

**Submission Id: 4776**

**Title**

*“This Seemed More Negotiable:” How Early Career Women Physicians Negotiate Their First Job After Residency*

**Priority 1 (Research Category)**

Qualitative research

**Presenters**

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**Abstract**

Nested within a growing body of evidence of a gender pay gap in medicine are more alarming recent findings from Family Medicine: a gender pay gap of 16% can be detected at an early career stage. Researchers have published important quantitative work that identifies and defines the gender pay gap. The current study was part of a larger effort to qualitatively examine previously hypothesized causes for the continuing pay gap. This presentation will explore qualitative evidence of women’s experiences negotiating for their first job out of residency to ascertain women’s engagement with and approach to the negotiation process.

We recruited family physicians who graduated residency in 2019 and responded to the American Board of Family Medicine 2022 graduate survey (response rate: 46.7%). We developed a semi-structured interview guide based on quantitative studies exploring gender pay gaps in medicine following a modified life history approach to uncover women’s experiences from residency to workforce. A qualitative researcher used web-conferencing software to interview nineteen geographically and racially diverse early career physicians who self-identify as women. All interviews were transcribed verbatim and analyzed utilizing NVivo software following an immersion crystallization approach.

Participants described a variety of approaches to negotiation, from accepting the initial offer without negotiating to turning jobs down that refused to negotiate. A majority (n=11) participated in the negotiating process to some degree and approximately half of these (n=6) had the guidance of a mentor or advisor. Salaries were difficult or nearly impossible to negotiate. Women mentors were more likely to advise participants to negotiate for non-salary benefits such as paid time off, set schedules, licensure fees, signing bonuses, and moving costs. Reasons for not negotiating included fearing the job offer would be revoked, not knowing what was negotiable, and comparing the salary they were offered to what was earned during residency.

Early career women physicians found it difficult or impossible to negotiate salaries in their first job following residency, whether or not they had a mentor to advise them through the process. While all residents should receive training in contract review and negotiation skills, a more equitable solution would come from a systems-level change to physician compensation, including pay transparency and collaborative negotiating with peers.