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Salary Negotiations: Gender Differences in Attitudes, Priorities and Behaviors of Ophthalmologists

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Title: Salary Negotiations: Gender Differences in Attitudes, Priorities and Behaviors of Ophthalmologists

Authors: Shefali Sood[1] MD, MPA; Alcina K Lidder[2] MD; Ceyhun Elgin[3] BA, PHD, MA; Janice C Law[4] MD; Aakriti Garg Shukla[5] MD; Bryan J Winn[6, 7] MD; Albert S Khouri[8] MD; Eydie G Miller-Ellis[9] MD; John Laudi[10] MD; Jeffrey R SooHoo[11] MD; Eva DeVience[12] MD; Misha F Syed MD[13]; Allen Zerkin[14] JD; Lama A Al-Aswad[15] MD, MPH

Affiliations

1. Georgetown University School of Medicine, Department of Ophthalmology
2. University of Miami Miller School of Medicine, Department of Ophthalmology/Bascom Palmer Eye Institute
3. Columbia University, Department of Economics
4. Vanderbilt University School of Medicine, Department of Ophthalmology
5. Columbia University Vagelos School of Medicine, Department of Ophthalmology
6. University of California - San Francisco School of Medicine, Department of Ophthalmology
7. San Francisco Veterans Affairs Health Care System, Ophthalmology Section
8. Rutgers New Jersey Medical School, Department of Ophthalmology
9. University of Pennsylvania Perelman School of Medicine, Department of Ophthalmology
10. State University of New York – Downstate School of Medicine, Department of Ophthalmology
11. University of Colorado School of Medicine, Department of Ophthalmology
12. University of Maryland School of Medicine, Department of Ophthalmology
13. University of Texas Medical Branch, Department of Ophthalmology
14. New York University Robert F. Wagner Graduate School of Public Service
15. University of Pennsylvania, Scheie Eye Institute, Department of Ophthalmology

Corresponding Author:
Lama A. Al-Aswad MD, MPH
E-mail: doctoralaswad@gmail.com

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Address for Re-Prints:
Lama A. Al-Aswad MD MPH
Scheie Eye Institute
51 North 39th Street

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Philadelphia, PA 19104

Abstract:

Purpose: To investigate attitudes, priorities, and behaviors of ophthalmologists in salary negotiations.

Design: Cross-sectional study.

Methods: A Qualtrics survey was disseminated to United States based practicing ophthalmologists between 11/1/2021 and 3/31/2022 and assessed attitudes, behaviors and priorities surrounding salary negotiation during the respondents' first negotiation as a practicing physician and currently. Optional case-based scenarios were also included.

Results: Of 424 respondents, 155 (36.5%) identified as male and 269 (63.3%) identified as female. Men were more likely to negotiate salary for their first position as an independent ophthalmologist (Male (M): 78.3%, Female (F): 68.2%, p=0.04). Respondents of both genders assessed their success similarly; 85.0% of men and 75.7% of women (p=0.07) felt that their negotiation was very successful or somewhat successful. Women were more likely to select "flexibility in clinic/OR schedule for personal commitments" as a priority during salary negation for their first position (M: 14.8%, F: 23.1%, p=0.04). Women ophthalmologists reported feeling more uncomfortable (M: 36.1%, F: 49.1%, p=0.01), intimidated (M: 20.0%, F: 43.5%, p<0.01) and were less likely to feel well-trained (M: 24.5%, F: 13.0%, p<0.01). Most respondents never received formal training in negotiation.

Conclusions: We found significant gender differences among ophthalmologists in attitudes, priorities and behaviors surrounding salary negotiation. There were low reported levels of formal negotiation training, which appears to disadvantage women more than men. These gender

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disparities suggest that incorporating education about negotiation skills and career development early in training may be impactful.

Introduction:

In 2021, Jia et al. reported that in the first year of clinical practice, women ophthalmologists received an initial base salary with bonus that was on average $33,139.80 less than their male colleagues controlling for age, academic residency, and practice type among other factors.[1] The authors determined that the salary negotiation process may be a contributing factor to the gender pay gap. The investigators found that while male and female respondents had initiated salary negotiation at similar rates, male ophthalmologists reported more success within the negotiation process. In a survey-based study by Gray et al, investigators found that female general surgery residents had significantly lower salary expectations and viewed salary negotiation less favorably than their male colleagues despite having similar career aspirations.[2] Similar themes were reported amongst female urology residents using 2016 American Urological Association Census Data, and female residents were significantly more likely to feel unprepared for salary/contract negotiation than their male co-residents.[3]

Salary negotiation is important to the day-to-day lives and future careers of young doctors. Marks et al. highlight that inequities in starting salaries have a compounding impact over lifetime careers. [4] In a sample of 149 newly hired employees, those who chose to negotiate their salaries increased their starting pay by $5,000, which over a 40-year career translates to $634,198 of 'lost income.' Negotiation is not only important to salary equity but can also impact career mobility and advancement as well as fulfilling aspirations in research and leadership.[5-7]

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Despite the established gender pay gap within the field of ophthalmology in the United States (US), no independent study has investigated behaviors, priorities and attitudes surrounding salary negotiation and perceived negotiation success among practicing ophthalmologists.[1] As a follow-up to our previous study investigating the gender pay gap in ophthalmology, we sought to survey practicing ophthalmologists in the US about their first salary negotiation and more recent negotiations to explore gender differences to inform future targeted interventions.

Methods:

This was a prospective study that collected cross-sectional data from a Qualtrics survey administered through New York University (NYU). US-based Residency Program Directors were invited to participate through email correspondence. Surveys were disseminated by Program Directors to program alumni who are currently practicing ophthalmologists in the US. The Qualtrics survey was also advertised on ophthalmology-focused social media accounts to reach US-based practicing ophthalmologists. Participation in the survey was voluntary and responses were anonymized. We employed a convenience sample and collected data from those responding to the survey from November 2021 to March 2022. The Institutional Review Board at NYU approved this study with waiver of informed consent. We adhered to the Tenets of Helsinki.

The survey consisted of 20 questions and was designed to assess attitudes toward and behaviors in salary negotiation both during the first negotiation as an independent ophthalmologist and more recent negotiations. We included two optional case-based scenarios written by an expert in negotiation (AZ) at the end of the survey to assess participant reactions to different negotiation strategies and styles. The cases offer suggestions and a script on how to approach initiating a negotiation (Case 1) and responding to an unappealing offer (Case 2).

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Survey questions were constructed as a 4-point Likert scale, multiple choice or fill in the blank. Survey respondents could choose to not respond to any questions and continue with the survey. Demographic information was collected at the beginning of the survey, including gender, race, practice type (academic institution, community hospital, community hospital affiliated with academics, private practice, and other (government (military/veteran's association hospital, hybrid/industry, or other practice types) during first negotiation as an independent ophthalmologist and now, geographic location (zip code, city, or state) during first negotiation as an independent ophthalmologist, and retirement goals. We classified geographic location per the US Census Bureau classification of US regions (Northeast (Mid-Atlantic, New England), Midwest, South (South, South Atlantic), West (Pacific, Mountain). We gathered data on past negotiation experience and training. Only surveys which included responses to most of the key questions above were included. The entire survey and collected variables are given in **Appendix 1.**

The primary end points of the study were whether attitudes, behaviors or priorities during salary negotiations differed by gender. All statistical analyses were conducted using Stata (StataCorp 17.0). Categorical variables were evaluated using a chi-squared test and Pearson-Chi squared p-values were reported. A p-value of <0.05 indicated statistical significance. We created adjusted odds ratio models to identify predictors of 1) negotiation participation and 2) negotiation success during the first negotiation as an independent ophthalmologist.

Results:

Demographic Information: Of the 426 respondents, 155 (36.5%) identified as male, 269 (63.3%) identified as female; 2 (0.2%) identified as other. Respondents identifying as either male or female were included in further analyses with a total dataset of 424 participants (**Table 1)**. Most

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of the respondents identified as non-Hispanic (97.4%) with the predominant racial category being White (53.8%). However, there were more non-White female respondents (M: 28.1%, F: 50.9%, p-value=0.02). Most respondents were less than 40 years in age (69.0%), graduated from ophthalmology residency in the past 10 years (73.5%) and had less than 5 years in practice as an attending ophthalmologist (49.1%). Respondents represented all major ophthalmic subspecialties, practice types, and geographic regions in the US for their first job as an independent practitioner. A higher proportion of female respondents had their first job in the Midwest (M: 8.5%, F: 18.1%, p-value=0.04). There were differences between male and female respondents in fellowship specialty with more men completing retina/vitreoretinal fellowships (Male (M): 32.6%, Female (F): 13.0%, p<0.01) and more women completing glaucoma or pediatric ophthalmology fellowship (**Table 1)**. Less women completed a fellowship (M: 12.1%, F: 21.7%, p<0.01). Men were more likely report target retirement after age 65 (M: 50.8%, F: 32.5%, p=0.03). Out of those under age 40, 140 (62.2%) reported a target retirement age <65 compared to 62 (57.4%) of respondents over age 40 (p=0.4). Most ophthalmologists were primarily raised in the US (91.7%). **Table 1** highlights the demographic breakdown by gender.

Negotiation Priorities and Attitudes: Men and women reported being involved in a similar number of salary negotiations during their career as an independent ophthalmologist (p=0.14) as shown in **Table** 2. **Table 2** outlines Respondent Negotiation-Related Priorities and Behaviors in the first salary negotiation as an independent ophthalmologist. Overall, men and women had similar priorities and behaviors in the first salary negotiation. However, women were more likely to select “flexibility in clinic/OR schedule for personal commitments” as a priority (M: 14.8%, F: 23.1%, p=0.04). Men were more likely to prioritize “advancing career goals” in the first salary

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negotiation (M: 38.7%, F: 25.7%, p=0.005). Most respondents, regardless of gender, prioritized "base salary; maximizing earning potential" (M: 63.2%, F: 53.5%, p=0.05)

Regarding attitudes toward negotiation outlined in **Table 3**, during their first negotiation as an independent physician, women were more likely to feel uncomfortable (M: 36.1%, F: 49.1%, p=0.01) intimidated (M: 20.0%, F: 43.5%, p<0.01) or scared (M: 5.8%, F: 13.4%, p=0.01) and less likely to feel well-positioned or well-trained compared to their male counterparts (M: 24.5%, F: 13.0%, p<0.01). Regarding current attitudes toward salary negotiation, women were more likely to feel uncomfortable (M: 21.3%, F: 35.3%, p<0.01, intimidated (M: 4.5%, 21.9%, p<0.01), scared (M: 1.9%, F: 6.7%, p=0.03) as well as unprepared (M: 10.3%, F: 21.2%, p<0.01) and embarrassed (M: 1.9%, F: 6.3%, p=0.04). Women were still less likely to feel well-positioned or well-trained (M: 50.3%, F: 34.2%, p<0.01) **(Table 3).**

While women and men cited the *desire* or *motivation* to negotiate salary and benefits in similarly high proportions - both for their first salary negotiation and currently - women were more likely to find the prospect of negotiation unappealing, disagreeing or strongly disagreeing with the statement: "The thought of negotiating my job salary and benefits was appealing to me during my first salary negotiation as an independent practitioner" (M:30.5% F: 44.8%, p=0.02) (**Table 3)**. Current attitudes toward that statement became far more similar between male and female respondents because of a large shift in the responses of women (p=0.56, **Table 3)**. Both men and women thought salary negotiation was an important skill to have: 96.8% of women respondents strongly agreed/agreed to the statement "I feel that salary negotiation is an important skill to have to advance my career goals within the medical field," compared to 89.8% of men respondents (p=0.02).

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Negotiation Behaviors: Men were significantly more likely to negotiate their salary in their first position than their female counterparts (M: 78.3%, 68.2%, p=0.04) as shown in **Table 4**. Out of the respondents who did not participate in a salary negotiation for their first position, men and women cited similar reasons (listed in **Table 4**). However, out of those choosing to negotiate, men were significantly more likely to cite "cultural upbringing" (M: 24.8%, F: 6.0%, p<0.01) or "experience in negotiating other things" (M: 18.8%, F: 8.0%, p=0.01) as supporting factors **(Table 4).**

Despite gender differences in pursuing negotiation, men and women assessed their success at negotiation similarly; 85.0% of men felt that their negotiation was very successful to somewhat successful versus 75.7% of women (p= 0.07) (**Table 4).** Men and women reported similar reasons for why they felt their first negotiation was very successful. For example, men and women felt in similar proportions that "I was able to negotiate my desired salary" (M: 68.4%, F: 58.6%, p-value: 0.50) and "I felt that the negotiation enhanced my relationship to the department: (M: 21.1%, W:24.1%, p-value: 0.81) (**Supplemental Table 1**). Out of those who felt that their first negotiation was not successful at all, there were similar reasons cited by both men and women, including "I felt that I created tension between myself and the department" (M: 80.0%; F: 30.0%, p=0.07) among others in **Supplemental Table 1.**

Out of the ophthalmologists with future chances at negotiation, 45.6% of females participated versus 41.7% of males (p=0.52) (**Table 5**). There were similar patterns for reasons to choose to negotiate as compared to the first negotiation outlined in **Table 5.** Of male ophthalmologists, 84.4% felt that the negotiation attempt was very successful to somewhat successful versus 81.0% of their female counterparts (p=0.63). Males and females generally had

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similar reasons as to why the negotiation was successful versus unsuccessful as highlighted in **Supplemental table 2.**

In odds ratio models, we found that male gender was a predictor both 1) negotiation participation and 2) negotiation success during the first negotiation as an independent ophthalmologist when adjusted for demographic and clinical co-variates. Males were 2.0 times more likely than females to negotiate for their first job (95% Confidence Interval (CI): 1.03, 3.76, p-value: 0.04) (**Supplemental Table 3).** Other predictors of negotiation participation included location of first negotiation in the South compared to Mid-Atlantic (Odds Ratio (OR): 7.57 95% CI: 1.56, 36.8, p-value: 0.01), working in "Other" type practice type compared to Private Practice (OR: 0.21, 95% CI: 0.06, 0.78, p-value: 0.02), completing a Cornea fellowship compared to no fellowship (OR: 3.75 95% CI: 1.22, 11.51, p-value 0.02). (**Supplemental Table 3)**. Males were 2.40 times more likely than females to report being very successful/somewhat successful compared to females (95% CI: 1.09, 5.31, p-value: 0.03). Other predictors of negotiation success included location of first negotiation being Midwest compared to the Northeast (OR: 5.37 95% CI: 1.33, 21.7, p-value: 0.02) (**Supplemental Table 4).**

Negotiation Training: Among all respondents, men and women reported having ever received formal training in negotiation in similar, low proportions (M: 10.5%, F: 13.9%, p=0.37). Most men and women agreed or strongly agreed with the statements "I feel that such a training would make me more confident in initiating or participating in a negotiation" (M: 90.9%, F: 92.8%, p=0.56) and "I feel that such a training would positively impact my ability to negotiate successfully" (M: 91.0%, F: 92.7%; p=0.59).

Case-based Scenarios: We found that more women elected to participate in the optional cases (M: 55.7%, F: 73.4%, p<0.01). For the first scenario, there was no difference in the proportion of

women versus men feeling comfortable to very comfortable in using such a script to initiate negotiation (M: 39.7%, F: 33.6%, p=0.40) and feeling that the script was generally helpful to very helpful (M: 56.3%, F: 55.1%, p=0.88). A large of portion of respondents also felt that the second script was generally helpful to very helpful (M: 40.6%, F: 50.0%, p=0.22) and most respondents felt uncomfortable to very uncomfortable about using that script (M: 76.6%, F: 74.8%, p=0.79).

Discussion/Conclusions:

To our knowledge, our study is the first of its kind in the field of ophthalmology to assess attitudes, behaviors and priorities surrounding salary negotiation amongst practicing ophthalmologists. We found that among 424 participants in their first negotiation as an independent ophthalmologist, women ophthalmologists were significantly less likely to report pursuing negotiation than their male counterparts. Women who pursued negotiation reported high levels of self-assessed negotiation success. Overall, men were significantly more likely to report negotiation participation and success in adjusted models. Other predictors of negotiation participation and/or success included practice type, fellowship in Cornea and geographic location. Women ophthalmologists reported having significantly more negative emotions to negotiation both during their first negotiation as an independent ophthalmologist and currently. Significantly more men than women reported feeling better trained and positioned for negotiation; however, the proportion was still low. Both men and women had low levels of formal negotiation training and an overwhelming majority felt that such a training would enhance their negotiation skill and ability.

While we found that female ophthalmologists were less likely than male ophthalmologists to pursue negotiation in their first job as an independent ophthalmologist, Jia et

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al. found no statistically significant relationship between gender and the decision to negotiate.[1] Jia et al. found that men were more likely to report success in negotiation than women and hinted that this could contribute to the gender pay gap documented in that study. Similarly, we found that male gender was significantly associated with a higher odds of negotiation success during the first negotiation. In subsequent negotiations, we found that those women choosing to negotiate reported similar levels of success as their male counterparts. This could be due to differences in sample, a small sample size or could result from a type of selection bias in which women choosing to negotiate were also more likely to be successful. Our study relied on self-assessment of success; more objective markers of success, such as base salary, may also yield significant differences between genders and is therefore a limitation to our study. Our previous work by Jia et al. have demonstrated this, documenting a pay gap in base salary with bonus between male and female ophthalmologists.[1] It is possible that success in negotiation is different for male versus female ophthalmologists based on their priorities and attitudes surrounding negotiation. In a large meta-analysis, Mazei et al. found that men achieved better economic outcomes during negotiations.[8] More research is warranted given conflicting prior studies, a dearth of studies investigating physician attitudes toward negotiation, and increasingly recognized gender disparities in pay and negotiation. [1,9,10] Given that we found women who chose to negotiate performed similarly to their male colleagues through self-assessment, we underscore the importance of addressing inequality in negotiation initiation and participation.

In our adjusted models, gender was the only variable that was a significant predictor of both negotiation participation and success for the first job as an independent ophthalmologist. Besides completion of a Cornea fellowship, no other fellowship sub specialization was associated with increased odds of negotiation participation. Fellowship completion was not

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associated with increased odds of success in a first-time negotiation. To our knowledge, no studies have investigated fellowship completion on outcomes of negotiation. Practice location in the Mid-Atlantic was associated with decreased odds of negotiation participation compared to the South and location in the Northeast was associated with decreased odds of negotiation success as compared to the Midwest. We did not find that other socio-cultural variables, such as being raised in the US versus abroad, race/ethnicity and age significant predictors of negotiation participation or success. Our study may not have been powered to detect such differences given that the majority of the sample was White, raised in the US and under 40 years of age. As we collected either zip code, city, or state of the first job for ophthalmologists in the survey, we were unable to ascertain county of practice or urban versus rural status. However, previous studies document county level disparities in access to an ophthalmologist and a rural versus urban divide where rural counties in the US have a lower mean ophthalmologist density compared with nonmetropolitan and metropolitan region.[11,12] Patel et al demonstrate that between 2014 and 2021, the Northeast region was associated with increased ophthalmologist turnover and high separation rates.[13] This hints toward a potential saturated and competitive market in the Northeast region where the process of negotiation may be more difficult. Our results highlight this as the Northeast, including the Mid-Atlantic and New England, were associated with lower rates of negotiation participation and success. Overall, we found significant geographic and training-related differences in negotiation participation and success that may be related to disparities in ophthalmological care and job opportunities in general. Despite adjusting for these factors, gender remained a significant predictor of of both negotiation participation and success.

We found that all respondents reported low levels of negotiation training and felt that such an opportunity would change their attitudes toward and perception of negotiation,

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potentially enhancing outcomes in the process. Interestingly, we found that those completing a fellowship or even multiple fellowships were not more likely to 1) negotiate or 2) find success in negotiation. This hints that despite acquiring additional training, ophthalmologist may not be poised in dealing with salary/contract negotiations. A large portion of respondents found that the scripts in the case-based scenarios in our survey were helpful if they found themselves in the specified situations. However, a majority felt uncomfortable using the scripts. In general, we found that women were significantly more likely to feel uncomfortable and scared and less likely to feel well-trained compared to their male counterparts. We found that during the first negotiation, women were significantly less likely to negotiate than men; however, this gap closed during subsequent negotiations. This suggests that a lack of formal training may disadvantage women ophthalmologists more than men. Chagpar et al. found that surgical trainees who were female had low levels of prior negotiation training and that after a virtual negotiation training course, trainees felt significantly more comfortable initiating a negotiation.[14] They also report that after the course, women trainees were significantly more likely to feel that their last major negotiation went "well" to "extremely well."[14] McDonell et al. found that among ophthalmology residency graduates in 2007, most did not feel prepared in non-clinical areas of medicine (business operations/finance, financial management, political advocacy among others).[15] Simone et al. designed a pilot learner-centered workshop for female physicians including lectures on negotiation principles, interactive role-play on contract negotiation style, reflection, and time with a lawyer.[16] The investigators found that physicians who attended the workshop were significantly more knowledgeable about negotiation "logistics" and more comfortable with contract negotiation in terms of skill and strategy. Yagnik et al. compiled examples of negotiation skills training during residency for use in curriculum development and highlighted

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that even a single course may be helpful for medical residents.[17] Overall, understanding the role of salary/contract negotiations in developing an employment contract beyond just simple salary and benefits is integral to young ophthalmologists. Trainings like those discussed above that explain the process/logistics of negotiations, underscore the role of attorneys in advocating for physicians/drafting contracts to enhance the working relationship with the employer, and allow for interactive play in which ophthalmologists can practice a variety of negotiation techniques may be fruitful early in training.

Most respondents to our survey reported a desire to negotiate salary and benefits both at their first negotiation and currently. Interestingly, we found that compared to men, women were significantly less likely to find negotiation appealing in their first negotiation as an independent ophthalmologist. However, when asked about their current opinions, there was no significant difference in the proportion of women and men who found the thought of negotiation appealing. This suggests that experience as a practicing doctor and with prior negotiation may make women more comfortable with the negotiation process. In fact, we found that during subsequent negotiations, there was no difference in the proportions of men versus women choosing to negotiate. We still found that women were more likely to perceive the negotiation process in a negative way both during their first salary negotiation and currently. This is widely documented in medicine as well as in other fields.[2,18,19] This difference in attitude could potentially impact both participation and success in negotiation. We found that the majority, regardless of gender, choosing to participate in negotiation reported high levels of perceived success. This aligns with previous research showing that gender differences in negotiation are less likely driven by deficient negotiating capacity in women.[20] Awareness of the importance of salary/contract negotiation and cultivating skills in being able to initiate and carry out a negotiation with an

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employer is imperative given our findings. Our work suggests that that all genders, especially women, would benefit from formal salary negotiation courses or exposure to negotiation concepts during career training prior to becoming independent ophthalmologists.

We did not find a significant difference in the proportion of men versus women prioritizing having a family or children in the negotiation process. Most respondents in our survey, regardless of gender, sought to maximize earning potential in their first negotiation. However, we found that women prioritized flexibility in clinical time for personal reasons significantly more than men, while men prioritized advancing career goals in the negotiation process. This aligns with our other finding that women have a significantly lower target retirement age. Similar to our findings, Holliday et al. find that among physician-scientists negotiating for resource acquisition (space, equipment, protected time etc.), women were significantly more likely to ask for reduction in clinical hours.[10] From a focus-group and conjoint analysis-based study, Brown et al. demonstrated that women rated quality of personal and work life higher than traditional markers of career success, including prestige or earnings.[21] Kalra et al found that women ophthalmologists are significantly more comfortable taking parental leave.[22] Overall, our findings and other studies suggest that female ophthalmologists may have different negotiation priorities and may be trading off salary or benefits for quality-of-life concerns, which could impact their negotiation outcomes.

Women in ophthalmology are significantly less likely to be department chairs, residency program directors, hold leadership roles in academic societies, and be on editorial boards for journals[23-27] Women are also underrepresented in achievement awards and named lectures in ophthalmology and in research in terms of total authorships, last authorships and as lead

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investigators in clinical trials.[28-30] Compared to male ophthalmologists, women bill for fewer services, receive less Medicare reimbursements and perform fewer MIGS and cataract surgeries when controlled for clinical volume[31,32]. Outside the purely academic and clinical realm, Reddy et al. show that women ophthalmologists have fewer professional industry relationships and are paid less money than male colleagues as renumeration for research, consulting, honoraria, grants, and royalties etc.[33] It is possible that different priorities or misguided attempts during employment negotiations or during other employment-related contracts could contribute to these highlighted gender-based disparities. For example, perhaps women have different priorities and do not ask or avoid asking given discomfort/poor skill with negotiation, and therefore do not receive protected research time or leadership roles compared to men during negotiations. It is also possible that women do not receive such time despite asking for it during negotiation as they may be forced to make concessions given other priorities or discomfort/poor skill in negotiation. They also may ask, but still receive unfair treatment.[10] Future research should investigate objective priorities and definitions of success in negotiations to elucidate differences between genders that could explain a pay gap or other disparities in the field.

Limitations to our study include that our methodology employed a self-reported, anonymous survey that was subject to selection bias. We were unable to quantify how many ophthalmologists received the survey in comparison to the actual number of respondents. The survey was not validated, making any association potentially due to confounding factors. We disseminated our survey during the Coronavirus-19 (COVID-19) pandemic; however, we did not collect temporal data on when negotiations by participants happened. It is possible that some of our participants may have had their first or subsequent negotiations during COVID-19, a time when the practice of ophthalmology was in significant flux, including increased rates of

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physician turnover and increased prevalence of private equity-owned practices.[13,34] More research and adequate intervention in a post-Covid era is warranted. The nature of our survey did not allow participants to rank multiple choices in response to certain questions which may limit our conclusions. However, participants were able to select as many choices as they wanted, which allows for a comprehensive understanding of their attitudes, behaviors, and priorities in negotiations.

Our survey had limited diversity in terms of under-represented in medicine (URM) participants. This may represent an overall dearth of diversity in ophthalmology. Aguwa et al. reported that only 6% of practicing ophthalmologists are URM (Black/African American, Hispanic/Latinx, and Native American), which was similar to the percentage of URM ophthalmologists who participated in our study (6.4%).[35] More research on the intersection of cultural background and gender with negotiation and career growth is warranted. Interventions to promote sustainable diversity and equity are essential.

We found a significant and consistent differences in attitudes, behaviors and priorities surrounding salary negotiation in ophthalmology based on gender. We were unable to detect a difference based on other social factors potentially due to the relatively small sample size. Given the gender-disparities in the field, early training in negotiation skills and career development may be impactful. Previous pilot interventions around negotiation training in the medical field have been well-received by trainees and physicians in practice.[16,17] Implementation of such programs during residency, fellowship training or continuing medical education may target disparities in negotiations and foster professional advancements to help achieve gender equity in the field.

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Table 1: Respondent Demographics

	Gender				*P-value*
	Female (n=269)		Male (n=155)		
	n	%	n	%	
Age					
20-29	7	2.6%	2	1.3%	0.56
30-39	174	64.7%	109	70.8%	
40-49	74	27.5%	36	23.4%	
50+	14	5.2%	7	4.5%	
Ethnicity/Race					
Hispanic	5	1.9%	6	3.9%	0.02
White	132	49.1%	96	61.9%	
Asian/Pacific Islander	109	40.5%	43	27.7%	
Black	12	4.5%	2	1.3%	
Native American	1	0.4%	1	0.6%	
Other	10	3.7%	7	4.5%	
Practice Location (state) at First Negotiation					
MidAtlantic	55	24.9%	31	24.0%	0.04
Midwest	40	18.1%	11	8.5%	
Mountain	11	5.0%	17	13.2%	
New England	12	5.4%	8	6.2%	
Pacific	37	16.7%	23	17.8%	
South	22	10.0%	9	7.0%	
South Atlantic	44	19.9%	30	23.3%	
Practice Type -At First Negotiation					
Academic	107	41.8%	50	33.8%	0.14
Private	5	2.0%	5	3.4%	

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Community Hospital affiliated with Academic	13	5.1%	4	2.7%	
Community Hospital	9	3.5%	11	7.4%	
Other	122	47.7%	78	52.7%	
Fellowship Specialty					
Cornea	33	14.3%	21	15.9%	<0.01
Glaucoma	47	20.4%	19	14.4%	
Multiple	12	5.2%	5	3.8%	
Neuro-Ophthalmology	3	1.3%	3	2.3%	
No fellowship	50	21.7%	16	12.1%	
Oculoplastic	14	6.1%	13	9.8%	
Other/Unknown	8	3.5%	3	2.3%	
Peds	24	10.4%	7	5.3%	
Retina	30	13.0%	43	32.6%	
Uveitis	9	3.9%	2	1.5%	
Years in Practice					
<5 years	106	45.5%	75	55.2%	0.07
>5 years	127	54.5%	61	44.8%	
Target Retirement Age					
< 50 years old	5	2.4%	3	2.4%	0.03
50-55 years old	26	12.4%	11	8.9%	
56-60 years old	50	23.9%	20	16.1%	
61-64 years old	60	28.7%	27	21.8%	
After 65 years old	68	32.5%	63	50.8%	
Raised primarily in US or abroad					
US	245	91.1%	143	92.9%	0.52
Abroad	24	8.9%	11	7.1%	

Table 1: Respondent demographic information with percent breakdown by gender.

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Table 2: Respondent Negotiation-Related Priorities and Behaviors

	Gender				*P-value*
	Female		Male		
	n	%	n	%	
Times involved in a salary negotiation					
0	33	14.2%	13	9.6%	0.14
1	86	36.9%	64	47.1%	
2	67	28.8%	40	29.4%	
3+	47	20.2%	19	14.0%	
Priorities of Employment Package during first negotiation as independent practitioner					
Base salary, maximizing earning potential	144	53.5%	98	63.2%	0.05
Bonus structure	56	20.8%	45	29.0%	0.06
Benefits package	56	20.8%	33	22.6%	0.67
Signing Bonus	33	12.3%	17	11.0%	0.69
Moving Costs covered	42	15.6%	28	18.1%	0.51
Advancing career goals	69	25.7%	60	38.7%	<0.01
Flexibility in schedule for personal reasons	62	23.1%	23	14.8%	0.04
Flexibility in schedule for research activities	24	9.0%	17	11.0%	0.49
Having a family or supporting a family	72	26.8%	40	25.8%	0.83
Paying off student loans	30	11.2%	15	9.7%	0.64
Location of job	117	43.5%	79	51.0%	0.14
Maintaining a good relationship with employer	44	16.4%	34	21.9%	0.15
I did not negotiate for my first job after training	38	14.1%	10	6.5%	0.02

Table 2: Respondent Negotiation-Related Priorities and Behaviors with percent breakdown by gender.

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Table 3: Respondent Negotiation-Related Attitudes

	Gender				*P-value*		Gender				*P-value*
First Job in Clinical Practice	Female		Male			**Currently**	Female		Male		
	n	%	n	%			n	%	n	%	
Well-positioned, well-trained	35	13.0%	38	24.5%	<0.01	Well-positioned, well-trained	92	34.2%	78	50.3%	<0.01
Empowered	19	7.1%	12	7.7%	0.8	Empowered	63	23.4%	49	31.6%	0.07
Aggressive	8	3.0%	4	2.6%	0.82	Aggressive	8	3.0%	8	5.2%	0.25
Unprepared	124	46.1%	62	40.0%	0.22	Unprepared	57	21.2%	16	10.3%	<0.01
Embarrassed	38	14.1%	19	12.3%	0.59	Embarrassed	17	6.3%	3	1.9%	0.04
Uncomfortable	132	49.1%	56	36.1%	0.01	Uncomfortable	95	35.3%	33	21.3%	<0.01
Intimidated	117	43.5%	31	20.0%	<0.01	Intimidated	59	21.9%	7	4.5%	<0.01
Scared	36	13.4%	9	5.8%	0.01	Scared	18	6.7%	3	1.9%	0.03
I had the desire or want to negotiate my salary and benefits						Currently, I have the desire or want to negotiate my salary and benefits:					
Strongly Agree/Agree	168	76.4%	101	78.9%	.84	*Strongly Agree/Agree*	159	72.6%	96	75.0%	0.37
The thought of negotiating my job salary and benefits was appealing to me:						Currently, the thought of negotiating my job salary and benefits is appealing to me:					
Strongly Agree/Agree	86	39.3%	65	55.1%	0.02	*Strongly Agree/Agree*	108	49.5%	71	55.5%	0.52

Table 3: Respondent Negotiation-Related Attitudes during the first job in clinical practice and currently with percent breakdown by gender.

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Table 4: Motivators, Participation and Success in First Salary Negotiation

	Gender				*P-value*
	Female		Male		
	n	%	n	%	
Participation in salary negotiation in first job in clinical practice					
Yes	150	68.2%	101	78.3%	0.03
No	70	31.8%	27	21.7%	
Reasons to Negotiate					
Cultural upbringing	9	6.0%	25	24.8%	<0.01
Experience negotiating	12	8.0%	19	18.8%	0.01
Advice from literature (books and/or articles)	42	28.0%	32	31.7%	0.53
Advice from mentor or other confidant	107	71.3%	74	73.2%	0.74
Specific goals and preferences	42	28.0%	33	32.6%	0.43
A training program or course	17	11.3%	5	5.0%	0.08
Perceived level of success if participating in negotiation					
Very Successful/Somewhat Successful	112	75.7%	85	85.0%	0.07
Not successful at all/somewhat unsuccessful	36	24.3%	15	15.0%	
Reasons to Not Negotiate					
I felt that it was inappropriate to pursue a negotiation in the field of medicine	6	8.57%	2	7.4%	0.85
I felt that I would offend the department initiating a or asking for a negotiation	24	34.29%	6	22.2%	0.25
I felt grateful for the offer made and felt awkward pursuing further negotiation	32	45.71%	15	55.6%	0.29
I felt that the hierarchy in medicine made it difficult to initiate or participate in a negotiation	13	18.57%	1	3.7%	0.06
I felt that the department would perceive me as aggressive or intimidating	13	18.57%	4	14.8%	0.66
I was not offered a chance to negotiate	30	42.86%	11	40.7%	0.85
I received pushback or resistance that discouraged me from initiating a negotiation	12	17.14%	4	14.8%	0.78
I wanted to negotiate, but was unable to initiate or carry forward a negotiation.	11	15.71%	3	11.1%	0.57
I felt that it would negatively impact my chances of gaining the employment I desire	23	32.86%	7	25.9%	0.51
I felt that I would be offered a fair and benefits salary without having to negotiate	16	22.86%	11	40.7%	0.08
I didn't know how and/or didn't want to embarrass myself	23	32.86%	5	18.5%	0.16

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Table 4: Motivators, Participation and Success in the first salary negotiation as an independent ophthalmologist with gender breakdown

Table 5: Motivators, Participation and Success in subsequent Salary Negotiation

	Gender				*P-value*
	Female		Male		
	n	%	n	%	
Participation in salary negotiation in subsequent jobs in clinical practice					
Yes	82	45.6%	45	41.7%	0.52
No	98	54.5%	63	58.4%	
Perceived level of success if participating in negotiation					
Very Successful/Somewhat Successful	64	81.0%	38	84.4%	0.3
Not successful at all/somewhat unsuccessful	15	19.0%	7	15.6%	
Reasons to Negotiate					
Cultural upbringing	3	3.7%	13	28.9%	<0.01
Experience negotiating	27	32.9%	24	53.3%	0.03
Advice from literature (books and/or articles)	21	25.6%	13	28.9%	0.69
Advice from mentor or other confidant	56	68.3%	31	68.9%	0.94
Specific goals and preferences	46	56.1%	31	68.9%	0.16
A training program or course	5	6.1%	3	6.7%	0.90
Reasons to Not Negotiate					
I felt that it was inappropriate to pursue a negotiation in the field of medicine	2	2.0%	3	4.8%	0.33
I felt that I would offend the department initiating a or asking for a negotiation	5	5.1%	3	4.8%	0.92
I felt grateful for the offer made and felt awkward pursuing further negotiation	13	13.3%	6	9.5%	0.47
I felt that the hierarchy in medicine made it difficult to initiate or participate in a negotiation	7	7.1%	4	6.4%	0.85
I felt that the department would perceive me as aggressive or intimidating	6	6.1%	4	6.4%	0.95
I was not offered a chance to negotiate	23	23.5%	12	19.1%	0.51
I received pushback or resistance that discouraged me from initiating a negotiation	7	7.1%	4	6.4%	9.85
I wanted to negotiate, but was unable to initiate or carry forward a negotiation.	2	2.04%	2	3.2%	0.65
I felt that it would negatively impact my chances of gaining the employment I desire	7	7.1%	4	6.4%	0.85

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I felt that I would be offered a fair and benefits salary without having to negotiate	11	11.2%	3	4.8%	0.16
I didn't know how and/or didn't want to embarrass myself	7	7.1%	4	6.4%	0.85

Table 5: Motivators, Participation and Success in subsequent salary negotiations with gender breakdown

PRECIS

Salary negotiations have a major impact on compensation. In our study we aimed to better understand the gender differences in negotiations. We found significant gender differences among ophthalmologists in attitudes, priorities and behaviors surrounding salary negotiation. These gender disparities suggest that incorporating education about negotiation skills and career development early in training may be impactful.

CONFLICT OF INTEREST

The Authors have no COI to declare related to this publication

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