

Negotiation in Academic Medicine: Narratives of Faculty Researchers and Their Mentors

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Abstract

Purpose

Few researchers have explored the negotiation experiences of academic medical faculty even though negotiation is crucial to their career success. The authors sought to understand medical faculty researchers' experiences with and perceptions of negotiation.

Method

Between February 2010 and August 2011, the authors conducted semistructured, in-depth telephone interviews with 100 former recipients of National Institutes of Health mentored career development awards and 28 of their mentors. Purposive sampling ensured a diverse range of viewpoints. Multiple analysts thematically coded

verbatim transcripts using qualitative data analysis software.

Results

Participants described the importance of negotiation in academic medical careers but also expressed feeling naïve and unprepared for these negotiations, particularly as junior faculty. Award recipients focused on power, leverage, and strategy, and they expressed a need for training and mentorship to learn successful negotiation skills. Mentors, by contrast, emphasized the importance of flexibility and shared interests in creating win-win situations for both the individual faculty member and the institution. When faculty construed negotiation as adversarial

and/or zero-sum, participants believed it required traditionally masculine traits and perceived women to be at a disadvantage.

Conclusions

Academic medical faculty often lack the skills and knowledge necessary for successful negotiation, especially early in their careers. Many view negotiation as an adversarial process of the sort that experts call "hard positional bargaining." Increasing awareness of alternative negotiation techniques (e.g., "principled negotiation," in which shared interests, mutually satisfying options, and fair standards are emphasized) may encourage the success of medical faculty, particularly women.

Scholars regard negotiation as a crucial skill in professional success.¹ Much of their attention focuses on salary negotiations, but negotiation skills are important in broader contexts (e.g., work resources, schedules) as well. For academic medical researchers, negotiation is a crucial skill for garnering the resources and creating the work environments conducive to their success.

Research on negotiation shows that prenegotiation expectations are highly predictive of negotiation outcomes.² This research also shows that although failing to negotiate can have a significant impact on career development and

compensation,³ many professionals, particularly women, often believe that their circumstances are not negotiable, and as a result, they do not attempt to negotiate to improve their professional circumstances.⁴ Sometimes, involved parties think of negotiations as inherently adversarial in nature, entailing both "positional bargaining" (e.g., a buyer and seller negotiating the price of an item) and trade-offs between getting what they want and getting along with people; however, negotiation experts have described an alternative approach. Through this alternative approach—that is, "principled negotiation"—the interested parties focus on "basic interests, mutually satisfying options, and fair standards" to arrive at an outcome that can be wise, efficient, and amicable.⁵ Principled negotiation creates a situation that is no longer constrained to be zero-sum and may become win-win. A classic example is a case of two individuals who both desire a single orange.⁵ Positional bargaining results in the orange being split in half. Principled negotiation results in both parties being more fulfilled because they learn that one party desires only the juice and the other only the peel for baking.

The literature regarding negotiation in academic medicine has largely focused on providing advice to researchers, including the importance of preparing for negotiation, prioritizing needs, and providing relevant data.^{6–10} Relatively little work focuses on the negotiation experiences of medical faculty. The few notable exceptions include a recent qualitative study of 20 academic faculty who reported via survey that they perceived difficulty with negotiation.¹¹ As part of an effort to understand the factors associated with success in academic medicine—including the role of negotiation—we conducted interviews with early-career faculty members pursuing research, as well as with some of their mentors. We identified these faculty members through their participation in the National Institutes of Health (NIH) K08 and K23 award programs, which support the research career development of individuals holding clinical doctorates.

Method

Study design and sample

We received a grant to examine the experiences and outcomes of participants in the K08 and K23 award programs,

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and we secured approval to conduct a qualitative study involving these individuals from the University of Michigan institutional review board (IRB). This study was part of a larger investigation, and two other reports in this issue of *Academic Medicine* present additional findings from the larger study.^{12,13}

Although a full, detailed description of our study protocol is available elsewhere,¹² we also summarize it here. We conducted semistructured interviews with selected K08 and K23 award recipients who had received their funding from the NIH between 1997 and 2009 as well as with some of their academic mentors. We used purposive sampling to ensure a diverse range of viewpoints. We included men and women and an oversample of racial and ethnic minorities. We intentionally included individuals from a variety of medical and other clinical (i.e., dentistry, veterinary medicine) specialties and academic institutions. We ensured representation of individuals who remained at their original institution at the time of the K award, those who had changed institutions, and those who had left academic positions (as determined by Internet searches). We also included individuals who had gone on to attain further NIH funding (a sign of success) and those who had not (as determined through the NIH RePORT system¹⁴).

Data collection

We sent an e-mail to approximately 500 award recipients (10 per week) between February 2010 and August 2011, inviting them to participate in a one-hour, semistructured telephone interview to help us “gain insights regarding the determinants of success in academic medicine and the challenges that face those who pursue biomedical research careers.” We asked the award recipients we interviewed to volunteer the name and contact information of at least one of their K award mentors, and we then invited these mentors to participate. Participation was voluntary, all participants provided informed consent, and we offered a \$100 honorarium to those who completed interviews.

One of three research associates—all of whom had graduate-level training in qualitative research (including

R.D. and D.S.)—conducted in-depth, semistructured telephone interviews. An independent professional transcriptionist then transcribed, verbatim, the recordings of the interviews for analysis.

The interview protocol for K award recipients comprised both closed- and open-ended questions about their own career development and experiences during and after the K award (see Supplemental Digital Appendices A–C, <http://links.lww.com/ACADMED/A120>, for the final interview protocols). A number of questions specifically invited K awardees to discuss their own experiences with negotiation in the context of asking for resources such as administrative support, office/lab space, salary, start-up packages, protected time for research, and personal time away from work. The interview protocol for mentors focused on exploring their perceptions of negotiating in academic medicine based on their observations of all the individuals they had mentored throughout their careers. The mentor interview guide made one specific reference to negotiation, but it also allowed for mentors to discuss negotiation in the context of explaining why certain individuals succeed and/or describing how they have helped their mentees to succeed. Data collection and analysis continued in an iterative fashion such that new data influenced the questions we asked of later participants. Data collection continued until we achieved thematic saturation.

Data analysis

The three interviewers (including R.D. and D.S.) analyzed the transcripts using accepted techniques of qualitative data analysis.^{15–17} First, one of the three analysts independently reviewed and coded each transcript using NVivo (version 8.0.332.0 SP4; Doncaster, Victoria, Australia). After independent coding, the analysts (who collectively represented multiple personal and professional characteristics) met regularly with the senior author (R.J.) to discuss the identified themes and the quotations coded as exemplary of those themes. Following an iterative process, the analysts coded and discussed, first, major themes, and then, giving careful attention to cross-cutting themes and recurring patterns, minor themes. The analysts discussed differences in interpretations

until they arrived at a consensus. Depending on the theme and the questions that we wished to explore, we also compared and contrasted responses within each theme across several subgroups (i.e., gender, race/ethnicity, those still in academia versus those who had left, those who held an MD versus those who held an MD/PhD or PhD, senior faculty versus junior faculty).

Results

As reported elsewhere,^{12,13} of the 500 or so K award recipients to whom we sent e-mails, 100 (about 20%) responded. All of the responses we received came from individuals who accepted our invitation to participate in the study; we did not receive any responses explicitly declining. Of the 100 K award recipients we interviewed, 69 gave us the contact information of at least one of their academic mentors. We attempted to contact all 69, and of these, 28 mentors agreed to participate in our study. Of the 128 participants, 54 were members of matched mentor–mentee pairs. Supplemental Digital Tables 1 and 2, <http://links.lww.com/ACADMED/A121>, present the demographic and other characteristics of all 128 participants.

The average interview lasted 52 minutes, and transcripts totaled 1,108 single-spaced pages (513,730 words), not including interview questions. Although we expected some of the themes that emerged, others emerged de novo.

Six major thematic clusters emerged: mentoring¹²; rejection and perseverance¹³; unequal treatment, conflict, and discrimination; time and balance; goals and aspirations; and negotiation. Here, we present the data related to the negotiation cluster which comprised five major subthemes: (1) the importance of negotiation in academic medicine, (2) strategy and leverage, (3) the need for training and assistance in negotiation, (4) mentor perspectives regarding negotiation, and (5) the role of gender in negotiation. Negotiation was specifically discussed by 95 of those interviewed (75 award recipients and 20 mentors), and, except as noted below, we detected no systematic differences in responses regarding negotiation from individuals in different subgroups (e.g., by gender, race/ethnicity, degree, specialty, seniority, or career status).

Personal experiences regarding the importance of negotiation in academic medicine

A key theme was the critical importance of negotiation skills in academic medicine. A number of participants explained the need to negotiate or described situations in which negotiation occurred:

You have to prove yourself at some point. But once you have that, then you need to ask, because a lot of people just don't ask.... [I]f you don't ask, they're definitely going to not offer. (Female, K awardee)

Well, if you're on service and seeing ... 15 patients in a day and you're on the IRB and you have to review protocols and you're being asked to review papers and you're trying to write a grant and you've got two little kids, there's not enough hours in the day. You have to learn to say no to certain things. (Male, K awardee)

Some participants in our study cited naïveté and lack of preparation as barriers to negotiating for what they needed. Several expressed frustration with a perceived lack of foresight that may have led to missed opportunities.

It was just offered; I didn't know that I could negotiate things like that.... I didn't realize I could or should. (Male, K awardee)

I had no experience asking what I should be negotiating for and so that would have been much more helpful, to get a sense of what it is really that I need to do. (Male, K awardee)

K award recipients at times felt that the structure of the institution made negotiating impossible. Some had either unsuccessfully attempted to negotiate with their institutions or witnessed colleagues' unsuccessful attempts.

[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)

Others accepted the claim that their offers were nonnegotiable.

I was told here we're not negotiable ... my start-up package expired after two years, regardless of whether I used the money or not and that's a firm policy.... I didn't even try to argue with that. But it turned out that was not a firm policy at all. It was just an accounting convenience. So those are the kinds of things [that], in the long run, would hurt the school by not giving me what I need to succeed and that's unfortunate. (Male, K awardee)

Some participants talked about making their respective cases over a period of time or struggling to get leaders in the institution to understand their perspectives. They described not only the need to be proactive and persistent in communicating needs with leaders in their departments but also the need to be understood and supported.

It was three years in a row of asking to [decrease] effort with my boss and, finally, him signing off on it. (Female, K awardee)

My mentor supported me, saw potential ... that's part of the negotiation— understanding if they really buy into what you think you're going to become. (Male, K awardee)

Strategy and leverage

A number of respondents felt that they lacked the necessary leverage to negotiate earlier in their careers. Getting established and “proving yourself” was felt to be necessary before initiating negotiation.

If ... you've already done all your groundwork and everyone does trust you and know how valuable you are, it's much easier to negotiate time away if you need it, to sit home and write a grant.... I negotiated that I actually work from home a couple days a week.... I couldn't do that if I was a new faculty ... they would have no idea what I'm doing. (Female, K awardee)

Several commented about a sense of disempowerment due to lack of seniority or funding. Grant funding was felt to be a particularly important source of 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)

I didn't have a ton of negotiating power given that I had this very, very small indirect cost rate that really, again, made me a liability to the institution rather than an asset. (Female, K awardee)

Some K award recipients had negotiated using the threat to leave an institution as leverage; they believed that negotiating an offer at a different institution worked to their advantage.

At about that time [my spouse] was being offered a position in [a different city] and sort of as part of that I went to [that city] and they offered me a position as assistant professor there.... It was sort of, “I'm leaving unless you do something,” but it wasn't really me having to say that.... So they were more willing to negotiate with

me ... they offered a nice package and I was fine with that.... I stayed in [the original city]. (Male, K awardee)

Participants indicated that preparing for the negotiation discussion or meeting was a crucial part of the process, and some shared their personal strategies.

I provided them a list of things I needed, including ... some pretty big ticket items. [T]hat's the way I negotiated it, and then they sent me a proposal with various things outlined and ... I sent them a counter proposal and they met my demands on almost every point. (Male, K awardee)

I'm a data-driven person so I usually come in with facts and figures and say this is what I want. (Female, K awardee)

The need for negotiation training and assistance

Participants sometimes noted the importance of their social and professional networks and training workshops in negotiation preparation. Some reported having positive experiences with specific meetings about negotiation techniques, and others cited a need for more such faculty development opportunities.

I wish I had gotten more guidance.... I felt okay with the numbers.... What I didn't feel okay with was just my own negotiating skills and how much I could push things or not.... I almost wished I had gotten more training like going around flea markets and learning how to negotiate for oriental rugs or something. (Female, K awardee)

I had gone to ... a young woman investigator workshop, and they had a speaker there [who talked] about negotiations and I actually even e-mailed this woman and she helped me. And then I met with my boss and had a very long discussion about my overall career development and how the extra work that had been piled on was a problem, and then ended it talking about my salary. And then he came back and gave me tons more money. (Female, K awardee)

I can't remember exactly what they said, but I remember that I did find [a training session on negotiation] useful. (Male, K awardee)

[T]hey ... send out things on workshops and those things are filled up in probably about 20 minutes after the e-mail is sent out. So I think people recognize that there's a need ... the need is great. (Female, K awardee)

Participants also sometimes looked to their mentors for advice about

negotiating, for “backup,” and even occasionally to negotiate on their behalf.

[One mentor] has been very willing to get involved with any sort of controversy that came up in the department over lab space or anything [when] I needed to have someone come and back me up in terms of negotiating within my department. (Female, K awardee)

Mentors’ perspectives on negotiation

A number of mentors described a substantial need for negotiation skills for junior faculty and saw this as one of their key roles as a mentor.

There’s just a really lot that nobody tells young people about how the game works. So, in a variety of situations, this idea of what’s it like to go out and seek an academic position and how and when do I discuss the parameters of the job; what’s reasonable for me to expect; what’s not reasonable.... So, those sorts of negotiations I’m involved in a lot. (Female, Mentor)

[E]verybody ... [is] always trying to understand ... how to continually negotiate that time with themselves and their bosses, with their other trainees, with their job and, ultimately, sometimes with their family. (Male, Mentor)

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)

Some mentors shared advice they had given their K awardees regarding preparation for the negotiation process.

[You] need to have a well-mapped-out, logical, supported budget when you go in to have that negotiation. (Male, Mentor)

Ask for a little bit more than they think they would need at this point. You know, 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)

[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)

Mentors stressed the need to be flexible and strategic in the negotiation process, considering the bigger picture more than smaller details.

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)

I think that works pretty well; just ... to get them not to focus on the dollar amount and focus on [instead] is this really going to create the functional environment you want to work in. (Male, Mentor)

One mentor discussed the need to be involved in the negotiation process on behalf of a mentee.

[At times I have] needed to be a third party in some negotiations ... usually, my strategy is to help the boss see ... that we have a commitment [with the NIH] for protected time and we need to keep it in case we get audited.... There’s a fair amount of negotiation that needs to go on about how much clinical work people can do and many of the junior faculty don’t want to be considered slackers. (Female, Mentor)

Gender and negotiation in academic medicine

Mentors and protégés alike offered observations regarding the role of gender in negotiation. Some female K award recipients spoke about their own experiences and observations of sex differences in negotiation skill and outcomes and offered specific descriptions of gendered behaviors and expectations.

I think that women in academic medicine have specific issues relating to finding their best place in the work force relating to an often male-dominated environment: learning to navigate systems, learning to work with largely very male-oriented systems, and how to negotiate better. (Female, K awardee)

Participants at times focused on the adversarial aspects of negotiation when explaining their perceptions of gender differences in attitudes and practices regarding negotiation.

I think ... women have difficulty with [conflict] ... and that takes a number of different forms. It’s not just conflict like having a disagreement with a colleague over something; it’s negotiation, it’s whenever there’s not harmony.... Feeling okay being able to sit with it.... I’m not agreeing on my salary or my compensation package with my

boss. And that’s okay. We can have this disagreement. (Female, K awardee)

I just think as a woman you need to be more aggressive and outspoken and just make people more aware there are differences that are out there. 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)

One K awardee emphasized that men may be at an advantage in the ability to make credible threats to leave the institution.

[Men will] look for different jobs so that they’ll get a better retention package. So sometimes I feel like I’m putting out more grants and doing more papers.... 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)

Focused on adversarial negotiations, some K awardees commented on “feminine” personality traits (e.g., being passive and avoiding self-promotion) that could potentially hinder female negotiation performance.

I mean those kind of things are difficult. I think they’re more difficult for women ... we’ve gotten more subtle and unspoken messages to be agreeable and to find consensus. (Female, K awardee)

Interestingly, none of the participants—neither protégés, nor mentors—discussed how traits traditionally considered to be feminine might actually be strengths in principled negotiation processes.

Several female K awardees cited the need for gender-specific mentorship in negotiation skills.

[A] female mentor ... told me how to negotiate a better salary.... I do firmly believe that women faculty expect too little and ask for too little.... She gave me the male courage that I didn’t have to stand up for myself. (Female, K awardee)

All of our institutions are very biased toward men and they’re still ... predominantly male leadership and I think men just think differently than women and they negotiate things differently than women ... it’s really critical to have women mentors if you’re a woman in an academic setting. (Female, K awardee)

Mentors themselves also discussed the role of gender in the negotiation process. Female mentors in particular commented on negotiation challenges specific to female faculty. They perceived gender differences in knowledge and attitudes regarding negotiation.

I think women tend to try to ... please and do a good job, and, you know, they may be sort of asked to do something that's not in their best interest to do it. It's just sort of a crummy job that needs to be done. 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. I think that's where women tend to act differently and tend to disadvantage themselves.... [Women] are sort of reticent about demanding more pay and more time off or more compensation than men do. (Female, Mentor)

I think not only are junior people terrible at negotiation but women, in particular, are terrible at negotiation and so find themselves in situations they really hadn't thought about and, therefore, often need, you know, some support and sort of post hoc negotiations to make it work.... I think like anything it [negotiation] can be learned but if nobody tells them that they need to do that, they're not going to do it. (Female, Mentor)

Some mentors noted that shifting the focus away from individual gains (as emphasized in positional bargaining) and toward shared goals (as emphasized by the principled negotiation approach) can particularly help women to engage.

I get them to think about what it will take for them to be successful and to operate from there and think about it not as negotiating for themselves but negotiating for the science and for their career success because especially women ... have a very difficult time self-advocating. (Female, Mentor)

Discussion

Through this qualitative study, we gained insights into the varied situations (e.g., salary, start-up, resources, work environment) in which physicians pursuing careers in academic medicine negotiate. Collectively, our participants described a striking lack of both the awareness and the skills necessary for successful negotiation, although some interviewees did note that they had benefited from experience, as well as from mentors and formal workshops. Those interviewed indicated a number of ways in which gender may influence

negotiations in academic medicine and may lead to subsequent differences in access to resources and, potentially, in ultimate career outcomes.

Professionals in other fields, particularly business and law, must complete training in negotiation.¹⁸ Academic physicians generally do not receive this type of specialized training, but our study reveals many situations in which they require these skills to achieve success. Our results suggest that academic physicians—at least when they are in junior positions—lack the knowledge, sense of empowerment, and skill regarding negotiation that would be expected from those in a high-status, professional career. Strikingly, participants in our study were often unaware that they were able to negotiate for certain resources at all.

Of note, most of the discussion of negotiation from the K award recipients focused on adversarial situations and the form of negotiation that experts dub “hard positional bargaining,”²⁵ even though the interests of faculty researchers and of the institutional officials with whom they must negotiate for resources are in many ways interconnected and aligned. After all, the research mission of the institution can succeed only if the individuals leading this effort have the resources necessary to make critical advances. When discussing how they prepared or strategized for negotiations, participants tended to focus on having data to support their requests or some sort of leverage to ensure that their needs were satisfied. Certainly, the literature on negotiation supports these hard positional bargaining strategies, but it also emphasizes principled negotiation: that is, not only attempting to identify one's own interests but also both acknowledging the needs and desires of the other party or parties,¹⁹ and recognizing the common requirements and wants of all.⁸ Indeed, the mentors we interviewed tended to emphasize understanding the other side's interests and seeking common ground, which suggests that creating win-win situations through a principled negotiation approach is not only possible but perhaps better for ensuring a young faculty member's ultimate success.

Women in our study had unique perspectives, and several discussed how gender may influence negotiations. Prior

research has shown that female academic physicians rate their negotiation skills lower than matched cohorts of male faculty.¹¹ Additionally, one study showed that evaluators penalize female candidates more than male candidates for initiating negotiations.²⁰ Understanding gender differences in negotiation is critical because these differences may constitute an important mechanism by which observed disparities in the success of female medical faculty develop.^{21–25}

Research shows that men and women have different attitudes about disagreement and conflict; one explanation is that women suffer more than men when their relationships are strained and, as a result, might worry about asking for something that could jeopardize working relationships.⁴ Moreover, women might be more cautious in negotiations because they favor long-term relationships over short-term gains.²⁶ Additionally, some evidence suggests that men exert more influence when the outcome is distributive, or win-lose, and women push harder for negotiations when there is potential for an integrative (win-win) outcome.^{27,28} These previous findings, taken together with those of the current study, suggest that it is important not simply to increase the awareness of young medical faculty about negotiation in general but also to pay specific attention to teaching young faculty about both the possibility of gender differences in negotiating and the concept of principled negotiation, through which parties do not have to make a simple trade-off between results and relationships. A principled negotiation approach may be effective in improving the extent to which junior faculty, particularly women, receive the resources necessary to achieve success.

Some participants in our study reported gaining valuable negotiation skills through training, workshops, and senior faculty mentorship. As we report in greater detail elsewhere, we found that female mentors may serve as role models of success for female junior faculty members specifically in areas such as workplace communication, boundary setting, and negotiation.¹² Future research should examine whether the gender of a mentor influences whether and what types of skills and issues regarding negotiation are addressed.

Research also shows that formal negotiation training can have a substantial impact on negotiation outcomes²⁹ and that even brief training sessions can have positive effects on negotiation skills.¹⁸ Therefore, targeted workshops and mentorship, with a focus on broadening the conception of negotiation beyond positional bargaining, could be quite valuable. Such training may benefit not only junior faculty but also department leaders who may come to appreciate that integrative, nonadversarial solutions are possible. We believe our data indicate that ultimate career outcomes may suffer, to the detriment of both the individual and the institution, when junior faculty do not acquire the resources that derive from successful negotiation.

This study (like its counterparts^{12,13}) has a number of strengths, including its large data set of rich, detailed narratives. The medical literature includes published standards for high-quality research using qualitative research methods.^{15,17} This study meets those standards through its well-reasoned participant selection (purposive sampling), its comprehensive data collection (attaining thematic saturation) and its iterative, triangulated data analysis by multiple investigators with a diversity of professional and personal characteristics.^{16,17} This approach does have certain limitations, however. We focused our research on faculty who had received or mentored prestigious NIH career development grants, and in choosing to interview (rather than survey) participants, we sacrificed breadth for depth. Thus, we cannot guarantee that our findings are generalizable to all faculty (nor even to all such award recipients); however, our use of purposive sampling and the achievement of thematic saturation may serve to minimize these concerns. Additionally, our study included 128 respondents, which is appreciably greater than the mean sample size for qualitative studies published in top-tier medical journals since 2000.³⁰

Conclusions

In conclusion, our findings suggest that although many academic medical researchers eventually realize that negotiation is an important aspect of their career development, and although opportunities for negotiation

abound, faculty are not always aware of when they can negotiate or how to do so until opportunities may have passed, especially early in their careers. Moreover, some feel unable or are unwilling to approach institutional leaders to initiate negotiations for resources key to their success, and this may be particularly true for women. Ultimately, because the success of academic institutions is built on the success of individual faculty members, it is critical that junior faculty members receive the awareness and skills necessary to negotiate for the resources that are integrally necessary for their career success. Institutional leaders seeking to retain successful faculty must recognize that not all negotiations are adversarial and that the inability to negotiate goes against the interest of not only the individual but also the institution because the two are inextricably linked. Because institutions benefit from the success of their faculty, and because resources have become increasingly challenging to obtain, institutions should invest in fostering negotiation skills in their faculty, with particular attention to the approach of principled negotiation. Our findings suggest that doing so may promote the success of all medical researchers, particularly women.

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References

- 1 Stuhlmacher AF, Walters AE. Gender differences in negotiation outcome: A meta-analysis. *Pers Psychol*. 1999;52:623–677.
- 2 Bowles HR, McGinn KL. Gender in job negotiations: A two-level game. *Negotiation J*. 2008;24:393–410.
- 3 Babcock L, Laschever S. *Ask for It: How Women Can Use the Power of Negotiation to Get What They Really Want*. New York, NY: Bantam Dell; 2008.
- 4 Babcock L, Laschever S. *Women Don't Ask: Negotiation and the Gender Divide*. Princeton, NJ: Princeton University Press; 2003.
- 5 Fisher RC, Ury W, Patton B. *Getting to Yes: Negotiating Agreement Without Giving In*. 3rd ed. New York, NY: Penguin; 2011.
- 6 Wallace MB. Negotiating a career in academic gastroenterology. *Gastrointest Endosc*. 2006;64(6 suppl):S26–S28.
- 7 Dunn MM. Job negotiation. *Am J Surg*. 2010;200:558–561.
- 8 Umiker W. Negotiating skill for health care professionals. *Health Care Superv*. 1996;14:27–32.
- 9 Anastakis DJ. Negotiation skills for physicians. *Am J Surg*. 2003;185:74–78.
- 10 Berlin JW. The fundamentals of negotiation. *Can Assoc Radiol J*. 2008;59:13–15.
- 11 Sarfaty S, Kolb D, Barnett R, et al. Negotiation in academic medicine: A necessary career skill. *J Womens Health (Larchmt)*. 2007;16:235–244.
- 12 DeCastro R, Sambuco D, Ubel PA, Stewart A, Jagsi R. Mentor networks in academic medicine: Moving beyond a dyadic conception of mentoring for junior faculty researchers. *Acad Med*. 2013;88:488–496.
- 13 DeCastro R, Sambuco D, Ubel PA, Stewart A, Jagsi R. Batting 300 is good: Perspectives of faculty researchers and their mentors on rejection, resilience, and persistence in academic medical careers. *Acad Med*. 2013;88:497–504.
- 14 National Institutes of Health Research Portfolio Online Reporting Tools (RePORT). Reports, data, and analyses of NIH research activities. <http://projectreporter.nih.gov/reporter.cfm>. Accessed December 13, 2012.
- 15 Clarke V, Braun C. Using thematic analysis in psychology. *Qual Res Psychol*. 2006;3:77–101.
- 16 Giacomini MK, Cook DJ. Users' guides to the medical literature: XXIII. Qualitative research in health care A. Are the results of the study valid? Evidence-Based Medicine Working Group. *JAMA*. 2000;284:357–362.
- 17 Giacomini MK, Cook DJ. Users' guides to the medical literature: XXIII. Qualitative research

- in health care B. What are the results and how do they help me care for my patients? Evidence-Based Medicine Working Group. *JAMA*. 2000;284:478–482.
- 18 El Shenawy E. Does negotiation training improve negotiators' performance? *J Eur Ind Train*. 2010;34:192–210.
 - 19 Ury W. *Getting Past No: Negotiating Your Way From Confrontation to Cooperation*. New York, NY: Bantam Books; 1991.
 - 20 Bowles H, Babcock L. When doesn't it hurt her to ask? Framing and justification reduce the social risks of initiating compensation negotiations. http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1316162###. Accessed January 14, 2013.
 - 21 Association of American Medical Colleges. *Women in U.S. Academic Medicine and Science: Statistics and Benchmarking Report, 2011–2012*. <https://members.aamc.org/eweb/upload/Women%20in%20U%20S%20%20Academic%20Medicine%20Statistics%20and%20Benchmarking%20Report%202011-20123.pdf>. Accessed December 21, 2012.
 - 22 Nonnemaker L. Women physicians in academic medicine: New insights from cohort studies. *N Engl J Med*. 2000;342:399–405.
 - 23 Jagsi R, Motomura AR, Griffith KA, Rangarajan S, Ubel PA. Sex differences in attainment of independent funding by career development awardees. *Ann Intern Med*. 2009;151:804–811.
 - 24 Lo Sasso AT, Richards MR, Chou CF, Gerber SE. The \$16,819 pay gap for newly trained physicians: The unexplained trend of men earning more than women. *Health Aff (Millwood)*. 2011;30:193–201.
 - 25 Ash AS, Carr PL, Goldstein R, Friedman RH. Compensation and advancement of women in academic medicine: Is there equity? *Ann Intern Med*. 2004;141:205–212.
 - 26 Eckel C, de Oliveira ACM, Grossman PJ. Gender and negotiation in the small: Are women (perceived to be) more cooperative than men? *Negotiation J*. 2008;4:429–445.
 - 27 Karakowsky L, Miller D. Negotiator style and influence in multi-party negotiations: Exploring the role of gender. *Leadersh Organ Dev J*. 2006;27:50–65.
 - 28 Kray LJ, Thompson L, Galinsky A. Battle of the sexes: Gender stereotype confirmation and reactance in negotiations. *J Pers Soc Psychol*. 2001;80:942–958.
 - 29 Movius H. The effectiveness of negotiation training. *Negotiation J*. 2008;24:509–531.
 - 30 Yamazaki H, Slingsby BT, Takahashi M, Hayashi Y, Sugimori H, Nakayama T. Characteristics of qualitative studies in influential journals of general medicine: A critical review. *Biosci Trends*. 2009;3:202–209.