

Women Don't Ask

Carol M. Rumack, MD

WHY WOMEN DON'T ASK

At the ACR 2015™ meeting, I spoke to the members of the American Association for Women Radiologists (AAWR) about an issue I have heard as a recurrent theme from leaders in academic medicine, specifically in radiology (Table 1). This topic came to my attention when I read about research done by Linda Babcock and Sara Laschever [1], which they summarized in a book called *Women Don't Ask*.

You might wonder why this is an issue. I believe it comes from the historical reality women have experienced. They have been told, "We don't accept women to our all-male colleges," until by Harvard University in 1977 and Columbia College in 1983, which is relatively recent. Until Title IX legislation passed in 1972 [2], women rarely played on high school varsity sports teams; they were told that they were too weak and might damage their health. Even now, women are expected to wait to be asked to get married.

When I finished my fellowship in pediatric radiology and was looking for a job in Denver, I was turned down by three different radiology groups. First, a private practice group refused my request to interview. The head of the search committee said, "We have 20 men in our radiology group, and we don't want to hire any women. They get pregnant and quit. Therefore we don't interview women." At that time, radiology groups were already terminating women who became pregnant when working as technologists. They did not feel any pressure to

hire women who might become pregnant.

The second group was a university radiology practice. The chair told me that although I had performed very well as a resident and fellow, he would not hire a female faculty member. He had hired one previously, and she committed suicide, so he planned to hire no more female faculty members.

The third group to turn me down was a city trauma hospital, which had a new chair of radiology from New England. We talked at great length about the opportunity for that hospital to have its first pediatric radiologist, and he was very interested. Later he told me that he could not hire me because the chair of the university practice had told him that he was not allowed to hire any women. After much discussion and a few months later, I was given a contract for one year, after I worked out an agreement with the new chair. The next year, I was appointed to the faculty with a regular academic position.

Linda Babcock, PhD, discovered this problem when she was director of the PhD program and a delegation of female graduate students came to her office. They asked why men were teaching courses and women were only assistants in these courses. The associate dean who handled teaching assignments told them that he assigned courses to those students who asked. Men asked. Women just didn't ask.

The authors also designed several experiments, with the same results. One involved a group of half men and half women. The subjects were told

Table 1. What are the key issues?

- Why women don't ask and men do.
- What happens if women don't ask?
- What happens if women do ask?
- What are positive strategies to change negotiation?
- What will happen if we encourage women to negotiate?

that they would be paid from \$3 to \$10. Each was given a game to play for four rounds. At the end of each session, they were each given \$3 and asked if that was okay. Most men asked for more money, with responses such as "I would like \$10." Both men and women complained about the low pay, but none of the women asked directly for more money. They accepted \$3.

SOCIAL PRESSURES

There are many social pressures discouraging women from asking. Social expectations typically include that women should wait to be asked to marry, to join a team, or to be promoted. This creates anxiety for women because they prefer not to take a risk and offend their peers. An important concept discussed by Babcock and Laschever [1] is that women see control as external or outside themselves. This approach is appropriate because men typically are actually in control and fill the power seats, including C-suite leaders, boards of directors, and chairs of departments or private medical groups. Women see failure as resulting from

their personal weaknesses and think, “He would ask if I worked harder.”

Social pressures on women include expecting collaboration. Keeping the playing field level is a typical goal for girls’ interactions. Bragging is discouraged as too competitive. Taking a leadership role is less desirable because it requires too much command and control; it does not keep the playing field level.

Social changes have resulted in different expectations of women, particularly as diversity [3,4] has been shown to improve outcomes for business enterprises. Now some women are actually coaches, CEOs, and chief medical officers, as well as female world leaders, such as Margaret Thatcher. Now some women seek control as their own internal decision process rather than waiting to be asked. Women are taking more control of their lives. More women in medicine are risking taking leadership roles now.

A major game changer has been Title IX legislation, passed in 1972 [5]. It prohibits sexual discrimination in any educational program or activity receiving any type of federal financial aid. The issue was politicized in women’s sports and strengthened by Billie Jean King’s founding the Women’s Sports Foundation in 1974. Girls representation in varsity high school sports grew from 4% in 1972 to 40% in 2002 (Table 2) [6]. During the same period, women

Table 2. Girls playing high school sports versus medical degrees versus law degrees

	1972	2002
Girls playing high school sports	4%	40%
Medical degrees earned by women	9%	43%
Law degrees earned by women	7%	47%

Modified from <http://titleixedci285.weebly.com/statistics.html>.

earning medical degrees and law degrees both increased to nearly 50%. This dramatic increase in the number of women in medicine has clearly changed medicine over the past 40 years, but the number of female leaders has not reached the same high level.

WHY DO MEN ASK?

Babcock and Laschever [1] reported that men ask for what they want two times as much as women and negotiate four times as much as women. They see control within themselves. They are taught to “take charge.” They see failure and expect to ask again, as they control the moves. They are taught to compete, and bragging is encouraged.

WHAT HAPPENS IF WOMEN DON'T ASK?

Promotions do not occur from hard work alone. Accomplishments that are not visible to a leader or chair of a department will certainly not result in a promotion. Specific promotion criteria may not be met for academics or for partnership in private practice. The specific organizational goals of a woman’s university or private practice may not be met if that woman doesn’t ask, “What is holding me back?” [7].

WHAT HAPPENS IF WOMEN DO ASK?

There certainly can be problems arising from strong assertiveness and a very demanding style. A woman may be called too bossy or too emotional, and if she is very shy and submissive, she may be called too nice. The best role model is Sheryl Sandberg, Facebook’s chief operating officer, who was quoted as saying, “I want every little girl who is told she is bossy to be told instead she has leadership skills” [8].

WHAT CAN HAPPEN IF WOMEN DO ASK?

Their view of risk changes from asking for too much and becomes asking for

more. Positive results are likely to include getting more resources to be successful. They begin their jobs with appropriate salaries and benefits. They start with space and time to advance the organization as well. They learn their organizations beyond the organization chart. They might form personal career advisory groups, which include both career and content mentors who will help find them opportunities locally and nationally. Women learn to actively work at all organizational levels so that they develop national leaders as references who already know their expertise and potential options. Radiology expert leaders can support women to get advanced training in leadership skills, such as the Radiology Leadership Institute of the ACR [9].

POSITIVE STRATEGIES TO CHANGE NEGOTIATION

Women must take the first step and choose to negotiate. Very valuable negotiation skills, best described in *Getting to Yes* by Roger Fisher and William Ury, [10] include cooperatively listening and creating options that satisfy both people’s needs. For women, successful negotiation will depend on developing friendly and trusting relationships with their colleagues and bosses. Women must work to defuse the risk-taking anxiety that can sabotage their success [7]. Deliberate practice with someone else first can develop an approach that separates the people from the problem. Then discussing the problems will be effective [10]. Focusing on a win-win negotiation is critical. It is very important to not threaten to leave unless you have a BATNA—best alternative to a negotiated agreement. If you threaten to leave, your resignation may be accepted, and the negotiation will be over.

There is actually a female advantage in negotiation, described by some authors [11]. Focus on

collaboration can be an advantage and is a typical approach for many women. A competitive approach is more threatening and less successful in negotiation. Women often seek to build trust early because they regard relationships highly. Sharing information, listening closely, and talking about interests, not positions, is key. Trying to find solutions that benefit both sides and not being demanding or bluffing will be most effective. Sharing personal information early to explain a specific issue that needs to be addressed can lead to a better understanding of the negotiation goals [10].

WHAT WILL HAPPEN IF WE ENCOURAGE WOMEN TO NEGOTIATE?

An excellent example is demonstrated by Bernadine Healy, MD, the first female director of the National Institutes of Health (NIH), who was appointed in 1991 by President George Bush. She negotiated a major change in all NIH research plans. She pointed out that during her major cardiac research career (she published 220 scientific articles), women had been routinely excluded from clinical studies. Women's responses were different, so research could be less complicated without the inclusion of women. Women's health problems and treatments were not studied. She created the NIH Women's Health Initiative. Research funded by the NIH proved that hormone replacement increased the risk for breast

cancer, heart attacks, and strokes. Men had not perceived these problems as priorities [12].

The AAWR was formed by leaders who chose to be tempered radicals, "to rock the boat from the inside the corporate ship and steer a course for powerful positive change" [13,14]. The AAWR chose to engage within the leadership of radiology nationally so that women could become successful in their careers in both private practice and academics. The ACR has recognized the value of diversity in leadership by developing the ACR Commission on Women and Diversity. Now is the time for women to ask for what they need to be successful and for radiology leaders to strongly support their inclusion in leadership roles.

CONCLUSIONS

- Women need to ask to negotiate
- Women need to ask for what they need to succeed: salary, space, research support
- Radiology leaders need to encourage women to participate in leadership so that better outcomes come from diversity within our organizations

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Carol M. Rumack, MD, Past President of ACR and AAWR: University of Colorado School of Medicine, 13001 E 17th Place, Room N4223, Mail Stop C-293, Aurora, CO 80045; e-mail: carol.rumack@ucdenver.edu.