the Classical CSR viewpoint would share the same profit-oriented characteristics as those believed to be High Machs (Christie & Geis, 1970; Robbins & Coulter, 1996). This provides a superficial tie between the CSR viewpoint theories, the CSR orientation theories, and Machiavellianism.

Discussion

In the field of healthcare, ethical behavior is the public and professional expectation. Studying the trends in terms of the Machiavellian tendency and the CSR orientation of future healthcare professionals provides information which might be useful in assuring an ethical healthcare industry. In an academic context, researchers and educators can use the data extracted from this study to develop future research involving the study of ethical tendencies in future healthcare professions. This research establishes a need to consider adapting curriculum requirements of healthcare-related academic programs to include a more rigorous focus on ethical behavior.

This particular study brought forth a linkage between Aupperle's CSR theory, which although studied for several decades is still in a state of infancy, and the Machiavellian theories which have been solidified through scholarly inquiry in multiple disciplines and in multiple forums. This further establishes the potential that CSR orientations are a construct similar to personality types, leadership styles, and intelligence. The study also linked time-honored theories associated with CSR viewpoints, which have been linked to Machiavellianism (Hunt & Chonko, 1984; Moore, 1993; Okanes & Murray, 1982), to the more recent theories associated with CSR orientation.

CSR is a complicated topic consisting of contrasting approaches and interpretations that vary from industry to industry. Although CSR has been difficult to understand, the interest in how organizations and the professionals within tend to impact society continues to grow (Albinger & Freeman, 2000). Recent scandals in the business environment and the current heated debated surround healthcare reform have brought

forth an intensified concern for the well-being of society (Dubinsky, 2002). The literature review on the topic of CSR and Machiavellianism revealed a number of empirical studies for each of the topics independently. However, scholarly inquiry regarding the patterns of future healthcare professionals and correlations between Machiavellianism and CSR had not been conducted.

The CSR literature addressed relevant ethical issues that potentially describe and dictate how an individual innately makes decisions. Although there have been several studies conducted regarding professionals in the healthcare field and their levels of Machiavellianism (Aupperle, 1982; Bell, 1973, Christie & Geis, 1970; Millstein & Katsch, 1981; Okanes & Stinson, 1974), the CSR theory is relatively new to the healthcare industry as a whole. The review of literature found that healthcare professionals, although studied in terms of Machiavellian tendency, have not extensively been exposed to research efforts that explore their CSR orientations of viewpoints. Because moral philosophers have previously thought the healthcare field to be the icon of ethical behavior, perhaps the initiative to further research the field should intensify given the current emphasis on healthcare reform and healthcare for everyone (Kaufman et al., 2009). This must be done if changes are going to be made in terms of increasing the ethical behavior of individuals within any business sector, including healthcare.

Previous studies of ethics and Machiavellianism suggested there was a connection between those who were more likely to participate in unethical behavior and those with high levels of Machiavellianism. Results from this study revealed that a linear relationship exists between an individual's Machiavellian score and both the CSR orientation and CSR viewpoint. Machiavellian traits can, to some degree, determine an

individual's CSR orientation. Of the four basic types of CSR orientations, the Economic orientation is the most closely related to the Classical CSR viewpoint, and the Legal, Ethical, and Discretionary CSR orientations are the most closely related to the Socioeconomic CSR viewpoint. The higher an individual's Machiavellian score, the more likely he or she is to fall within the Economic CSR orientation; thereby, they are more likely to be associated with the Classical viewpoint where profit is more important than social good (Carroll 1979; Robbins & Coulter, 1996).

This particular group of participants fell into the Legal category the most often (although by only one participant) in terms of their CSR orientation. This indicates that these individuals may feel they must act within the limits of the law and may be more likely to attempt to meet the economic responsibilities of an organization in legally acceptable ways. There is much controversy in terms of the CSR orientation because acting legally is not the same thing as acting ethically. It is believed that an individual or organization can be acting within legal boundaries, but not necessarily being socially responsible or ethical. Skeptics of ethical behavior believe that acting ethically for the purpose of avoiding unfavorable legal ramifications is different from acting for the good of society (Aupperle, 1982).

Participants in this study group fall within the CSR orientations that are believed to focus on social good; however, this may not necessarily mean they predominantly are socially conscious individuals. If skeptics of ethical behavior are correct in their aforementioned belief, this study group may be willing to participate in unethical behavior if they were not concerned about unpleasant legal ramifications. In other words, if unfavorable legal consequences were removed, these individuals may be more likely to

act against the good of society.

The presumption could be made that this group will act unethically in situations where discovery is minimal. This could be perceived as an unfortunate finding for the health care industry. However, this assumption may be more palatable when considering this study group fell within the Legal category by one participant only. With only one participant separating the two orientations, the other almost equally represented orientation was the Ethical orientation. This finding would lead researchers to believe that the participants in this group have a sensitive moral compass and use acceptable social norms to guide their behavior. They tend not to need laws to assist them in making ethical decisions; they consider the impact of their actions on others as natural as breathing.

A cursory correlation between the relationships of an individual's CSR orientation and his or her Machiavellian tendency was initially made when the Machiavellian levels and CSR orientations of individuals were reviewed. The CSR orientation of this study population was clearly tied to the Socioeconomic viewpoint, which is typically composed of individuals driven by the concern of society. Likewise, the Low Mach scores indicate members of this population are highly concerned with social issues and the concern for the welfare of others (Christie & Geis, 1970).

Having a combination of both the Ethical and Legal CSR orientations represented in this group is intriguing. Although both categories have the social good of others in mind in terms of their CSR viewpoint, half will focus on ethical behavior only when there are laws which promise unsavory consequences when not followed. The other half will be led by their moral compass to make socially conscious decisions without need for

sanctioned rules (Aupperle, 1982; Carroll, 1979, 1991).

In terms of Machiavellianism, the results of this study indicate that the participants were predominantly Low Machs. These individuals are typically concerned for the welfare of others. Unlike those known as High Machs, the Low Machs do not enjoy manipulating or controlling others for personal gain. Low Machs are influenced by social pressure and are more likely to conform to social expectations than their High Mach counterparts. Furthermore, Low Machs are driven by their conscience and tend to be trustworthy and sympathetic (Christie & Geis, 1970).

These findings may be encouraging to the public sector because those participating in this study appear to be predisposed to the more socially conscious beliefs and values associated with CSR orientations. Furthermore, they were largely linked with lower levels of Machiavellianism, which may also indicate that they are more socially conscious than those falling into higher Machiavellian levels.

There are other indicators within this study that support previous studies in the Machiavellian and CSR areas. For example, there are many studies which indicate that Machiavellianism is represented across all business industries, all genders, and all professions (Chonko, 1982; Christie & Geis, 1970; Hegarty & Sims, 1978, 1979; Millstein & Katsh, 1981; Moore, 1993; Sherry et al., 2006; Singer, 1964). This findings of this study support those earlier studies by determining that there were no statistically significant differences between the participating groups, such as management and technical as well as male and female. Likewise, the CSR orientations of this group fell within a normal distribution regardless of gender or educational program.

This study found that individuals with high Machiavellian tendencies do exist

within this group of future healthcare professionals. This supports early research.

Although the sample of convenience makes it difficult to generalize to other populations, a cursory assumption can be made based on historical research which indicates that Machiavellian tendencies exist in virtually every career industry (Okane & Murray, 1982; Siegel, 1973; Wakefield, 2008). This study demonstrated that Machiavellian tendencies are found in both technical and managerial level individuals with little to no differences among the groups. Although the expectation of the public tends to be that healthcare professionals operate at a higher standard than other individuals, this research solidifies that this perhaps is not the case for every aspiring healthcare professional (Kaufman et al., 2009).

Recommendations for Practice and Future Research

Looking to the future, this particular study could be useful in opening a dialogue between researchers and industry executives. As healthcare reform continues to be an important societal topic, the public's expectation for ethical behavior from healthcare professionals will potentially increase. The focus should be on identifying and cultivating ethical healthcare professionals that strive to make a profit, but obey the laws in an ethical fashion acting as a good corporate and social citizen (Carroll, 1991, "Highlights and Lowlights," 2009; Ray, 2006).

Recommendations for practice are based upon the results of the study and separated into two categories specific to current healthcare administrators and field-specific educators.

Recommendations for Current Healthcare Administrators

1. Healthcare administrators need to explore how they can more fully develop CSR initiatives in their organizations. Understanding both the tangible and intangible benefits associated with being a CSR-conscious organization may provide them with the motivation to become more socially conscious.
2. Healthcare administrators should utilize valid and reliable employee selection processes that weed out those who have counterproductive personality traits which may potentially predispose them to unethical actions. Obviously, they need to do this without violating laws that pertain to privacy, disability, or illness.
3. Many of the study participants were found to hold a CSR orientation within the Legal category. As previously discussed, these individuals will be guided by the laws and regulations which have punitive consequences when not followed. Therefore, healthcare administrators should fully educate their employees as to the laws pertaining to the industry and the legal ramifications associated with violating them. They should also understand the principles associated with beneficence, autonomy, and nonmaleficence. Although these topics should be addressed in even an introductory ethics class, they should be reintroduced and reinforced periodically. This may provide health care professionals an ongoing sense of responsibility and aid them in making socially responsible decisions.
4. Current healthcare administrators should evaluate their own natural CSR orientations and ethical tendencies. There is a time when every orientation is

appropriate, and exploring the concepts of CSR may assist them in identifying areas within themselves that may need to be modified. Like other leadership styles and personality constructs, effective leaders know when they need to dynamically move from one style to the next.

Recommendations for Field-Specific Educators

1. Educators should work with current healthcare administrators to stay abreast of the ethical issues surrounding the healthcare field. Therefore, educators can increase the student's awareness regarding current and more relevant ethical dilemmas that healthcare professionals face. This is necessary because many students enrolled in healthcare-related programs have had little to no exposure concerning ethical issues that inundate the industry.
2. Curriculum should be developed to ensure an intensive exploration of ethics related topics is mandated. This could be in the form of requiring one specific course or addressing the topic within numerous core courses.
3. Curriculum development or modification should ensure that future healthcare professionals need to be more fully introduced to the concepts that acknowledge the patient care aspect of healthcare, but also the need for profit maximization. The two must be balanced in order for a healthcare organization to serve its community effectively.
4. Educators should attempt to modify course work that allows students to closely analyze their own personality constructs and to reflect upon how those constructs impact their actions. They should guide students in ways they can

potentially modify their personal characteristics in order to conduct themselves in the ethical manner which society expects.

Understanding how organizations and the professionals within impact society can benefit a variety of stakeholders, including patients, employees, and community members, by providing a means by which to recognize the relationship between organizational decisions and subsequent societal impact (Davis, 1973; Ray, 2006). Although analyzing the CSR orientations and Machiavellian tendencies of this group of future healthcare professionals revealed their natural tendency in terms of CSR orientation and ethical propensity in terms of Machiavellianism characteristics, there are still multiple questions which should be addressed before assumptions are made regarding how individuals may potentially interact with stakeholders. The information obtained in this study did not provide a thorough foundation to effectively link CSR theories with Machiavellian concepts. Further exploration of potential correlations of these two theories should be explored by:

1. Expanding the participant base to include more groups of future healthcare professionals with greater levels of gender distribution and areas of specialty.
2. Analyzing group variances between future healthcare professionals and other future professionals, such as business students.
3. Analyzing potential group variances between future healthcare professionals and current healthcare professionals.
4. Locating the original Mach IV and Mach V testing mechanism and conducting another similar study whereas results from both could be compared.

5. Evaluating the social norms and legal precedents which seemed to largely guide this group of individuals. An examination of these issues should be conducted in terms of how, why, and which social norms and legal issues impact an individual's actions.

Information from further studies could intensify the understanding of CSR elements, identify the strengths and weaknesses of future healthcare professionals, and provide an avenue by which to continue discussion among field executives, educators, researchers, and other stakeholders regarding the implication of CSR and CSR orientations.

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APPENDICES

Appendix A: Permission to Use CSR Instrument

Author Permission

-----Original Message-----

From: Aupperle, Kenneth E [<mailto:eka@uakron.edu>]

Sent: Wednesday, August 27, 2008 4:47 PM

To: Sandra Collins

Subject: RE: Corporate Social Responsibility

Sandra,

Your quest to study CSR in the healthcare industry is certainly very relevant and timely!!!!

Yes you may use the instrument. I am attaching the revised a slightly shorter version of the instrument that was partly used by Richard and many others. However, if you wish to have the longer instrument, just let me know. I used the longer one with CEOs in the 1980s and then shortened a bit to cope with attention span and resistance issues on the part of participants (or at least potential participants).

Sincerely,

Ken

Appendix B: Cover Letter and Survey Instrument

CONSENT FORM

I, Sandra K. Collins, am a doctoral candidate at Southern Illinois University Carbondale. I, or my designated representative, am asking you to participate in my research study. The purpose of my study is to examine work style trends related to health care professionals. Participation is voluntary and you may end your participation at any time. If you choose to participate in the study, you will complete the attached survey by following the instructions provided on the instrument. This should take approximately 10-15 minutes of your time.

All your responses will be kept confidential within reasonable limits. Only those directly involved with this project will have access to the data, and there are no identifying marks or numbers/ names on the survey. Completion and return of this survey indicate voluntary consent to participate in this study.

If you have any questions about the study, please contact me or my research advisor.

Sandra K. Collins	C. Keith Waugh
Assistant Professor	Associate Professor
Health Care Management	Workforce Education and Development
618-453-8802	
skcollin@siu.edu	

Thank you for taking the time to assist me in this research.

This project has been reviewed and approved by the SIUC Human Subjects Committee. Questions concerning your rights as a participant in this research may be addressed to the Committee Chairperson, Office of Research Development and Administration, SIUC, Carbondale, IL 62901-4709. Phone (618) 453-4533. E-mail: siuhsc@siu.edu.

RESEARCH QUESTIONNAIRE

You have been selected to voluntarily participate in a research study which will take about 10-15 minutes of your time. Your participation in the survey below will provide information which will be used to analyze work style trends of future health care professionals. All information collected will be kept confidential, and you may withdraw from this study at any time. This project has been reviewed and approved by the Human Subjects Committee at Southern Illinois University Carbondale.

Instructions: Please circle the number which illustrates the degree that you agree or disagree with the following statements.

Note: 1 = strongly disagree, 2 = disagree, 3= neutral, 4 = agree, 5 = strongly agree.

1. Never tell anyone the real reason you did something unless it is useful to do so.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

2. The best way to handle people is to tell them what they want to hear.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

3. One should take action only when sure it is morally right.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

4. Most people are basically good and kind.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

5. It is safest to assume that all people have a vicious streak and it will come out when they are given a chance.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

6. Honesty is the best policy in all cases.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

7. There is no excuse for lying to someone else.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

8. Generally speaking, people will not work hard unless they are forced to do so.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

9. All in all, it is better to be humble and honest than to be important and dishonest.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

10. When you ask someone to do something for you, it is best to give the real reasons for wanting it rather than giving reasons which carry more weight.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

11. Most people who get ahead in the world lead clean, moral lives.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

12. Anyone who completely trusts anyone else is asking for trouble.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

13. The biggest difference between most criminals and other people is that the criminals are stupid enough to get caught.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

14. Most people are brave.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

15. It is wise to flatter important people.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

16. It is possible to be good in all respects.

1	2	3	4	5
strongly disagree	disagree	neutral	agree	strongly agree

17. P.T. Barnum was wrong when he said that there is a sucker born every minute.

-
3. It is important to:
- a. recognize that the ends do not always justify the means.
 - b. comply with various federal regulations.
 - c. assist the fine and performing arts.
 - d. maintain a strong competitive position.
- Total
-
4. It is important that:
- a. legal responsibilities are seriously fulfilled.
 - b. long-term return on investment is maximized.
 - c. managers and employees participate in voluntary and charitable activities within their local communities.
 - d. when securing new business, promises are not made which are not intended to be fulfilled.
- Total
-
5. It is important to:
- a. allocate resources on their ability to improve long-term profitability.
 - b. comply promptly with new laws and court rulings.
 - c. examine regularly new opportunities and programs which can improve urban and community life.
 - d. recognize and respect new or evolving ethical/moral norms adopted by society.
- Total
-
6. It is important to:
- a. provide assistance to private and public educational institutions.
 - b. ensure a high level of operating efficiency is maintained.
 - c. be a law-abiding corporate citizen.
 - d. advertise goods and services in an ethically fair and responsible manner.
- Total
-
7. It is important that a successful firm be defined as one which:
- a. is consistently profitable.
 - b. fulfills its legal obligations.
 - c. fulfills its ethical and moral responsibilities.
 - d. fulfills its philanthropic and charitable responsibilities.
- Total

-
8. It is important to:
- a.pursue opportunities which will enhance earnings per share.
 - b.avoid discriminating against women and minorities.
 - c.support, assist and work with minority-owned businesses.
 - d.prevent social norms from being compromised in order to achieve corporate goals.
- Total
-
9. It is important to monitor new opportunities which can enhance the organization's:
- a.moral and ethical image in society.
 - b.compliance with local, state, and federal statutes.
 - c.financial health.
 - d.ability to help solve social problems.
- Total
-
10. It is important that good corporate citizenship be defined as:
- a.doing what the law expects.
 - b.providing voluntary assistance to charities and community organizations.
 - c.doing what is expected morally and ethically.
 - d.being as profitable as possible.
- Total
-
11. It is important to view:
- a.philanthropic behavior as a useful measure of corporate performance.
 - b.consistent profitability as a useful measure of corporate performance.
 - c.compliance with the law as a useful measure of corporate performance.
 - d.compliance with the norms, mores, and unwritten laws of society as useful measures of corporate performance.
- Total
-
12. It is important to:
- a.recognize that corporate integrity and ethical behavior go beyond mere compliance with laws and regulations.
 - b.fulfill all corporate tax obligations.
 - c.maintain a high level of operating efficiency.
 - d.maintain a policy of increasing charitable and voluntary efforts over time.
- Total
-

-
13. It is important to:
- a.assist voluntarily those projects which enhance a community's 'quality of life.'
 - b.provide goods and services which at least meet minimal legal requirements.
 - c.avoid compromising societal norms and ethics in order to achieve goals.
 - d.allocate organizational resources as efficiently as possible.
- Total
-

14. It is important to:
- a.pursue only those opportunities which provide the best rate of return.
 - b.provide employment opportunities to the hard-core unemployed.
 - c.comply fully and honestly with enacted laws, regulations, and court rulings.
 - d.recognize that society's unwritten laws and codes can often be as important as the written.
- Total
-

15. It is important that:
- a.philanthropic and voluntary efforts continue to be expanded consistently over time.
 - b.contract and safety violations are not ignored in order to complete or expedite a project.
 - c.profit margins remain strong relative to major competitors.
 - d.'whistle blowing' not be discouraged at any corporate level.
- Total
-

Thank you for taking the time to complete this survey. Your responses will be very beneficial to this research project. Please note, a copy of the aggregate results of this study is available upon request. Please address your inquiries to Assistant Professor Sandra Collins: College of Applied Sciences and Arts, Southern Illinois University Carbondale, Carbondale, Illinois 62901. Phone: 618-453-8802. Email: skcollin@siu.edu.

VITA

Graduate School
Southern Illinois University Carbondale

Sandra K. Collins
5732 Forsythe Lane, Carterville, Illinois 62918

Date of Birth: May 29, 1967

Southern Illinois University Carbondale
Master of Business Administration, May 2003.

Southern Illinois University Carbondale
Bachelor of Science, Workforce Education and Development, May 2001.

Special Honors and Awards

1. Outstanding Article Award, American Healthcare Radiology Administration, 2007 and 2009.
2. William E. Nagel Academic Excellence Award, 2006.

Dissertation Title:

An Exploration of Corporate Social Responsibility and Machiavellianism in Future Health Care Professionals.

Major Professor: C. Keith Waugh

Publications:

Collins, S. K. (2009). Preparing for an aging workforce. *Radiology Management*, 31(4), 50-54.

Collins, S. K. (2009). Succession planning: Perspectives of chief executive officers in United States hospitals. *Health Care Manager*, 28(3), 258-263.

Collins, S. K., Matthews, E. P., McKinnies, R. C., Collins, K. S., & Jensen, S. C. (2009). Chief executive officers in United States hospitals: An examination of workforce demographics and educational issues. *Health Care Manager*, 28(2), 134-141.

Collins, S. K., & McKinnies, R. C. (2009). Emotional intelligence: A characteristic of effective leaders in the healthcare industry. *American Academy of Medical Administrators (AAMA) Executive Online*, URL: <http://newsmanager.com>

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