

## Negotiation in Academic Medicine: A Necessary Career Skill

SUZANNE SARFATY, M.D.,<sup>1</sup> DEBORAH KOLB, Ph.D.,<sup>2</sup> ROSALIND BARNETT, Ph.D.,<sup>3</sup>  
LAURA SZALACHA, Ed.D.,<sup>4</sup> CHERYL CASWELL, M.B.A.,<sup>5</sup> THOMAS INUI, M.D., Sc.M.,<sup>6</sup>  
and PHYLLIS L. CARR, M.D.<sup>7</sup>

### ABSTRACT

**Aims:** Negotiation and its use in academic medicine have not been studied. Little is known about faculty experience with negotiation or its potential benefits for academe. Barriers to negotiation and how they can be addressed, especially for faculty without perceived skill in negotiation, are unknown.

**Methods:** To better understand the problems that such faculty experience, we completed in-depth, individual telephone interviews of 20 academic medical faculty at 11 of the 24 medical schools in the National Faculty Survey, all of whom perceived difficulty in negotiation. Faculty were stratified by rank, gender, and degree. Semistructured interviews were audiotaped, transcribed, and analyzed by five reviewers. We explored the role of negotiation in academe, barriers to negotiation, what faculty and institutions can do to improve the use of negotiation, and possible differences in negotiation by gender.

**Results:** Faculty were relatively unaware of the possible uses of negotiation to advance their work in academe. Women tended to see negotiation as less important to an academic career than did their male colleagues. The perceived hierarchy and secrecy of many academic medical centers was believed to create a difficult environment for negotiation. For effective negotiation to occur, faculty stated the need to prepare, gather information, especially on compensation and resources, and to know their priorities. Preparation was particularly important for women, correlating with greater comfort with the degree of aggressiveness in the negotiation and greater self-confidence after the negotiation. These informants suggested that institutions need to provide more transparent information on salary and promotion guidelines. Further, institutions need to empower faculty with a solid understanding of institutional policy, goals, and resource needs of academic life.

**Conclusions:** Many medical faculty are insufficiently aware of, or skilled in, the negotiation process and find significant barriers to negotiate in academe. Medical centers need to improve the climate for negotiation in academic medicine to maximize the potential contributions of negotiation to the institution.

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<sup>1</sup>Division of Internal Medicine, Boston University School of Medicine, Boston, Massachusetts.

<sup>2</sup>Simmons Graduate School of Management, Boston, Massachusetts.

<sup>3</sup>Women's Studies Research Center of Brandeis, Waltham, Massachusetts.

<sup>4</sup>Harvard University School of Education, Boston, Massachusetts.

<sup>5</sup>New England Research Institutes, Massachusetts.

<sup>6</sup>Department of Ambulatory Care and Prevention, Harvard Medical School, Boston, Massachusetts.

<sup>7</sup>Division of General Internal Medicine, Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts.

This work was supported by the Josiah Macy, Jr. Foundation, grant number B98-25.

## INTRODUCTION

EFFECTIVE NEGOTIATION HAS BEEN considered critical to the success of individual careers in the professions, including physicians<sup>1</sup> and business careers.<sup>2</sup> Negotiating the conditions for success at work covers a range of issues, including, but not limited to, salary and benefits. Assignments and rotations, support for research, time for work and personal life, and evaluation of performance are among the many areas where negotiation expertise is helpful.<sup>2</sup> If professionals fail to negotiate for the conditions that will make them successful, they can find themselves increasingly at a disadvantage in terms of opportunity and salary. Explanations of the persistent wage gap in many professions suggest that there are gender differences in the inclination to negotiate and in the return from the efforts. Studies have revealed that in business, women behave more cooperatively in negotiations and in face-to-face bargaining, less competitively than their male counterparts.<sup>3</sup> Women have also been found to have lower expectations<sup>4</sup> and goals for salary<sup>5</sup> and to feel less confident and less successful even when they use behaviors similar to those of men.<sup>6</sup> There is evidence that in real negotiations, as opposed to simulations, women do not fare as well as men.<sup>7</sup>

Data on negotiation in academic medicine have been lacking, although gender differences in negotiation skills have been cited as a possible cause for the lower salaries and slower advancement of women in academic medicine.<sup>8</sup> Some medical schools are now providing workshops and seminars on negotiation skills, such as the programs at the University of California at San Diego for faculty development (Jayne Thorson), the Executive Leadership in Academic Medicine program at Drexel and "Negotiations: how to get what you want and what you need" (Gary Rosenberg), Mount Sinai School of Medicine. In a large national study of academic physicians in all departments, women rated their negotiation skills lower than did a matched cohort of male faculty, minorities rated their negotiation skills similarly to those of majority colleagues, and 66% of faculty overall rated themselves as having poor to indifferent negotiation skills, similar to the faculty in this study.<sup>9</sup> Greater detail on these differences and similarities has not been available.

We used qualitative methods to better understand the problems that faculty experience in aca-

ademic medicine and, specifically, the issues for those faculty who perceive themselves to have difficulty with negotiation. The concerns of faculty with low negotiation skills are not generalizable to all faculty, but understanding their issues and addressing them may improve the climate in academe for all faculty. The goal of this study was to understand how faculty perceive the role and value of negotiation in academic medicine: barriers to negotiation, what faculty and institutions can do to improve the use of negotiations, and possible differences by gender in negotiation.

## MATERIALS AND METHODS

In-depth individual telephone interviewing in a semistructured format was chosen as an appropriate data-gathering method for the qualitative assessment of faculty experience with negotiation. The content of the telephone interview questions was derived both from a complete review of the literature on negotiation in medical and business literature and from a content analysis of a preliminary medical faculty focus group on negotiation. The sample for the negotiation focus group consisted of faculty identified from their response to a question in the 1995 Robert Wood Johnson National Faculty Survey<sup>9</sup>: "My negotiation skills are: 1 = not at all effective to 5 = very effective." Responses of 1, 2, and 3 (having poor-to-indifferent negotiation skills) were included. The focus group consisted of four women faculty (two clinical and two basic science faculty). They were asked to describe what they considered to be the salient features of negotiation, the process, critical situations for negotiation, negative consequences of less than optimal negotiating, and the possible effects of gender and race/ethnicity on negotiation. Focus group proceedings were audiotaped, transcribed, and analyzed by five readers who identified keywords, phrases, and topics, then grouped them by consensus into major themes. The combined information from the focus group and the medicine and business literature review provided the basis for the design of the semistructured telephone survey instrument. The final sample size for the in-depth interviews was determined by the usual rule of sufficiency; that is, when none of the analysts recognized new, unique content in reviews of several additional transcripts, contacting further faculty for interviews was stopped.<sup>10</sup>

Twenty faculty members from 11 institutions of the original 1995 Robert Wood Johnson Study<sup>9</sup> were interviewed between November 1999 and March 2000. In a process identical to that used to identify focus group faculty, faculty interviewees were chosen on the basis of their answer (ratings indicating poor to indifferent self-assessed skills) to the negotiation skills question in the National Faculty Survey. In addition, faculty were stratified by rank, gender, and degree status (M.D./Ph.D.). Proportionate oversampling within small strata was used to produce a final sample of equal numbers of male and female faculty (10 each), 7 Ph.D. and 13 M.D. faculty, and a relatively even distribution of rank: 6 professors, 4 associate professors, 6 assistant professors, and 4 instructors (Table 1). Twenty-eight of the possible 1286 faculty who were eligible after the stratification were randomly asked to participate: 4 faculty refused, 2 had moved, 1 was deceased, and 1 was on an extended leave. All interviews were conducted by members of the research team, including medical faculty (Phyllis Carr) and staff at the New England Research Institutes (Cheryl Calwell). The study was approved by the Human Subjects Review Committee of the Massachusetts General Hospital and by the Institutional Review Board at the New England Research Institutes. Informed consent was obtained from all participants. Copies of the questionnaire were sent to faculty in advance of the telephone interview, so that faculty could complete the closed-ended questions prior to the telephone interview and have sufficient time to ponder their responses to the open-ended queries in advance.

Additionally, in a set of closed-answer questions, faculty were asked to rank-order the importance of negotiation skills in promoting their career in academic medicine as well as the importance of negotiation skills to the careers of

other faculty at their institution in academic medicine. They were asked to think about the most important negotiation experience in their professional career to date, including the objective of the negotiation and its process. Demographic data also were solicited in the telephone interview. (The complete agenda of questions for the telephone interview is available from the principal investigator, Phyllis Carr upon request.) Interviews were 30 minutes in duration on average and were taped and later transcribed for review. Interviewers recorded brief field notes during and after the interviews.

### Analysis

*Qualitative analysis.* Multiple readings of the transcripts were conducted to identify major topic areas or themes revealed in the faculty's words, phrases, metaphors, and examples. A consensus taxonomy for classifying content emerged during successive meetings of analyst reviewers, where they compared the coding of each faculty transcript. Themes that were expressed by multiple faculty were studied for patterns of association and grouped into broader categories. The dominant ideas and patterns of connection were compared among subgroups of physicians by gender, degree, and rank. Differences by degree and rank were few and minor and are, therefore, not given separately. There were possible differences by gender despite the small numbers, and these are provided.

*Quantitative analysis.* Descriptive statistics to provide a background of the faculty respondents (means, standard deviations [SD], and correlations) for the closed-ended questions were produced and examined using SAS (SAS Institute, Cary, NC). The small sample size precludes hypothesis testing. The quantitative items were used only to provide a description of the sample.

TABLE 1. DEMOGRAPHICS OF FACULTY SAMPLE

	Female	M.D.	Ph.D.	Male	M.D.	Ph.D.	Summary numbers
Instructor	1	1	0	3	2	1	4
Assistant professor	3	3	0	3	3	0	6
Associate professor	2	1	1	2	1	1	4
Full professor	4	1	3	2	1	1	6
Total	10	6	4	10	7	3	20

## RESULTS

*Closed-ended questions*

The most important negotiations for men in our study more frequently included the objectives of establishing salary and position (both ranked first), whereas for women, space (first), support staff, and salary (both ranked second) were the more frequent objectives (Table 2). As to the relative importance of factors promoting their career in academic medicine, women ranked negotiation skills seventh out of 11 possible choices, whereas men ranked negotiation skills fifth. The 11 possible choices for faculty are listed in order by gender in Table 3. When asked to rank the relative importance of negotiation skills for other faculty at their medical school, women ranked negotiation skills sixth, and men ranked them third (Table 3). Thus, male faculty consistently regarded negotiating skills, both for themselves and others, as more important than did female faculty in academic medical careers.

Faculty rated various aspects of negotiation on a 7-point Lickert scale (1 = not at all, 7 = to a great degree), such as preparation, comfort with the process, and self-confidence in negotiating. Men rated themselves as less prepared than women faculty for their negotiation, and for women, the quality of their preparation was strongly correlated with their assessment of their comfort

TABLE 2. SINGLE MOST IMPORTANT NEGOTIATION EXPERIENCE IN YOUR PROFESSIONAL CAREER

Men	
Salary	1
Position	1
Support staff	2
Authorship	2
Promotion	3
Work schedule	3
Space	3
Equipment	3
Time flexibility	2
Work responsibilities	2
Women	
Space	1
Support staff	2
Salary	2
Position	3
Work responsibilities	3
Promotion	3
Authorship	4
Time flexibility	4
Equipment	4

TABLE 3. RELATIVE IMPORTANCE OF FACTORS RELATED TO PROMOTING ONE'S CAREER IN ACADEMIC MEDICINE

Factor	Men	Women
Related to promoting one's career in academic medicine		
Gender	9.91 (1)	8.00 (2)
Race/ethnicity	9.63 (2)	9.00 (1)
Institutional compensation policy	8.90 (3)	7.88 (3)
Institutional performance review	7.18 (4)	6.77 (5)
Mentoring received	6.45 (5)	5.55 (6)
Negotiation skills	6.09 (6)	7.33 (4)
Institutional promotion policy	5.18 (7)	4.77 (8)
Oral communication skills	4.00 (8)	5.55 (6)
Work ethic	3.18 (9)	3.11 (8)
Writing skills	3.18 (10)	5.44 (7)
Related to promoting the progress of other faculty careers in academic medicine at your institution		
Institutional compensation policy	9.00 (1)	7.77 (3)
Gender of faculty	8.82 (2)	8.11 (2)
Race/ethnicity of faculty	8.09 (3)	8.11 (2)
Institutional performance review	6.18 (4)	8.33 (1)
Institutional promotion policy	6.09 (5)	5.44 (7)
Faculty work ethic	5.90 (6)	4.22 (9)
Mentoring of faculty	5.18 (7)	5.00 (8)
Oral communication skills	5.00 (8)	5.66 (6)
Negotiation skills of faculty	4.54 (9)	6.44 (5)
Writing skills of faculty	4.09 (10)	5.00 (8)
Faculty performance	3.09 (11)	2.22 (10)

with the degree of aggressiveness in the negotiation ( $r = 0.91$ ) and their self-confidence after the negotiation ( $r = 0.97$ ).

*Qualitative study*

The principal themes, identified by reviewer consensus, fall within the following categories: (1) how negotiation is viewed, (2) barriers to negotiation, (3) what faculty members can do to improve the effective use of negotiation, and (4) what faculty perceive the institution can do to improve the use of negotiation. In the sections that follow, we summarize the content within these thematic domains, using brief quotations from the interviews themselves to specifically state or illuminate the points. The qualitative study did not differ significantly in content by gender. Nevertheless, we have indicated the gender of the speaker.

*How negotiation is viewed: The importance of negotiation and its role in academic medicine*

The perceived importance of negotiation skills in academic medicine varied widely among the faculty interviewed. Only a few (4 of 20) seemed

fully aware of the importance of negotiation to their academic careers, but these faculty perceived it as central to their success:

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

Most of the faculty were unaware of the possibilities of negotiation, revealing a constrained view of the potential value of negotiation to their careers over time. Even those aware of its possibilities suggest that within the hierarchical framework and limited resources of academic medicine, negotiation can only have a finite impact.

There is limited room for negotiation . . . one acquires experience through failure. . . . I have been through [attempts for tenure at] two different times, one in which I failed and this one where I succeeded. . . . There is no substitute for experience. . . . It's a feeling that you have, even if you negotiate well. . . . It's not going to make a difference. . . . [In a climate of constrained resources,] there is little to negotiate for and one is fighting with the stars and superstars.

—Female Ph.D., professor

The utility of negotiation skills was perceived as limited by (1) timing: "Negotiation is important at the entering stage of a career . . . at the point where people are seeking their first job . . . but less important afterward." (male Ph.D., associate professor). There was the sense that once a faculty member has negotiated the first academic position and initial package, further opportunities for negotiation were not available or were not important. Women seemed more likely than men to have this perspective. (2) Competing priorities: "Building your record is more important than negotiating skills" (female Ph.D., professor). Faculty frequently expressed the notion that success and advancement would automatically follow if they published and were successful in winning grants. Negotiation was not perceived to be a necessary skill. In addition, understanding the timing for negotiation, when it might be possible, and how to make opportunities for negotiation were unclear for many faculty. (3) Active learning: Despite some awareness of negotiation as a strategy for achieving academic success, many faculty did

not recognize that negotiation skills need to be learned just like any other skill and that it involves an active process of learning.

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

Faculty must be aware not only of the importance of negotiating skills and where they fit into an academic career but also of ways in which to learn such skills, including courses, seminars, mentors, and books (Table 4).

### *Barriers to negotiation*

*Institutional hierarchy.* During the interviews, faculty reported that the hierarchical structure of most medical schools impeded effective negotiation. The inability of faculty to be "heard at the top" (female M.D., assistant professor) is repeatedly problematic. Faculty do not have access to the senior leaders who are making the decisions, which impedes effective negotiation. The large, bureaucratic nature of the institution was seen as unresponsive to faculty and as providing little individual help or resources. In this hierarchy, faculty did not sense any opportunities for negotiation.

*Institutional secrecy and mystery.* Academic medicine was viewed by respondents as an "insider world" (female Ph.D., professor), with many faculty not being privy to the information that is required for successful academic careers. They saw the lack of knowledge and priorities of the institution as a very real hindrance to negotiation. "A limitation of the ability of the faculty to negotiate has been the inability to scope out the larger situation; the chair has the larger vision. Faculty need to elicit more information in a nonthreatening way" (female M.D., assistant professor). Faculty need to know more about the needs, vision, and goals of the department and institution to effectively negotiate. Recurrently, faculty wished the institution to "remove the mystery" (male M.D., instructor) and provide information, particularly on the resource needs of academic life.

You need to know what to negotiate about. . . . One has to do a lot of work to find out what other

TABLE 4. BOOKS FROM WHICH TO LEARN NEGOTIATION

Title	Author	Publisher	Year published
<i>Everyday Negotiation: Navigating the Hidden Agendas of Bargaining</i>	Deborah Kolb and Judith Williams	Jossey-Bass	2003
<i>Getting Past No: Negotiating Your Way from Confrontation to Cooperation</i>	William Ury	Bantam Books	1993
<i>Getting to Yes: Negotiating Agreement without Giving in</i>	Roger Fisher, William Ury, and Bruce Patton	Penguin Books	1991
<i>Negotiation Theory and Practice</i>	J. William Breslin and Jeffrey Z. Rubin, eds.	Program on Negotiation at Harvard Law School	1991
<i>The Shadow Negotiation: How Women Can Master the Hidden Agendas That Determine Bargaining Success</i>	Deborah Kolb and Judith Williams	Simon & Schuster	2000
<i>Women Don't Ask</i>	Linda Babcock and Sara Laschever	Princeton University Press	2003
<i>Bargaining for Advantage: Negotiation Strategies for Reasonable People</i>	Richard G. Shell	Penguin Library	2000

people have and therefore what one can ask for . . . to be clear on what you need to function as a faculty member . . . [one needs] clear communication regarding expectations and sources of honest, accurate information about options.

—Female M.D., associate professor

Standards of appropriate resources for faculty at various ranks and in differing departments was needed to understand appropriate expectations for support at many different levels of an academic career. Using faculty member's time to try to obtain this information was not thought to be an effective use of faculty time or resources.

*Individual powerlessness.* There were a number of individual issues that surfaced for faculty as barriers to negotiation: "You feel powerless and helpless towards this big elephant [the institution] . . . which has no interest in empowering faculty" (male M.D., associate professor). Power was wielded further up in the hierarchy and was difficult to access. Even having access would not necessarily improve the ability of faculty to negotiate. This sense of powerlessness extends from the idea of institutions as immutable: "For negotiation to be effective, the culture of the institution would need to change" (female Ph.D., professor). It is not just the hierarchy, but the milieu and perceived attitudes of the institution that impede negotiation. In this environment, faculty believed that negotiation made little difference.

*What can faculty do? Preparation for the negotiation process*

The faculty we interviewed had explicit suggestions about how to be more successful in the academic negotiation process, learned from their own experience (Table 5). Although all faculty

TABLE 5. FACULTY SUGGESTIONS FOR EFFECTIVE NEGOTIATION

1. Prepare for the negotiation process
  - a. Examine your priorities and their relative importance
  - b. Objectively determine your leverage and the value of your contributions
2. Obtain information on what resources are negotiable (e.g., administrative assistant, access to a research assistant, flexibility of support staff hours)
3. Understand the negotiation process
  - a. Assess your personal negotiation style
  - b. Understand the style of the person with whom you are negotiating and what might be important to him or her
  - c. Think in advance of the likely responses of the person with whom you are negotiating
  - d. Role play with a trusted mentor or peer
4. View negotiation as an ongoing process, not just one meeting
  - a. Establish rapport
  - b. End each session politely and comfortably
  - c. After a negotiation, e-mail the other party summarizing the session to be sure you are both on the same page; this will also provide documentation of the negotiation

were chosen because they had poor to indifferent negotiating skills in the 1995 questionnaire, the 5 intervening years prior to the study provided further insight into the process of negotiation. Faculty targeted three areas for preparation in the negotiation process garnered from their prior experience: understanding yourself and your priorities, knowing your leverage, and gathering information.

*Preparation: Know your priorities and your leverage.*

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 would hand them a worksheet that would guide them through the process of assessing their own strengths, weaknesses and objectives. . . . 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 M.D., assistant professor

Self-assessment and identification of priorities were clearly specified as a critical first step in the preparatory process. What does the faculty member wish to achieve, and what is needed to achieve his or her individual career goals? Armed with this knowledge, faculty can be more creative and flexible in the negotiation process, which can also improve the chances for success for both the individual faculty member and the institution. Understanding these needs can also help a faculty member consider the best alternatives to the desired outcome should the negotiation fail to achieve the needed resources.

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 M.D., associate professor

Thinking through in advance of the negotiation the possible concessions that can be made and what is absolutely necessary will ensure that a faculty member does not concede any absolutely necessary resources or objectives to achieve career goals.

Once the needs and priorities have been established, faculty emphasized the importance of

knowing your leverage: "understanding your worth and the quality of your performance vis-à-vis everyone else in your department and your institution" (female Ph.D., professor). This entails assessing your value to the organization both in terms of grants ("academic capital," male Ph.D., professor) and the size of your clinical practice and referrals ("clinical money," male Ph.D., professor). Determining your options before the negotiation and knowing whether or not you have other job opportunities in hand is key. Researching other job possibilities, their available resources, and salary in advance of an important negotiation can be critical to understanding the full options available: "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 Ph.D., professor). This was viewed as a key step in the negotiation process.

*Preparation: Gathering information.* The next step is to obtain information on what is reasonable to request and the range of resources that can be negotiated, including the "benchmarks for payscales and resources" (female M.D., instructor). One can gather this information from a variety of resources, including faculty mentors and colleagues. "A mentor should be someone who can provide completely impartial guidance and encourage you to be fully aware and fully effective" (male M.D., instructor). A mentor was seen as a guide to an academic career with knowledge of appropriate and necessary resources as well as skills. Talking to peers and colleagues was also an important source of information on professional needs and resources. These forms of networking experience provide a valuable means of gleaning professional knowledge. Personal experience, however, is also crucial: "There is no substitute for experience. Time and experience taught me more than anything" (male M.D., assistant professor).

*Understanding the process: Strategies and tactics for negotiation*

Following preparation and the clarification of individual needs, priorities, and leverage points, faculty described the importance of strategies that can facilitate or hinder the process of negotiation. The knowledge of when and how to be "appropriately assertive" (female M.D., assistant pro-

fessor) is crucial to the process. In this regard, men and women may differ in the process. As one woman faculty member stated: "I don't feel particularly assertive. I am direct and open and I think that most of the time that works to my advantage" (female M.D., assistant professor). Another was self-critical of her approach: "I am too people-pleasing in that scenario [negotiating], and I feel like I need a better way of responding to a demand that's being made that I'm not comfortable meeting" (female M.D., assistant professor). Faculty stressed the importance of assessing individual style, the effectiveness of that style, and the comfort level of the faculty member with a particular style. The range of effective styles may differ by gender, as men were more frequently comfortable with an assertive manner.

Self-awareness of one's response to conflict was also helpful to guide and depersonalize the process, "don't take negotiation as an assault on your character. . . . It is important not to take it personally and to realize that what you get out of something is what you negotiate" (male M.D., professor). This is again part of learning an effective style and consciously following it. What works for one faculty member may be very different from what works for another.

Faculty noted that a potential hurdle in the negotiation process was dealing with difficult people: "Understand as much as you can about the person you are negotiating with beforehand, recognize it is a process" (male Ph.D., instructor). The faculty member must also know the style and character of the individual with whom he or she is negotiating and think in advance of the likely responses of that party in the negotiation as well as what the negotiator's needs might be. This knowledge was part of effective faculty preparation for negotiation.

Faculty also noted that diagnostic and interpersonal skills, including "active listening and empathy" (female M.D., assistant professor), could help to establish an effective relationship. Physicians are very effective in using these skills with patients, and they can be equally effective in professional negotiation.

Eliciting the spoken or unspoken agenda of the other party is another important aspect of the negotiation. In particular, understanding when the "department goals would be in conflict with their own goals" (female Ph.D., professor). Thinking this out before the actual negotiation can help the faculty member "anticipate the [possible] unfa-

vorable response and plan the fall back strategy . . . and end it cordially" (female M.D., assistant professor). Maintaining a positive relationship throughout the negotiation is vital and can create the potential for future, open negotiations. Viewing negotiation as an ongoing process rather than one meeting or discussion was considered key to understanding the full potential for negotiation in academic medicine.

#### *What can the institution do? Faculty perceptions of supportive change*

*Make relevant information more available.* In addition to perceiving many areas in which faculty can grow and develop to negotiate more successfully, faculty also pointed to the need for institutional change to facilitate negotiation. One starting point for institutions is to make relevant information available:

Clarify the expectations of the institution . . . a faculty handbook [with relevant information], for example, . . . provides general background information about policies and makes available clear guidelines on salary and promotion to faculty who are either about to be hired or seeking promotion.

—Male M.D., assistant professor

With this information open and available, faculty believed they would be better prepared to review options creatively, which could help in successfully achieving their goals.

*Empower faculty.* A recurring theme among respondents was the need for institutions to empower their faculty to negotiate: "There are outside negotiating resources which emphasize negotiating skills [which] should be brought in to inform us all. . . . faculty should be encouraged to attend workshops from people who are far more experienced in negotiating than our own leadership" (male Ph.D., assistant professor). Both faculty and leadership need to be more informed about negotiation: the concept, the process, and advantages that can result from effective negotiation. Knowledge of the value and process of negotiation is a crucial step in empowering faculty.

## DISCUSSION

The issues raised in this study have broad implications. In the Robert Wood Johnson-sup-



ported National Faculty Survey that served as a sampling framework for the current study, a significant proportion of all faculty (66%) rated their negotiation skills as poorly as did the faculty who were participants in this qualitative study. Although the faculty who participated in this study included persons at all ranks, the views of this study sample cannot literally be generalized to all faculty. However, it seems possible that understanding and responding to the issues and suggestions of the faculty in this study (the canaries in the mine of our academic medical centers) may enhance the professional climate for all faculty. More attention to this potential aid clearly seems needed in academic medicine. This study is the only work to date on this topic in academic medicine and, therefore, is the only window on the distinctive barriers and obstacles to successful and productive negotiation in this organizational domain. In many other professions, particularly business and law, skill in negotiation is an expected requisite for managing a career.<sup>1</sup> Negotiation is not separate from, but is bound up with, other ways of managing a career. It is part of periodic progress reviews, feedback on performance, and as much a part of career building as various forms of mentoring. Our results suggest that many faculty at all stages of their careers, but especially in the early stages of a career, are unaware of the possibilities or potential uses of negotiation. They gain this with experience, but valuable time and options for success are lost.

The naiveté of faculty in our survey regarding the use of negotiation in faculty careers suggests that academic medical institutions and their leadership have not fully understood the importance or the benefits that can result from skilled negotiation. The hierarchical organization of academic medicine, together with a lack of a systematic effort to inform all faculty about academic standards, procedures, and principles, has created a difficult environment for negotiation, a situation with adverse implications for the broad learning and education that can be accomplished in such centers. Achieving career potential in the academic institution will benefit individual faculty as well as their institution. Providing seminars and training on negotiation, explicit information on salaries, promotion, and resources can enable the institution and its faculty to more creatively use the available resources and gain greater efficiency through understanding the big picture and the ability to identify win-win situations and the best

ways to achieve change. Faculty need to be aware of when appropriate opportunities for negotiation occur, not just when taking a first job or changing jobs but also when taking on new responsibilities or a change in job description, when contemplating changes in the course of a career, at annual reviews, when obtaining grant funding to assure adequate space and resources to successfully carry out the grant, or when completing significant projects.

Possible differences by gender in negotiation were apparent. Our study suggests that women in particular perceive benefit from careful preparation for a negotiation. Preparing in advance for women in our study was associated with greater comfort in being more assertive in the negotiation and with greater self-confidence after the negotiation. This has been found in prior research on women in negotiation, suggesting that there may be important differences in how we approach acquiring negotiation skills for men and women.<sup>12</sup> Interestingly, women faculty in our study also saw negotiation as less valuable to their career progress than did men. Whether this is a result of less success in and, therefore, lower expectations of negotiation, we cannot say. Greater emphasis and education on negotiation would decrease this barrier for women and provide an additional means to advance their careers.

Our study has a number of limitations. The qualitative methods we used do not require large sample sizes, potentially limiting the generalizability of our results. We have limited our study to faculty who perceived themselves as having poor to indifferent negotiation skills in the 1995 National Faculty Survey.<sup>9</sup> This qualitative study was conducted 5 years after the initial quantitative survey, and faculty may assess their negotiation skills differently. As a qualitative study, we aimed to explore the content of the interviews, but we cannot estimate the prevalence of this content. By the very nature of the research methods used in this and other qualitative studies, numerical indicators for reliability and validity of our observations are not available. It is unclear if another investigator examining our data would extract precisely the same themes. We did, however, explicitly compare the themes independently extracted from each transcript by the five investigators and were encouraged to find them to be vastly consistent, as well as congruent. We also found themes extrapolated from the inter-

views to be highly repetitive among faculty at diverse institutions and among faculty at varying ranks and degrees.

Our study also has significant strengths. The special contribution of qualitative methods, such as in-depth, individual interviews followed by detailed repeated reading of the transcript interview text, is to uncover richness of diverse opinion, natural (nontechnical) language, and a broad universe of potential understanding and approaches. Among the faculty we interviewed, it is striking how limited was their understanding of the many settings and occasions in which negotiation for resources actually occurs in academe. It is encouraging to note their apparent willingness to engage in and express enthusiasm for various activities that could enhance their use of negotiation as a technique for achieving shared understanding, fair agreements, and mutual advantage, not only as individuals but also as members of an academic community.

In conclusion, it is sobering to note the many ways in which the culture and structure of academe inhibit or vitiate negotiation. Addressing these barriers and empowering faculty to more effectively negotiate might, in the view of the faculty we interviewed, improve the climate in academic medical centers and help faculty more fully achieve their potential.

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Address reprint requests to:

*Phyllis L. Carr, M.D.*

*Boston University School of Medicine*

*715 Albany Street, Room L-109*

*Boston, MA 02118*

*E-mail: [plcarr@bu.edu](mailto:plcarr@bu.edu)*