Research Article

How Competitive Orientation Influences Unethical Decision-making in Clinical Practices?

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ABSTRACT

Purpose: This study aims to investigate how competitive orientation influences unethical decision-making (UDM) through relationship conflict and the moderating effect of hostile attribution bias.
Methods: This study was conducted using a self-report questionnaire. Data were collected from 727 employees in Chinese hospitals. For each variable, measures were adopted or adapted from existing literature. Data were analyzed using descriptive statistics, correlation analysis, confirmatory factor analysis, and hierarchical regression analysis. Common method variance was established using Harman's single-factor test.
Results: Competitive orientation is significantly and positively associated with relationship conflict ($\beta = .36$, $p < .001$) and UDM ($\beta = .35$, $p < .001$). Relationship conflict is significantly and positively associated with UDM ($\beta = .51$, $p < .001$). Relationship conflict partially mediates the relationship between competitive orientation and UDM. In addition, hostile attribution bias strengthens the positive relationship between competitive orientation and UDM through relationship conflict.
Conclusion: This study provides some implications for hospital employees to deal with ethical dilemmas in decision-making. Hospital employees including nurses, physicians, and other health-care professionals should raise awareness of competitive orientation and adopt a cooperative approach to human relations. Effective training programs should be utilized to direct all hospital employees to depress hostile attribution bias whenever possible to everything in clinical practice.
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Introduction

Unethical decision-making (UDM) in clinical practices may not only affect life and death issues but also can escalate moral issues [1]. Hospital employees are more likely to face an ethical dilemma through direct interaction than many other industry professionals. For example, ethical conflicts may be brought when nurses enhance the patients' quality of life by bathing an elderly patient in risky conditions [2]. Although medical advancements and pharmacological intervention would help physicians cure the disease and sustain life, they may encounter ethical dilemmas in clinical practice. When physicians make decisions about withdrawing life-prolonging medical treatment, it means a death sentence and hastens the dying process. It will be challenging to determine whether or not withdrawal of life-prolonging treatment can relieve patients' uncomfortable symptoms. Owing to the serious consequences of UDM in clinical practices, patients, their relatives, and health-care professionals have raised concern regarding which antecedent factors could result in UDM.

Previous literature has demonstrated that either individual effects (e.g., competition) or organizational factors (e.g., business competitiveness) are likely to affect ethical decision-making [3]. Although the competitive context is found to be inversely related to ethical intention [4], the association between competitive orientation and UDM is rarely tested in any of the previous study, which requires further examination.

Competitive orientation is defined as an aspiration to perform better than others using sneaky tactics to maximize personal interest [5]. Competition among health-care providers will not only lower price, reduce cost, and cut mortality rates but also improve

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efficiency and shorten hospital length of stays [6]. However, competition among hospitals may also induce a fall in marginal revenue, discouraging health-care professionals to provide high-quality care to attract patients [7]. Eventually, societal productivity suffers, and the health of the population is compromised.

Addressing to this priority, this study examines the relationship between competitive orientation and UDM explained by social comparison theory. According to social comparison theory, individuals with competitive orientation are likely to focus on self-value or self-improvement [8]. In an attempt to maximize self-interest, they may engage in questionable actions regardless of moral standards. Further, competitive individuals are likely to outperform rivals using unethical tactics. Some ethically ambiguous tactics such as deception are adopted to remain competitive. Thus, individuals with competitive orientation may tolerate UDM and judge it less harshly than others do.

Competition often raises a feeling of strain or frustration in the relationships among group members [9]. Actors within a group may question each other's motives, capabilities, and ethics when they feel competitive pressure or see an opportunity to improve their position. As a reciprocated approach to defend their own position, they may perceive each other as aggressive or mindless. Others resist that individuals' decision about whether to compete or cooperate depends on personal values, such as traits, interests, and orientations. Competitive orientation can be viewed as a conflict in personal value, inducing personality clashes in relationships within groups. Thus, it is reasonable to expect that individuals perceiving a competitive orientation are likely to view their conflicts as relational.

On the other hand, individuals involved in relationship conflict come to be biased in their information processing, using their own information other than information received from others. In addition, they perceive a disagreement about task-related solutions as personal incompatibilities or disputes. Hence, individual decision-making can be impacted by his/her rigidity in holding onto initial preferences. Based on social comparison theory, employees in the competitive condition have a great likelihood of experiencing tensions or intense feelings, such as anxiety and fear with the disliked person they are dating. These experiences may be the main source of relationship conflict among group members. As employees engage in relationship conflict, consensus decision-making suffers as they are unwilling to integrate criticism, debate, or alternative perspectives. Thus, the capability to synthesize knowledge, skills, and perspectives to decide which decision is ethically correct may be undermined by relationship conflict. Relationship conflict is posited to be an intermediate outcome of competitive orientation which ultimately results in UDM.

Although theory of cooperation and competition has illustrated that competitive goals are associated with fragmented relationships, little is known about the boundary conditions of the relationship between competitive orientation and relationship conflict. An interpretation of a peer's intention or behavior as competitive would vary with situational conditions. Drawing from a social cognitive perspective, the relation between competitive orientation and relationship conflict may depend on the level of hostile attribution bias. Hostile attribution bias, a distorted thinking, attributes relationally aggressive provocation to a behavior [10]. It can be identified as a cognitive process of moral disengagement, with an unwillingness to exert effort to consider group member's motives and respond in an appropriate manner. In an increasingly hostile environment, individuals maintaining competitive orientation are likely to explain interpersonal disagreements as conflicts of trait-related motives, which ultimately leads to relationship conflict [11]. It is posited that hostile attribution bias moderates the relationship between competitive orientation and UDM through relationship conflict.

Based on social comparison theory and social cognitive perspective, we propose a moderated-mediation model in which competitive orientation influences UDM through relationship conflict. Figure 1 depicts the mediating effect of relationship conflict and the moderating effect of hostile attribution bias. Research hypotheses are also presented in Figure 1.

According to social comparison theory, employees with competitive orientation are expected to demonstrate self-worth or self-improvement [12]. They desire to maximize personal interest or ignore peers' needs when comparing the performance of themselves and their rivals. Some ethically questionable means are utilized to remain at a superior relative position in the organization [13]. The unethical tactics include passing on incorrect information to their competitors, misrepresenting the facts, and engaging in competitive bluffing. Although such tactics are related to ethical dilemmas, employees with competitive orientation are motivated to tolerate ethically ambiguous behaviors [14]. Guidice et al. also linked perceiving competitor bluffing as unethical to a greater willingness to engage in competitive bluffing [15].

Under competitive pressures, employees are not endowed with high standards of ethical conduct since social behaviors are strongly influenced by moral cognition. A rapid decrease in moral intensity will reduce awareness of rules and standards that regulate ethical conduct. If employees' perceptions toward other departments are associated with competition, it is less likely that ethical considerations play an important role in their decision-making. The decisions will be based on the benefits of potential actions instead. Employees with lower ethical standards may act in defiance of business codes and thus make unethical choices. If nobody finds out, employees will preserve their departments integrative by deviating ethical standards [4]. Thus, competitive orientation has a positive impact on UDM. Accordingly, we hypothesize

H1. Competitive orientation has a positive influence on UDM.

Relationship conflict is a perception of incompatibility in their personal taste, preferences, values, and interpersonal style. The affective dimension of relationship conflict is made up of feelings of tension, animosity, and annoyance among group members. Social comparison theory suggests that individuals possess a tendency to evaluate themselves and compare their qualities, abilities, or demographic categories with similar others. Since employees within a group always possess similar qualities or other abilities, excluding a slight diversity in demographic categories, comparing their group members is perceived as meaningful and informative. If targets receive awards for performance, then employees may envy their high-status competitors. Competing against the high-status competitors often occurs along with a feeling of friction and tension in relationships. Thus, competitive orientation may ultimately be linked to intragroup relationship conflict.

Since disagreements often arise from interpersonal incompatibility among group members, employees in the presence of relationship conflict are less satisfied with the partner they choose. Relationship conflict is, in turn, also associated with negative reactions and comes to a closed-minded perspective. It is thought to have its negative effects on decision-making by inducing an
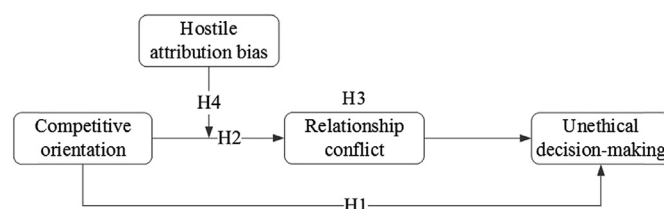

Figure 1. Conceptual model.