

How to Get to Yes! A Strategy of Negotiation for Physicians

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Physicians use the constructs of negotiation every day. This includes cooperation, compromise, discussion, intervention, conversation, and exchange of information with colleagues, support staff, patients, and caregivers. Just the other day, a junior physician walked in my office and asked if “she should take it personally” following a meeting in which her more senior physician colleague asserted support for his agenda. Why do so many physicians react negatively to the process of negotiation?

Physicians and other leaders often “take negotiation personally” because they don’t know how to negotiate successfully. They primarily focus on the perceived position of power of the other party compared to their own effort to obtain a dominant position to achieve a desired outcome. The result frequently enhances one’s self-confidence in the short-term but risks losing mutual respect and threatening the desired outcome in the long run.

Fisher, Ury, and Patton in their bestseller *Getting to Yes* (1991) explain the method of principled negotiation. The technique seeks to identify principles from both sides that are and are not up for negotiation rather than on positions or the people involved.

The technique is built around the following four paradigms:

- Separate the people from the problem;
- Focus on interests, not positions;
- Invent options for mutual gains; and
- Insist on using objective criteria.

The method of principled negotiation can be used by general internal

medicine physicians to effectively reach compromise.

One example of negotiation is a general internist’s first job offer and contract. Some board-eligible graduates from residency might be apprehensive in negotiating up front their respective salary and benefits with prospective employers or group practices. They may fear that negotiation will reflect badly on them before they start or result in not being offered a desired position at all. The reality is that general internists are in demand and will be in demand in the foreseeable future as prospective employers seek to adequately resource their missions. Prospective employers will not only negotiate but will welcome creative and innovative solutions from them to cultivate and retain talent. This might include the prospective employer’s desire for you to work five full days when you only want to work four. Instead of taking a strong position, consider determining the number of patients the prospective employer would like you to see and evaluate whether you can accommodate this number of patients in four full days.

A second example of negotiation is getting more resources or maintaining resources for your program in an environment of decreasing profits, increasing regulations, and increasing accountability. In simple terms, everyone at the top including the C-suite will attempt to squeeze all that they can from every resource available. This includes those closest to patients—general internists. Instead of getting angry or distressed about the current state of affairs, find new and creative solutions to the problem. For instance, if the C-suite or department chair says

“No” to your request for more FTEs, try to reframe the proposition to focus on what is important to the C-suite, such as the increased profits, improved quality, or greater patient satisfaction the additional physician will bring. In this way, the gain will accrue not only to the patient and hospital but also to the group practice, which will have greater physician job satisfaction and decreased turnover.

Now general internists or general internal medicine groups can and do employ a couple of strategies to improve their respective positions of influence. One is they may hire a competent and trustworthy administrator or practice manager to broker such negotiations. Another technique is for physicians to acquire the knowledge and skills necessary to execute such negotiations through seminars or formal degree programs, such as joint MD/MBA degree programs, which have increased significantly over the last 20 years.

General internists are in a great position and should have confidence to successfully negotiate. As Peter Cram, MD, MBA, associate professor and director of the Division of General Internal Medicine at the University of Iowa, Carver College of Medicine, often utters, “These issues are complex, and many of the solutions will come directly from those most affected.” Negotiating even in its formal constructs should not deter general internists from becoming active participants in the development and implementation of solutions. Separate the people from the problem, and focus on interests and innovations to achieve mutual gain based on agreed criteria.