Strategies for Cultivating Career Satisfaction and Success through Negotiation

Rochelle DeCastro Jones, MS
Center for Bioethics and Social Sciences in Medicine
University of Michigan

Martha Gulati, MD, MS FACC FAHA FASPC FESC
Director, Preventive Cardiology
Associate Director, Barbra Streisand Women’s Heart Center
Associate Director, Preventive and Cardiac Rehabilitation Center
Smidt Heart Institute

Reshma Jagsi, MD, DPhil, FASCO, FASTRO, FAAWR, FHC
Chair, Department of Radiation Oncology
Emory University School of Medicine

GWIMS Toolkit
Updated Version: January 2023
Learning Objectives

1. To appreciate the different approaches towards negotiation and the theoretical literature regarding concepts such as “positional bargaining” and “principled negotiation”

2. To learn from the experiences described by other academic medical faculty regarding negotiation

3. To recognize how gender affects negotiations and understand strategies that can optimize effectiveness in negotiation settings
What is Negotiation?

“Put simply, negotiation is a tool to help change the status quo when change requires the agreement of another person.”

Problem: “Positional Bargaining”

### Playing the Game

<table>
<thead>
<tr>
<th>The Rules</th>
<th>The Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Depends upon successively taking – and then giving up – a number of positions</td>
<td>• Arguing over and sticking to positions is inefficient and can damage relationships</td>
</tr>
<tr>
<td>• Must choose between two negotiation styles, either soft or hard</td>
<td>• Those choosing a softer approach are vulnerable to others playing hard ball</td>
</tr>
</tbody>
</table>

## Changing the Game

<table>
<thead>
<tr>
<th>New Rules</th>
<th>Better Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>• “Focus on interests, not positions”</td>
<td>• Leads to mutually satisfying options and “wise agreement”</td>
</tr>
<tr>
<td>• Negotiation style neither hard nor soft, but rather both hard and soft – “hard on the problem”, “soft on the people”</td>
<td>• Participants work side by side to attack the problem, not each other</td>
</tr>
</tbody>
</table>

Four Points of “Principled Negotiation”

1. “Separate the **people** from the problem”
2. “Focus on **interests**, not positions”
3. “Invent **options** for mutual gain”
4. “Insist on using objective **criteria**”

Emotional Intelligence and Empathy

- Displaying emotional intelligence and empathy during the negotiation process can help establish trust and rapport.

- Consider honing these communication skills to improve your chances for a successful negotiation.
  - **Paraphrasing**: Repeat what the other person said to you in your own words. Do this to show that you are actively listening and understand where the other person is coming from.
  - **Encouragers**: Acknowledge what the other person is saying. This can be done through facial expressions, brief verbal utterances (e.g., ‘Okay’, ‘I see’, ‘I hear you’, ‘Right’, etc.), or simply nodding one’s head. Do this periodically to show that you are still paying attention to the conversation.

- Advanced negotiators can master the full set of **Negotiation 9™ (N9™)** core skills.


Importance of Negotiation in Academic Medicine

“You need to recognize that what you get is what you negotiate. . . Negotiation is the key to shaping your career. . . Negotiation is a game and you need to know it. . . You don’t get what you deserve, you get what you negotiate.” (Male, M.D., professor)

Sarfaty et al., 2007
What Kinds of Things Are Negotiable in Academic Medicine?

- Lab equipment or research space
- Funding for research
- Support staff
- Reduction in clinical hours or time flexibility
- Work schedule or work responsibilities
- Salary or raise
- Position or promotion
- Authorship

Holliday et al., 2015; Sarfaty et al., 2007
Pitfalls and Barriers to Negotiation

- Naïveté and Lack of Preparation
- Structure of the Institution
- Lack of Strategy and Leverage
Naïveté and Lack of Preparation

“There is no concept that negotiation is a part of academic medicine; it is a fascinating question to think that one has to be trained in these things. I wish I had learned that there was even a concept.” (Female M.D., associate professor)

Sarfaty et al., 2007
Pitfalls and Barriers to Negotiation

Structure of the Institution

“[It's] not really possible in our system… I would have had to quit my job…. Other people that have asked have been flatly told no.”
(Female, K-Awardee)

Sambuco et al., 2013

“You feel powerless and helpless towards this big elephant [the institution] . . . which has no interest in empowering faculty.”
(Male MD, Associate professor).

Sarfaty et al., 2007
Pitfalls and Barriers to Negotiation

Lack of Strategy and Leverage

“If I had additional grant support, then I'd be able to use that as a lever to negotiate with but, until that time, I really don't have any negotiating ability.” (Male, K-Awardee)

Sambuco et al, 2013

“Had I actively pursued outside options and been fully aware of my earning potential before going into [the] negotiation, I would have had more leverage” (Female, PhD, Professor)

Sarfaty et al., 2007
Gender Differences in Negotiation

- Inefficacious Attitudes, Expectations, and Behaviors
- Family Circumstances Affecting Strategy and Leverage
Gender Differences in Negotiation:

Inefficacious Attitudes, Expectations, and Behaviors

“I think women tend to try to…please and do a good job….they may be sort of asked to do something that's not in their best interest to do it….A man would say I can't do this; a woman might go ahead and do it because she wouldn't want to displease the person asking her to do it. That's a disadvantaged behavior… [Women] are sort of reticent about demanding more pay and more time off or more compensation than men do.” (Female, Mentor)

“I just think as a woman you need to be more aggressive and outspoken…I would say I notice it in other women …[who] haven't necessarily been promoted at the same pace as men or received the same resources as me…. If they would have asked for it they would have gotten it, but they don't ask for it.” (Female, K-Awardee)

Sambuco et al, 2013
Gender Differences in Negotiation:

Family Circumstances Affecting Strategy and Leverage

[Men will] look for different jobs so that they'll get a better retention package…I should maybe be threatening to leave or finding other positions and then coming back and asking for a retention package…I think people would naturally think women aren't going to leave because it's much harder for us to uproot our families. (Female, K-Awardee)

Sambuco et al, 2013
Ten Steps to Negotiating Effectively

1. **Figure out what you want and what you can do** - identify your ideal job, personal needs, career/life goals; identify your strengths and weaknesses

2. **Commit to being in control** - establish an internal “locus-of-control” rather than relying on external factors to determine your life

3. **Find out if you are being treated fairly** – recognize unconscious bias; examine your organization’s policies and practices more closely to uncover implicit forms of unfairness; cultivate social and professional networks to build alliances and gain insider information

Ten Steps to Negotiating Effectively (cont.)

4. **Assess the negotiation environment** – do your research; determine your position in the context of other key players (e.g., how much you are worth, how much bargaining power you have); measure the playing field (e.g., how many parties are involved, the nature of the relationships)

5. **Identify your “best alternative to a negotiated agreement” (BATNA)** – aim to negotiate an outcome better than your BATNA; use your BATNA as a source of bargaining power


For further explanation of BATNA and examples:
Ten Steps to Negotiating Effectively (cont.)

6. **Determine your “reservation value” (RV), but focus on your “target value” (TV) or “aspiration value”** – set a “bottom line” or “cutoff point”, which will be the worst deal you will accept, but be ambitious and aim high for what you really want.

7. **Tap into the power of “cooperative bargaining”** – engage in “interest-based” rather than “position-based” bargaining to reach a successful “win/win” agreement.

8. **Have a good strategy** – tailor your negotiation strategy to your specific situation; decide on your approach, mode of communication, timing, and location.

Ten Steps to Negotiating Effectively (cont.)

9. **Practice and rehearse**— try warming up by negotiating for smaller things first; role-play ahead of time with a trusted colleague; recognize that your tone of voice, posture, facial expressions, and body language might affect how you are perceived; avoid appearing overly aggressive; practice framing requests in a positive way

10. **Be a Closer**— “seal the deal”; don’t walk away too soon; focus on what you have identified as your target, continue to aim high, and hang in here!

Negotiation Strategies

• Identify your goals, strengths, and weaknesses
• Find out if you are being treated fairly
• Determine your position on the playing field
• Set a bottom line, but aim high for what you want
• Focus on mutual interests: aim for “win/win”
Negotiation Strategies

Identify your goals, strengths, and weaknesses

“The first thing that needs to occur as part of the negotiation process is your own self-assessment of your performance and your goals. . . . I think my most useful skill is self-assessment and self evaluation, which helps me to define strategies for achieving where I want to go.” (Female MD, Assistant Professor)

Sarfaty et al., 2007
Negotiation Strategies

Find out if you are being treated fairly

“I've found that many places [exploit] junior faculty and take advantage of the fact that they don't really understand a lot of the nuances of how the system works.” (Male, Mentor)

Sambuco et al., 2013
Negotiation Strategies

*Determine your position on the playing field*

“[T]hat's what you want to keep focused on: what are you going to bring them that they want that they don't have.” (Male, Mentor)

Sambuco et al., 2013
Negotiation Strategies

Set a bottom line, but aim high for what you want

“Going into these crucial negotiations. . . have a fair idea of what [you] want, what you’re willing to concede. . . . Start out in a position that’s an advance of your bottom line. . . . It’s good to have something you can yield and also to have decided what you’re not going to yield and really stick to that.” (Female MD, Associate Professor)

Sarfaty et al., 2007

“Ask for a little bit more than they think they would need at this point…they've gotten so used to doing research … on a shoestring, they don't tend to think about what they could do if they [could] have … really adequate resources … as opposed to just barely adequate resources.” (Female, Mentor)

Sambuco et al., 2013
Negotiation Strategies

*Focus on mutual interests: aim for “win/win”*

“There are multiple different ways to come up in the end with a package that helps you be successful. It's not necessarily exclusively in one category that's immutable … [One] of the things I keep harping on is being strategic…thinking about what your boss wants and what will make him or her happy and what his or her constraints are and… work for win/win situations.” (Female, Mentor)

Sambuco et al., 2013
References


Additional Readings


Reshma Jagsi, M.D., D.Phil.

Reshma Jagsi, M.D., D.Phil., is Chair of the Department of Radiation Oncology at Emory University and Winship Cancer Institute. Gender equity in academic medicine has been a key area of her scholarly focus, a subject to which she brings her perspective as a physician and social scientist to promote evidence-based intervention. Author of over 400 articles in peer-reviewed journals, including multiple high-impact studies in journals such as the New England Journal of Medicine, the Lancet, and JAMA, her research to promote gender equity has been funded by R01 grants from the National Institutes of Health as well as large independent grants from the Doris Duke Foundation and several other philanthropic foundations. She has mentored dozens of others in research investigating women’s under-representation in senior positions in academic medicine and the mechanisms that must be targeted to promote equity. Active in organized medicine, she has served on the Steering Committee of the AAMC’s Group on Women in Medicine in Science and now serves on the National Academies of Science, Engineering, and Medicine’s Committee on Women in Science, Engineering, and Medicine. Also an internationally recognized clinical trialist and health services researcher in breast cancer, her work is frequently featured in the popular media, including coverage by the New York Times, Wall Street Journal, and NPR. Frequently invited as a keynote speaker, she has delivered countless invited talks to other institutions and professional societies, including the AAMC, the NIH, and the National Academy of Medicine and National Academy of Sciences. Her contributions have been recognized with her election to the American Society of Clinical Investigation and Association of American Physicians, the Leadership Award of the AAMC’s Group on Women in Medicine and Science, LEAD Oncology’s Woman of the Year Award, AMWA’s Woman in Science Award, and AMSA’s Women Leaders Award. She is a fellow of ASCO, ASTRO, AAWR, AAAS, and the Hastings Center.
Rochelle DeCastro Jones, MS

Rochelle DeCastro Jones, MS is a Senior Research Associate at the University of Michigan’s Center for Bioethics and Social Sciences in Medicine. She is a lead project manager overseeing development and implementation of protocols for multiple large-scale, complex research projects, including democratic deliberations, focus groups, qualitative interviews, surveys, and randomized trials. She has coordinated a wide range of research projects, including studies on the ethical issues of health data sharing and the development of learning healthcare systems in oncology care. In addition, Ms. Jones has expertise in managing the daily operations of projects pertaining to career development and success in academic medicine (with particular focus on barriers to advancement and interventions intended to increase equity and diversity), including research funded by NIH R01 grants and the national program evaluation for the Doris Duke Charitable Foundation’s Fund to Retain Clinical Scientists. Most recently, she managed the design, implementation, and assessment of a leadership development curriculum and nationwide virtual peer mentorship program for women in academic medicine. Ms. Jones has published articles in peer-reviewed journals, including JCO Oncology Practice, International Journal of Radiation Oncology, Biology, Physics, Journal of Women's Health, and Academic Medicine.
Martha Gulati, MD, MS, FACC, FAHA, FASPC, FESC is the President of the American Society for Preventive Cardiology. She recently joined the Cedars-Sinai Heart Institute as Professor of Cardiology and is the Director of Prevention and the Associate Director of the Barbra Streisand Women's Heart Center. Previously, she was a Professor of Medicine and the inaugural Chief of Cardiology at the University of Arizona. Dr. Gulati holds the Anita Dann Friedman Endowed Chair in Women’s Cardiovascular Medicine and Research. Her exceptional commitment to the study of women and cardiac diseases has won her numerous awards and distinctions, including being named by Crain’s Chicago Business as one of Chicago’s Top 40 under 40. In 2019, she was chosen as the most influential woman in Arizona and received the 2019 American College of Cardiology’s Bernadine Healy Award for her leadership and accomplishment in the field of cardiovascular disease in women. She is the principal investigator of the St. James Women Take Heart Project, a study examining cardiac risk factors in women, which set standards for women’s fitness levels and heart rate response to exercise in women. She has published articles in peer-reviewed publications, including The New England Journal of Medicine, Circulation, and Journal of the American Medical Association (JAMA). She has also been featured on Oprah.