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Machiavellianism in Healthcare Explored:
Differences in Aspiring Managers and Patient Care Professionals

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Abstract

Complex economic factors require healthcare professionals to have multiple skills. Although controversial, some characteristics associated with Machiavellianism may be needed in order to maintain organizational solvency. A study was conducted to determine the differences between aspiring healthcare managers and patient care professionals regarding the Machiavellian tendencies. The results of the study indicate a significant mix of Machiavellian traits exist within both groups which need to be both cultivated and controlled. Efforts should be made to increase some Machiavellian tendencies such as risk-risk taking and creative while extinguishing counterproductive traits that lead to unethical decision making.

Introduction

Machiavellianism has long been linked to unethical tendencies and behaviors.⁽¹⁾ Extensive studies suggest individuals with high levels of Machiavellianism are cunning and often naturally inclined to act in bad faith toward the public and social good. Most individuals seem to believe the characteristics linked to Machiavellianism are undesirable in the healthcare sector. Patient care is often deemed the first priority over profit maximization and the public resists any notion that healthcare organizations should operate like other profit-oriented businesses. This perception perhaps allows for the foundational divide that is often palpable between healthcare managers and patient care providers. Healthcare managers are the guardians of financial solvency of their organizations while patient care providers focus on quality of care for the patient. This tends to be the perspective of the average individual; but, is it correct? Do healthcare managers have more Machiavellian tendencies because their positions are financially oriented as opposed to those who are healthcare professionals charged with direct patient care? A study was conducted to determine if the Machiavellian characteristics were higher in aspiring healthcare managers when compared to those individuals aspiring to hold direct patient care positions. An introspective exploration was then conducted to determine what the findings of the study might mean for healthcare organizations.

Methodology of the Study

To determine if one group of healthcare professionals (managers versus patient care professionals) were more likely to have higher Machiavellian tendencies, a study

was designed to calculate the Machiavellian scores of undergraduate students in varying allied health programs in an accredited university. Students selected to participate in the study were either enrolled in the health care management program or one of the programs associated with direct patient care such as radiation therapy. Students who were dual enrolled in both the healthcare management program and a patient care program were eliminated from the study. The population studied was one of convenience; therefore, the results cannot necessarily be generalized to all undergraduate students in these respective health care programs. The study population consisted of 162 total participants categorized and distributed as follows:

- 53.1% (86) were soon-to-be Patient Care professionals.
- 46.9% (76) were aspiring Healthcare Managers ⁽²⁾

Machiavellian Characteristics

Machiavellian theory was founded by Niccolo Machiavelli and has been extensively studied by researchers for decades. Individuals with high levels of Machiavellianism, otherwise known as High Machs, are labeled as uncaring people with no concern for friendship or loyalty. High Machs tend to be associated with the unethical manipulation of others which is largely driven exclusively for their own personal gain. They often take excessive risks and stretch the limits to advance their own personal agendas.

Low Machs, conversely, are depicted to be focused on social good and to be trustworthy and sympathetic. They are thought to have weaker leadership skills and are more likely to be followers than those that display High Mach characteristics. Low

Machs are considered to be socially conscious and have a great deal of concern for the welfare of others. They do not seemingly seek to control or manipulate others for their own personal benefit. ⁽³⁾

Results and Discussion

Study participants were given an online version of a testing mechanism, known as the Mach IV, which was developed to score an individual's Machiavellian tendencies. The Mach IV testing mechanism used has been validated and used by theorists for decades.^(3,4) The online version was available at no charge to participants on a publically available website making permission to use the survey unnecessary. All appropriate research permissions were obtained through the human subjects review at the accredited university where the studies were conducted. ⁽²⁾

Once the online version on the Mach IV was completed by all 162 participants, their scores were tallied and the following information was observed:

- 15.4% (25) scored as High Machs (12 from the Patient Care group and 13 from the Healthcare Managers group).
- 84.6% (137) scored as Low Machs. (74 from the Patient Care group and 63 from the Healthcare Managers group).

To some degree, it would make sense that those inclined to patient care professions would score as Low Machs and aspiring healthcare managers would score as High Machs given studies indicate individuals tend to select their careers based on what is most important to them. The assumption is that those selecting careers in direct patient care occupations have a higher level of concern for the well-being of others and

will choose these careers because they are Low Machs. Conversely, those considered to be High Machs, who desire to manipulate and control organizational outcomes, are likely to select careers where they can naturally use their Machiavellian aggressions such as management. This is not to suggest that some careers can be accurately labeled exclusively as those suitable for High or Low Machs. For example, not all executives characteristically score as High Machs.⁽³⁾ Yet, High Machs may possess higher levels of leadership acumen and be more suitable for duties where persuasiveness is required.⁽⁵⁾

In terms of the population analyzed in this study, 54% of those in the Patient Care group were scored as Low Machs and 48% of those in the Healthcare Managers group were considered as Low Machs. This shows Machiavellian scores were fairly distributed among the two groups regardless of occupational choice and there did not seem to be a correlation with occupational choice based on Machiavellian tendencies. Therefore, this research did not support previous research indicating individuals tend to choose careers where their natural Machiavellian tendencies can be utilized. Again, this is based on the assumption the skills required by Healthcare Managers are more profit and financial based and the skills required by Patient Care professionals are more patient care oriented. However, only 15% (25 of 162) of the overall study population were scored as High Machs. The majority of the group studied scored as Low Machs which may present challenges in economics times when profit is hard to generate in the healthcare industry. Having a low percentage of health care professionals with little to no focus on organizational profits may be as detrimental as having a low percentage with little to no focus on patient care.⁽²⁾

The gender distribution of the study population should be noted considering 80.9% of the participants were women which is typical of the enrollment ratio for these educational programs at this particular university. Studies show, although not conclusively, women tend to be less Machiavellian than men.⁽⁶⁾ This study found that the mean Machiavellian score of women was lower than the mean Machiavellian score of men. Therefore, the study provides support for other research indicating men tend to be more Machiavellian than women.

Is Machiavellianism Needed?

The moral imperative of access to quality healthcare services for all persons has been a foundational part of the debate on healthcare reform. The debate has also spurred scrutiny on ethical issues surrounding profit maximization, organizational greed, and governmental regulation of the healthcare industry. The possibility that the healthcare industry has evolved from caring for the sick to caring about the profit has had moral philosophers charged. This is inarguably a reasonable reaction given moral philosophers have often labeled healthcare professionals as those living and working by the highest standard in terms of their responsibility for the quality of life of others. The paradigm shift shakes the very foundation of social responsibility.⁽⁷⁾

However, there are times when even healthcare organizations need, at least, a controlled amount of Machiavellian characteristics. Traits, such as, risk-taking and resistance to social pressure are required for organizational success in almost any industry.⁽⁵⁾ Furthermore, High Machs are thought to know that complacency and mediocrity can be detrimental to organizations and will go to extremes to bring forth new

ways of operating. Machiavellian teachings are controversial, but perhaps not altogether unfit in every circumstance.⁽⁸⁾ Most individuals with observable Machiavellian tendencies have been labeled as undesirables in the healthcare sector. Inadvertently, organizations have sought to weed out the corrupt and incompetent with such a vengeance that the correlating characteristics, such as creativity, ambition and being strategy-oriented have been equally punishable.^(9,10) High Machs, thought to make decisions based only for their self-interest may be organizationally beneficial if their self-interests are aimed toward organizational success given quality patient care is linked to overall organizational success.⁽¹¹⁾

The thought of operationalizing everything in a healthcare organization toward profit maximization is probably ethically objectionable to most. However, the reality must also be examined which indicates healthcare organizations may not be able to deliver quality patient care if they are not profitable. A healthcare organization may find it difficult to focus on patient care when they cannot financially afford to recruit qualified and skilled providers or purchase high-priced technological advancements. Likewise, they may also find it difficult to be ethically and/or legally profitable if they are not delivering quality patient care. The conundrum is that profit maximization and quality patient care are not independent of each other. Each perpetually exists, or ceases to exist, because of the other. This is not to suggest that Machiavellian tendencies often associated with unethical behavior should be utilized; it merely posits that some Machiavellian tendencies may be useful in maximizing profit to make it financially feasible to offer quality patient care.⁽²⁾

When focusing on the potential Machiavellian tendencies of both aspiring Healthcare Managers and soon-to-be Patient Care professionals, an opportunity becomes evident whereas the gap can be bridged between the varying dispositions. To a certain degree, the characteristics of both Low Machs and High Machs are required to both deliver quality patient care and produce organizational profit and the research indicates both occupational areas studied have ample amounts of both High and Low Machiavellians. The key is to manage their differing characteristics appropriately regardless of what occupation they have selected. The first step in doing this is to educate healthcare professionals, regardless of their career choice, as to how patient care can increase profit and how profit maximization can increase the quality of patient care. Focused attention should also be on the overall organizational mission and goals and the code of ethics. These mechanisms should all serve as boundaries to determine when healthcare organizations, or individuals, are focusing on one aspect (patient versus profit) in favor of the other. Balance can be challenging, but it is essential. ^(2,10)

Conclusion

Although Low Mach characteristics may benefit the healthcare industry in terms of their interpersonal skills and desire to be socially good, the characteristics often associated with High Machs may equally be required to keep healthcare organization financially solvent. The study group yielded a total of 15% of High Machs regardless of occupations choice and demonstrated a fairly equal distribution of High and Low Machs in each of the occupational groups. Therefore, it could be assumed that an effort should be made by current healthcare managers and healthcare educators should focus on increasing the understanding of Patient Care professionals and Healthcare Managers

that profit maximization and quality patient care are not independent of each other. In order to increase one you must increase the other. Those with High Mach tendencies may naturally be well-suited to innovatively increase organizational success if their focus is on the self-interests of the organization as a whole. Although Machiavellian teachings are controversial, they may have some merit in today's complex economic environment. Characteristics associated with being a High Mach, such as risk-taking, creativity, and being strategically-oriented, may be needed in higher percentages than has been required in the past if healthcare organizations are going to survive or flourish. With merely 15% of the study population scoring as High Machs, the healthcare industry needs to find ways to cultivate some of the more desirable Machiavellian tendencies while assuring counterproductive unethical behaviors, also associated with Machiavellian tendencies, are extinguished. ⁽²⁾

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