Negotiation: improve my negotiating skills

“Let us never negotiate out of fear, but let us never fear to negotiate.” – John F. Kennedy

Many of us find the concept of negotiation a little challenging and anxiety inducing.

In our medical training, we rarely had to negotiate finances, job conditions or contracts; that’s not to say we didn’t ever negotiate.

How many times did we have to persuade someone to do a scan or admit a patient to the ward by promising we would discharge another?

The problem with negotiation is that many of us see it purely as a power play, one person versus another.

It doesn’t have to be like that; negotiations rarely have such fixed and defined outcomes.

Good negotiating skills can be a real bonus in many areas, including work, home and family life. In this article, we explore some concepts and ideas which may help the world of negotiation become a lot less scary.

What is successful negotiation?

Distributive negotiation

If we have an apple pie to share between us, we will negotiate depending on how hungry we are, who needs the calories or who had the largest piece yesterday. There are three possible outcomes:

- I win and you get less.
- You win and I get less.
- We share it 50:50.

Either way, what we end up with between us will always add up to one pie, no more, no less (this is distributive negotiation).

If you end up with 3/4 of the pie and I have only 1/4, I might be quite miffed about it. This may seem to be a win situation for you and a lose situation for me (a win/lose situation). However, I will come away hungry, annoyed and plotting to steal most of the chocolates when your back is turned, resulting in a lose/lose situation for everyone.

Integrative negotiation – a better way?

But what if there was another way, a ‘third way’ that would meet the interests of all parties?

Perhaps I am happy to let you have most of the apple pie because you have offered to show me how to make it next time, and I wasn’t that hungry anyway (this is integrative negotiation – suddenly the ‘pie’ is made bigger). This is an example of a win/win approach.

A win/win approach

This is the basis of a successful negotiation. You can tell you have achieved this if:

- Both parties are happy with the outcome.
- Both parties have gained something from the outcome.

This is the best possible outcome for negotiation, but might not always be possible.

A no win/no deal approach

If a win/win situation could not be found (if we both insisted on 3/4 of the pie), I might decide that, in order to avoid fruit-based recriminations down the line, a ‘no deal’ outcome was better than a win/lose or lose/win situation.

- In many ways, a no win/no deal approach is best if a win/win can’t be found.

This is because of the ongoing damage to working relationships that can be caused when one person wins and one loses.

If this idea excites you and you want a more detailed explanation of the win/win principle, read ‘The 7 Habits of Highly Effective People’ by Steven Covey.

How do we negotiate with a ‘win/win’ mindset?

“Win/ win is based on the paradigm that there is plenty for everybody, that one person’s success is not achieved at the expense or exclusion of the success of others... It is a belief in the ‘Third Alternative.’” – Steven Covey

In their book, ‘Getting to Yes’, Roger Fisher and William Ury suggest four principles that should be followed to achieve win/win
Let’s consider each in turn.

1. Separate the people from the problem

“A major consequence of the ‘people problem’ in negotiation is that the parties’ relationship tends to become entangled with their discussions of substance.” (Fisher and Ury)

One of our main concerns in negotiation is that we will damage our relationship with the other person. This can make us anxious, and may keep us from being honest about our own concerns and interests. People tend to become angry and defensive if misunderstood, and we may make wrong assumptions and inferences about what people have said.

Suggestions

- Understand the other person’s thinking – put yourself in their shoes.
- Focus on the problem, not the other person’s personality.
- Watch out for assumptions you have made about the other person’s intent.

We will use an example of a negotiation within a practice to illustrate these principles.

Jan, your Practice Nurse, asks to see you as Managing Partner. She has approached your Practice Manager about a pay rise. She has had a job offer from a neighbouring practice that would pay her more than you can afford. Jan has worked for you for 5 years; you have a good relationship and have invested a lot in training her. You would like her to stay.

What assumptions might you be making about Jan’s intent in this negotiation?
What ‘personal’ issues may become involved?
How can you separate the problem from the person in this negotiation?

2. Focus on interests, not positions

“The basic problem in negotiation lies not in conflicting positions, but in the conflict between each side’s needs, desires, concerns and fears… Your position is something you have decided upon, your interests (and needs) are what caused you so to decide.” (Fisher and Ury)

If people come to the negotiation with fixed demands, they may quickly become entrenched on either side.

By finding out what lies behind these positions – discovering their interests and needs – you have a way of discovering what a win/win solution would look like to all of you.

Suggestions

- Listen then listen again. “Seek first to understand, then be understood.” (Steven Covey).
- Ask ‘why’ (and ‘why’ again).
- Find out what shared interests you have, as well as conflicting ones.
- Put the problem before your answer (for example, if you say, “we are unable to increase your pay”, then give reasons, the person will be busy preparing arguments against it rather than listening to your reasons).
- Be specific about your interests, use facts and credible details (explain the financial situation in the practice, that because you have lost payments for enhanced services in particular areas, you are having to economise this year).

You have recently recruited another, more experienced nurse on the same salary as Jan, and you feel that it would be unfair to pay Jan more. You have also not managed to increase the receptionists’ pay at all this year because practice income has dropped. You would like Jan to stay, the patients like her and she is good at her job.

What are your specific interests?
What else might the practice need?
What might Jan's specific interests and needs be?

3. Use objective criteria and facts

Sometimes, people might have different ideas of what the basic problem is.

Collecting and listing objective facts is a useful way to begin to define and analyse the problem.

Use information from other sources to inform decisions; this helps to ‘depersonalise’ issues.
Suggestions

- Don’t start by talking about what you will and won’t accept.
- Use independent guidelines and standards to guide discussions (for example, are there any published scales of practice nurse income? What would an equivalent nurse grade at the hospital be earning?).
- Look for precedents already set.
- How does this compare with others in the practice – is it fair and equal?
- Never yield to pressure, only to principle.
- Do a joint search for these criteria and standards – this will ensure that all parties accept them.

Jan tells you that most of the nurses in the area are paid a lot more than at your practice. She admits that they work slightly longer hours but she feels they are rewarded more in other areas too.

Which objective facts will be helpful here?
How could you approach gathering data together?

4. Generate options for a win/win solution

In this phase of negotiation, compare your interests and needs.
How are they the same?
What solutions can you come up with which will meet everyone’s interests and needs (rather than their ‘demands’ or ‘position’)?

Suggestions

- Don’t search for a ‘single’ answer; the best solutions might be multi-faceted.
- Don’t assume there is a ‘fixed pie’.
- Be creative: what other solutions might meet everyone’s interests?
- Brainstorm options, but be careful that you don’t ‘decide’ while brainstorming. This will stifle creativity.
- If in a group of people, mix up different affiliations into small groups to come up with joint solutions; this enables people to be much more objective and takes the emotion away.

You have a chat with Jan and find out that she is happy in her work at the practice:
- She has several financial pressures on her at home – she has to find some money to pay university fees for her son.
- She does feel that she is a bit underutilized. She would like to have some more training and run a minor illness clinic.
- She also enjoys the family planning work she does, but feels frustrated that she is still unable to fit implants.
- She has some spare time now during the week as her children have left home, and the other practice has offered to increase her hours.
- You have done some research and you are paying her at the lower end of the scale, but this is still more than an equivalent grade at the hospital.

What interests do Jan and you have in common?
What possible solutions might there be?
How might you approach this?

When might you settle for a solution other than a win/win?

According to Lewicki and Hiam (Mastering Business Negotiation, 2006), you may choose a different negotiating style depending on what your core needs are (maintaining the relationship vs. getting the outcome you desire).

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<th>Acceptable outcome</th>
<th>Negotiating approach</th>
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<td>Relationship and outcome equally important – this is the one to aim for if possible!</td>
<td>win/win</td>
<td>Collaborating</td>
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<td>Preserve the relationship at all costs</td>
<td>lose/win</td>
<td>Accommodating</td>
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<td>In direct competition where the outcome is all important and there is no relationship to consider</td>
<td>win/lose*</td>
<td>Competitive</td>
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<td>You need to buy some time</td>
<td>No outcome – for now!</td>
<td>Avoidance</td>
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<td>Effort and resources not available to collaborate and a ‘quick’ resolution needed (less good than collaborating)</td>
<td>Ranges from:</td>
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“Be very careful with this approach – it is very rare that there are no ramifications from ignoring a relationship. Even in competitive negotiations such as buying a house, you need to make sure that they won’t do anything unspeakable to the loft before they leave!”

A similar model (the Thomas-Kilmann Conflict Mode Instrument) is discussed in detail in the article Conflict and conflict management.

Preparation for negotiation

“...some of the costliest mistakes take place before negotiators even sit down to discuss the substance of the deal” (Deepak Malhotra, Control the Negotiation Before It Begins, Harvard Business Review, December 2015).

Like any difficult conversation, you need to prepare for a negotiation.

Not only do you need to work out what your core interests and needs are and which approach you might take, you will also need to determine what the process will be.

- Are you negotiating with the right person? There is nothing more frustrating than agreeing a deal, then the other party revealing that they need to get agreement from their managers and finance department.
- What is the culture of those you are negotiating with? Are they being obstructive, or do decisions genuinely take months to make as they have to go through numerous committees?
- Are there any other interested parties in the negotiation who would affect your position?
- What other information would it be useful for you to have before you come to the table (can you predict any of the objective criteria which might help in decision making)?

‘Best alternative to a negotiated agreement’

No article about negotiation would be complete without a section about the BATNA (best alternative to a negotiated agreement), another concept from ‘Getting to Yes’.

Before you go into any negotiation, you need to know what your bottom line is.

- When do you need to walk away?
- What is your best alternative if the negotiation fails?
- You also need to know what you want. What would success look like for you?

Knowing this will help you enormously in deciding which options to take or to leave.

In the case of your Practice Nurse, Jan, her BATNA is her other job offer. She can walk away from the negotiation at any time, knowing that she has a good job to go to with a higher salary. She is in a good position.

What is your BATNA?
How could you strengthen your BATNA?

A word about emotions...

“Bringing anger to a negotiation is like throwing a bomb into the process, and it’s apt to have a profound effect on the outcome.” – Alison Wood Brooks

Research has shown that the emotions we display when negotiating are important.

In a recent article in the Harvard Business Review, Alison Wood Brooks discusses how emotions can help or hinder a negotiation. Some of her suggestions are summarised below (HBR 2015;93(12):56).

Anxiety

People who feel anxious often exit negotiations earlier than people who are not anxious, and they tend to negotiate a poorer deal for themselves.

You can overcome some of your anxiety by:
- Rehearsing and practising beforehand.
- Taking a neutral third party who has a lower personal stake in the outcome with you into the negotiation.

Anger

Anger within a negotiation can lead to a bad outcome for both parties.

Contrary to popular opinion, being aggressive and angry often does not increase your power and position, but often causes people to escalate conflict and decreases cooperation.

If you are feeling angry:
- Try as hard as you can to cool down; if this isn’t possible, break off and hit the pause button.
- Rearrange the meeting for another time to give yourself time to cool off.
- Try reframing your anger as sadness or disappointment; this may mean that the other party can consider the effect of their actions, rather than respond defensively.

**Excitement and happiness**

Contrary to popular belief, this can actually damage a negotiation. Celebrating excessively after ‘winning’ can generate ill will (watch any football match for a good example of this), make people think less of you and run the risk that the other party feels more disappointed than they would have done otherwise. The aim is for **all** parties to feel happy that they have done a good deal.

Excessive excitement can also lead to overconfidence, running away with yourself and committing to courses of action that are unadvisable.

“In the realm of emotions… good negotiators need to develop a poker face – not one that remains expressionless, always hiding true feelings, but one that displays the right emotions at the right times.” – Alison Woods

**A good outcome**

You meet with Jan, having chatted with your partners.

- You agree to pay for a minor illness course for her, which she will complete in practice time.
- One of the doctors who is a family planning trainer offers to spend an afternoon with her, completing and signing off her nexplanon insertion training so that she can run an extra family planning clinic once per week, and you will put in 3 extra telephone appointments per day for her to deal with the urgent requests for contraception.
- When she has finished the minor illness course, she will also be able to free-up some GP time by seeing some of the urgent Duty Doctor cases at the end of her clinic.
- You are able to fund this as your salaried doctor has requested to drop a session.

Her hours will therefore increase, helping her financially. Although she has not had a pay rise this year, you agree to review this in 6 months when you have been able to assess the positive impact on freeing up doctor time. She is happy with this, and relieved that she doesn’t have to leave the practice where she feels at home.

*A win/win negotiation for everyone!*

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**Negotiation: improve my negotiating skills**

- Always go for a win/win outcome.
- Remember that there is often more than one pie – look for the ‘third alternative’.
- Separate people from the problem.
- Base negotiations on interests, not positions.
- Use objective criteria and facts.
- Be creative in generating options.

Before your next negotiation, take some time to prepare based on the framework outlined above.

Consider undertaking some training in negotiation – using role play and actors to rehearse techniques.

Identify which emotions you are prone to display when negotiating. Ask a colleague to accompany you and give you feedback next time you have to negotiate.

Read ‘Getting to Yes’.

**Books**

- Covey S (1989) *The 7 Habits of Highly Effective People*. Simon & Schuster UK

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We make every effort to ensure the information in these articles is accurate and correct at the date of publication, but it is of necessity of a brief and general nature, and this should not replace your own good clinical judgement, or be regarded as a substitute for taking professional advice in appropriate circumstances. In particular check drug doses, side-effects and interactions with the British National Formulary. Save insofar as any such liability cannot be excluded at law, we do not accept any liability for loss of any type caused by reliance on the information in these articles.
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What's not included?

Our courses contain NO theorists, NO gurus, NO sponsors, NO reps on the day! Just real-life GPs who will be back at the coal face as soon as the course has finished.

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The Women’s Health Update Course

This one day update will arm you with the skills to manage this area of general practice with confidence! Expect the latest on perimenopausal contraception, low libido, fertility, abnormal bleeding and the ‘abnormal’ cervix as well as benign breast disease and lots more! We promise it’ll be interactive, entertaining and relevant for ALL GPs and GP STs!

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The MSK and Chronic Pain Update Course

MSK problems are the most common reason for a primary care appointment and represent 30% of repeat primary care appointments. Some of these consultations are straightforward, but others, particularly persistent pain can represent a real challenge. We want to help build your confidence. On the course we will tackle the evidence base for common MSK conditions including back pain, osteoarthritis, spondyloarthritis, polymyalgia, fibromyalgia, hypermobility and much more. We will look at some diagnostic tricks and pitfalls. We will explore why chronic pain can only be ‘in the brain’ – and more importantly, what we and our patients can do about it. And we will provide you with a new narrative and a tool box of strategies you can start using the next day. If you see patients with MSK problems and persistent pain, this course is for you. We welcome all clinicians working in this field.

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If you've been waiting for a job as a leader to develop your leadership and management skills then you're missing out! Leadership starts with identifying and taking control over what is in your hands right now! The Lead. Manage. Thrive! Course will give you the confidence to skilfully negotiate, deal with difficult conversations, influence colleagues and bosses, delegate and be proactive about managing your workload. The course is for anyone who wants to step up, find a better way of working and gain a toolkit of strategies to become a successful and resilient practitioner!

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## The Cancer Update Course

The role of primary care in supporting cancer patients is changing beyond recognition and the Red Whale Cancer Course can help you tackle the challenges this brings with confidence. The most recent epidemiological data suggests that 1 in 2 of us will get cancer in our lifetimes. With survival rates increasing, cancer becomes a long term condition for many patients which often interacts with other co-morbidities. And with so many news stories about cancer, patients want to know whether they need screening/risk assessments/ genetic tests. There is increasing evidence to support us in making early diagnoses and pressure to do so. Patients with a cancer diagnosis question if they might be suitable for new immunotherapies (and the small proportion that are suitable remain at risk of side effects for years after treatment). Patients living with cancer as a long term condition often experience late effects of treatment that can be complex and difficult to spot and treat. The Red Whale Cancer Course will guide you through these pitfalls and focus on practical help and useful tools.

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Delivered by our longstanding partner EPI, these small group courses have a different feel and flavour to our topic-based Updates and are packed with interactive activities designed to review and refine your consultation skills! But don’t worry – we won’t ask you to role-play in front of the group! Perfect for GPs, GP STs and Practice Nurses. For more information, please visit [www.gp-update.co.uk/courses](http://www.gp-update.co.uk/courses)

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### The Effective Consultation Course

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### The Medically Unexplained Symptoms Course

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- The Cancer Update Course  
  Location: ...............................................................  Date: ................................

- The Women’s Health Update Course  
  Location: ...............................................................  Date: ................................

- The Telephone Consultation Course  
  Location: ...............................................................  Date: ................................

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Price as stated in the flyer for each course. If applicable, please provide your discount code here............................................................

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Red Whale Deep Dives are monthly webinars, created to support the educational needs of busy primary care practitioners. They’re designed to be a little bit different – capturing the magic of a face-to-face course, and transferring it to the small screen.

A lot happens in a year, and some subjects are better suited to a deeper exploration than we can offer on our action and information packed one-day Update courses.

The Red Whale team is always uncovering answers to niggly primary care conundrums, PUNS and DENS if you like – and we want to share them with you!

Sometimes you need a bit of inspiration to find those extra CPD points to complete your appraisal. Or you just need a bit more Red Whale in your life!

Red Whale Deep Dives are split into bite-sized learning chunks – so you can choose to watch the whole hour in one go, or just one short segment at a time. Watch them at a time which suits you – when you can relax and learn at your best – preferably with your feet up and a cuppa in hand, or a cheeky G&T!

Join us while we dive deep into those trickier areas of primary care – answering your conundrums and helping you change your practice. Catch our Deep Dives webinars live every month, or watch on demand afterwards – whenever it suits you!
Red Whale Deep Dives give you:

- A chance to take a ‘deep dive’ into important, difficult or controversial topics in more detail.
- At least 3 ‘microlearning segments’ per webinar – or Quick Dips as we like to call them – perfect for fitting into your busy daily routine.
- Cases, quizzes and polls to test your knowledge.
- Great resources to download and use back at the surgery the next day.
- The most relevant information for primary care, delivered by the Red Whale team.

How it works

- You choose which webinars you want access to and buy them online.
- Each webinar lasts one hour and you can either watch them live on the dates and times shown or on demand.
- You’ll also have access to lots of useful resources to download and use straightaway in your practice!
- Get each webinar at an introductory discounted price of £20 per webinar (normally £25!).

Where do I sign up?

Visit gp-update.co.uk/deepdives to find out more about each webinar and sign up. After purchase, watch on-demand webinars straight away and get reminder emails for your upcoming live webinars.

www.gp-update.co.uk/deepdives