Ep #30: Negotiate for the Salary You Deserve with Dr. Linda Street

Full Episode Transcript

With Your Host

Kristi Angevine

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Welcome to Episode 30. This is Kristi Angevine. Today is all about the habituated patterns of thinking that show up when we negotiate at work. Joining me today is Dr. Linda Street, a really good friend of mine, and the go-to for all things contract negotiation for women physicians.

Dr. Street is a board certified Maternal Fetal Medicine physician, a life coach, and a speaker, who helps physicians with negotiation techniques, so they can take charge of their lives and negotiate for the salary they deserve. As you listen, you'll appreciate how what we discuss applies to people outside clinical professions, too.

This conversation was so fun, in large part, because it was a great excuse for the two of us to see one another and discuss aspects of our work that we're passionate about. Listen in, as she shares what drew her to becoming a negotiation coach, what mindset habits create stress when it comes to negotiating the terms of your work contract, and how socialization shapes how people, particularly people socialized as women, experience negotiation.

Welcome to *Habits On Purpose*, a podcast for high-achieving women who want to create lifelong habits that give more than they take. You'll get practical strategies for mindset shifts that will help you finally understand the root causes of why you think, feel, and act as you do. And now, here's your host physician and Master Certified Life Coach Kristi Angevine.

Kristi Angevine: Welcome to the podcast, Linda Street, it is amazing to have you here.

Linda Street: Thank you for having me. I'm excited.

Kristi: You are, in my mind, really well known as the negotiation coach for physicians, and you're ever aiming to help close the gender pay gap. And, what I would love for the listeners who don't yet know you, is for you just to introduce yourself and tell them who you are.

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Linda: Yeah, sure. I'm Linda Street, as announced. And, I am a maternal fetal medicine doc. I did OB and then a sub specialty, which bought me sleeping through the night. Mainly, that's what those three years did. And, I still practice. I am in a 40-a-week solo practice working for corporate medicine. I'm very accustomed to the systems I'm helping people navigate, because I've done academics, and then I switched to corporate.

I really think it is insane that male physicians are making more in this day and age. Even in fields where it's predominantly female, especially probably, in fields where it's predominantly female. And, even with patient data saying that we outperform, they're still getting paid more. So, that's my goal in life, is to stop that and to equip female physicians with what they need to make sure that they close that gap.

Kristi: I love hearing all of this, as you know. And before we dive into the, the meat of this conversation, I'm curious what drew you specifically, to this line of work with your clients?

Linda: Yeah, so I mean, I think some of it, I've always had kind of a fire under my tush, to really fight inequity. I'm an Enneagram, eight; and justice is kind of one of my jams. So, some of this, I think, I was just intrinsically inclined towards this type of work.

But when I found that this and coaching made a good team, was when I was actually negotiating my first major raise outside of training. I had been in a weight loss coaching group, so something completely irrelevant to negotiating your salary. But I had a lot of drama about this. I brought it to the coaching, and was coached on it very effectively. And I was like; holy cow, this is so much easier when I don't have that faulty belief.

Because the belief I had, that was really tripping me up, was ‘it's me versus them.’ Like, I have to go in there like a warrior in my battle gear, to fight for this raise. And of course, it's intimidating when you're up against a

department chair, who is known for being not the kindest of humans. That's the nicest thing I can say publicly.

But when you're going up against somebody who has that demeanor and that reputation, and you're an assistant professor who's like, two years out, it's very intimidating. So, when I was able to shift from ‘I'm putting on my battle garb and going to bat with them,’ and instead look at it as, ‘they're dang lucky to have me.’ Like, this is really beneficial for them as well, and we both benefit, if I'm able to make this job something I can stay in. If I'm able to make this successful for me, so that I can continue to be around.

Because the end consequence, if they don't pay me in a way that makes me feel valued, is I'm going to leave. Because that's who I am as a human, it's very uncomfortable for me to be undervalued. And so, I'm not going to last if I'm not paid what I'm worth, so I have to go to bat. It makes great sense for them; they win that way.

It's hard to come across maternal fetal medicine docs who want to work in Augusta, Georgia. And I also win, because then I'm being paid more in line with the value I'm providing.

Kristi: This is so in line with, you know, the things that you and I both learned from our coach training. With this idea that, you know, our thoughts are not just influence, you know, our feelings and our lived experience, but they actually create our lived experience. We have a thought or a belief, or maybe a part of us holds a certain, like you mentioned, a sort of subconscious belief.

And this drives how we feel, we act from that emotion, drives what we do, creates our inherent experience. So, when you think about this concept, and you think about the clients that you're helping, what do you notice are some of their limiting beliefs, that are shaping their experience with negotiation?

Linda: Yeah, I mean, I think they have all sorts of flavors of that same belief of, ‘I have to fight this battle.’ That definitely comes up for people. The biggest one that I see actually, is probably, that, “I can't do this. Like, I can ask, but this is just how it is. Like, they're never gonna give it to me. They don't give people raises.” Or, impostor syndrome. Those type of limiting beliefs pop in of, ‘why would they pay me that for what I'm offering’?

And then beyond that, I think the other big limiting belief is, ‘this is how it's always been.’ Or, ‘this is how it is now.’

Kristi: That is a huge one.

Linda: And it's like, “So what that it's always been that way?” Right?

Kristi: When it comes to that, there's big new beliefs, especially like, ‘this is how it's always been.’ Or, another one that I would imagine you would run into is, “Well, I don't want to come across as greedy, or entitled or something like that.” When you run into those, with your clients, like, how do you help them interrogate them? Or, look at them in a different light, that doesn't just add to their stress?

Linda: Sure. Well, I think some of it is really diving in and seeing like, what's true, what's not true. Because in my story, it was not true that I was going into battle and had to fight my way to a raise. Like, that was completely a story I totally made up. What was true was, they have a department to run with a budget, there are resources to be allocated, and I was asking for more allocation towards me. Like, those were pretty factual things; that was about it.

Everything else was all this drama that I created for myself. I think sitting down and asking the question of; is that true? And really like, asking it and thinking about it, versus like, “Is that true? Yes, it feels so true.” Of course, it feels true. I'm not asking you if it feels true. But is it?

For example, with the ‘it's always been this way;’ is that true? Yes, it is true that the current set of circumstances is that. But you can find 100 examples of how things have changed. EMR (Electronic Medical Records) didn't even exist 20-25 years ago, right? Like, I have no idea when it actually happened.

But there was a point in medicine where that was not a thing; but it is now. So, we have evidence; medicine evolves. Corporate medicine was not a thing, at some point; but it is now. So, things change. I mean, within our individual fields, it's never stagnant. Medicine’s always evolving; evidence-based medicine is always evolving. So, why would pay be any different?

Kristi: I love that, because one of the things that I really try and do on the podcast, is offer listeners something that is very concise, and very actionable. And, you just did that. Anytime there is some sort of repetitive, highly believable belief or thought, one of the things you can do should ask, of your thought of your belief; is it true? Is it 100% true? Or, one of these, I like to add… I don't know if you do this with your clients, but I like to add; what else might also be true?

It's not like, you know, sort of gaslighting and saying, “Well, I'm just believing something that's not true.” It's not just that, it’s saying, “In addition to this being true, what else might also be true, that might be useful, in terms of the way I think about things?”

Linda: Absolutely.

Kristi: So, thank you for giving that like, right in the beginning because it's so good. I don’t think any conversation about mindset or negotiation, particularly when it comes to your clients, which are women physicians. I don't think any conversation about that would be complete if we didn't touch on impact that socialization has. Particularly when we think about white supremacy and the patriarchy.

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I would love to hear you just speak a little bit about how you see both of these? Or, maybe other socialization messages, that you notice in your clients, show up in their experience of sort of the stress of negotiations, or how they approached negotiation?

Linda: Oh, sure. I mean, it shows up everywhere. It's like you're in a like, little blanket of suffocating socialization. That's very dramatic, and not a truth; that's a story. Yeah, no, I mean, it's from all angles. If you look at just like at a cultural level, there's the socialization we have as women of you know; don't rock the boat. Be sweet. Be kind. Don't bother people. Oh, don't bother daddy with that right now, that's not important. Right?

I mean, as little girls, we got all these messages about; you should keep things smooth, you shouldn't make things complicated, you shouldn't ask for things, you should share. And obviously yes, our children should learn how to share, but there's a dark side to that. Because yes, you should share, but you should also take what is yours. You should also participate. You should not endlessly share at the expense of yourself.

Because as you and I know, and as our audiences know, this is something that you can only do so long before there's nothing left. And then, you're so depleted that you can't give anything. And certainly, from a long-term impact standpoint, you're much better off filling the tank, so that you can continue to go.

If I put one tank of gas, and I go balls to the wall 200 miles and I never fill back up, I'm going to get 200 miles quickly. But then, I'm just 200 miles. Like, I'm on the side of the road waiting for AAA hating my life. If I say, “Oh, I've got a quarter tank of gas, maybe I should fill up, then I can keep going.” Right?

It's that belief that we should continue at the expense of that self-sacrificing thing, that pops up a lot. The asking piece, the ‘I'm worth it’ piece. I mean, there's tons of socialization there, of like; you should be so thankful that

you have this excellent profession where you're helping people. Well, yeah, you can do that too, and be paid for what you should be being paid for.

And that's like a unique layer in medicine, that I think it's just like gasoline. Like, our medical training is gasoline to our preexisting socialization, where you're told; you're so replaceable. That theme comes up again, and again, and again, in medical training: Oh, twenty people would have loved to have that spot in your medical school class. Thirty people would have loved to have this residency position, that you were so lucky to get. So, we can shit on you 24/7. I mean, obviously, that's not in every program.

But there are certainly programs where it's very abusive and you're gaslighted and told, like, “You're just making this up, you should be so lucky.” And then, even as an attending, like, “Oh, you got that unicorn job. You should feel grateful that we're letting you work four days a week instead of five. And so, it doesn't matter that it's at 60% the pay.”

And this, ‘you should be grateful’ piece... I'm not saying that gratefulness is bad. I'm not saying you shouldn't be thankful for what you have. But being thankful for what you have does not conflict with asking for what you should have, or asking for what you'd like. That devaluing of what we offer is just coming at all angles, that it's not serving us.

Kristi: Yeah, it's that idea that you should be grateful, but then not continuing the rest of the sentence was just the implicit message of; you should be grateful, completely at the expense of yourself. And that dark side, sort of that underbelly of altruism and gratitude, I imagine is the part that gets the stickiest.

Because stepping outside of that, almost like many of us have a little bit of a black or white, either/or tendency in our thinking. If we step outside of, you know, what we've been doing, then all of a sudden, we could think; well, maybe this is what it looks like to be ungrateful or to not care, if I actually asked for what I want.

Linda: Yes, and they use this against us with coworkers and things, too. One of my biggest pet peeves with this pay equality, I'm going to call it, it's not really equity, is everybody gets paid that. And, it sounds really nice on the surface. But what I see it used as, in kind of actual playing out, is a way to kind of tell people like, ‘this is all you can do.’

So, in departments where people are all paid the same, my next question to have my clients ask is; but are they putting forth the same value? Like it's one thing, if you're all paid the same, you work the same amount of hours, you see the same amount of, same complexity patients, and put out the same amount of effort; that, totally fine to be paid the same.

But that's not what happens, right? We all know those situations where we're all paid the same, but one person is on five unpaid committees. And, they're the one who always gets the crap shift. And, they're the ones who get the difficult patients with a low RVU (Relative Value Unit) payout, or whatever.

So, if you're being paid equally, it may not be equitable. I think, that if that's the model, you have to challenge that, and look for those places of inequity, and really highlight those when you're asking for something different.

Kristi: When it comes to equity and equality, what that brings to mind for me, is how somebody thinks about their own value. And how that might really have a strong influence on how they communicate when it comes to asking for what they want, or asking for a raise, or asking for things in their negotiations.

And when you are working with your clients, how do you see someone possibly devalue themselves, when it comes to how they're approaching their negotiations?

Linda: Oh, twenty ways from Sunday; how do we not? I mean, I think that this comes up in a couple different places. One is the ‘that's not what they pay here so who am I to ask for it?’ That type of angle. They'll never say yes to this. And so, you're automatically kind of failing ahead of time; there's a lot of that.

I see it come up in, ‘well, what I'm doing isn't as valuable.’ This comes up a lot for folks in like academic environments, or people who have responsibilities outside of seeing patients. There's a lot of, ‘that's not reimbursable work.’ Because it's not reimbursable, is less valuable.

But at the end of the day, you’re providing that education component, you’re providing that research component, you’re providing that business component, or being the hospital CMO, or whatever. Whatever it is you're doing, in addition to your clinical piece of medicine, is helping the entire organization. Or, it's helping the department, or it's helping forward the goals of wherever you work. And, how is that not valuable?

Kristi: Yeah, it’s so interesting how, like that question right there; how is that not valuable? I think that deserves some time and attention. Because I think a lot of us who are quick thinkers, we'll think that to ourselves, ‘well, how's this not valuable?’ But then, we won't answer it. And we won't actually take the answer and apply it to how we might show up.

Linda: You're always showing up in a negotiation; focus on their mindset. One mistake that I see people make is, we come in with our mindset of; these are all my hesitations, these are all the things that… We work through that. And then we're like; okay, I should be paid this because I deserve it. I should be paid this because I'm worth it.

And yes, that is 100% true. But if you stop there, you're not going to get very far, because at the end of the day, it's a business transaction. So, you have to say to yourself, like; I'm worth this, I should ask for it. Yes, that's step one.

But step two, is looking at their mindset; what is valuable to them? What are they willing to pay for? What are their goals? What are their objectives? Because then you can show them how you uniquely solve their problems. How you uniquely fill in those gaps to get them where they want to be. And that's how you get the raise.

You get the raise by telling them, “I understand that… is a priority. And this is how I'm going to get you there.” Or, if you are clinically like, turning things out and really productive. Like, I'm always producing. I'm showing up. I have good quality patient care. And that allows the organization to continue to keep this reputation, or to continue to grow, or whatever. Like, really being able to present what you offer, in the context of how it gets them where they want to be, is really critical to be able to ask for what you want.

Kristi: Yeah, what comes to mind when you're saying this is, that communication in general is really complex. But communication in the setting of negotiation is extra complex. And this is why I think it's so great that you're doing this, because you have sort of like gotten to the heart of the complexity of conversation and dialogue, when it comes to negotiation.

And being able to not only stop devaluing yourself in this interaction, but get into their shoes. Understand where they're coming from, so that you can visually create what sounds like the epitome of a collaborative interaction.

Linda: Sure because you need them to say yes. And so, if you're going to sell them, you have to go from their mindset and work backwards.

Kristi: I want to bring up an episode that you did recently. And you know, for everybody who's listening, you should totally go follow Linda's podcast, that she hosts. But you recently did an episode that was about learned helplessness versus learned optimism.

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And before I ask my question, I'm going to just give a little backstory and explain the term of learned helplessness, for those who aren't familiar with it. And as I do, if you have something to add, just jump in, of course. But learned helplessness, as I learned it, was a term that was coined by, I think it was Martin Seligman and Steve Maier, and it came from like the 60's and 70's when they were doing observations.

And they observed that individuals will sometimes accept and remain passive when they are experiencing negative situations. Despite actually having an ability to change the situation they're in. And they discovered from their studies, that this occurs because somewhere along the line, we learn that a negative outcome is unavoidable. And then later on, we generalize from this lesson, and we will fail to take action or change something that we don't like.

And looking at the animal studies, it was quite dramatic. One group of dogs are placed in a harness, given a little lever, and given a mild electric shock that would stop if they press the lever. And the second group, was in the same harness, given the same lever, but the lever didn't work to stop the shock, nothing changed.

And then there's a third control group, that was placed in the harness but not given any shocks. Then later on, they placed the same dogs in a space that had this little low divider, and they would deploy the shock on one side of the divider. And what they noticed, is that the dogs who'd had that nonfunctional lever in the past, they didn't even try to move away to the other side. But both of the other groups did.

And that's that term, learned helplessness, or what I like to think of is like, learned perception of lack of agency. So, when I think of negotiation, particularly women physicians negotiating, and how learned helplessness can show up, I can just picture it like you said. I can't say it like how you did, like twenty different ways… You said it a different way, but I could picture so many ways it shows up.

But I'm curious how you see this in your clients. And, I'm also curious how you, if you've seen this idea of learned helplessness, in your own life?

Linda: Yeah. I mean, I think in my clients, the biggest place that shows up is, “I've asked before, and they said no.” But okay, so they said no, that way. And I feel like we automatically complete that sentence in our mind of; I asked before, they said, no, so I can't have this.

Whereas, I would like to offer; I asked that way, they said, no, so let me figure out how else I can ask. Because we automatically assume that, them saying no, means it's impossible. It’s that learned helplessness; we asked, they said no, so I can't have that. Versus saying, “Okay, that's some data.”

Because think about experiments, like you would never run an experiment; Try once. It doesn't work. Okay, I guess that's not going to be something that happens. I mean, think about parenting. I was like a total green, like, I had no idea what I was doing when I brought home my firstborn. We tried to potty train him. Because my youngest is three years younger, we tried to potty train my oldest, because the hope was one kid in diapers.

We tried, we tried, we tried, like 5 million different ways. I feel like I tried all the things. And we didn't just like give up and say, “Well, he's gonna go to college in diapers.” Like, it was frustrating.

And actually, the plan of action that worked was, we just backed off and let him figure it out. And he just did because I did give up for a little bit. And then ta-da, look, the action that I took was not pressuring him. And the result was he figured out how to potty train himself. So, actually, not working…

Kristi: The parallels between potty training and negotiations are perfect.

Linda: I do love that, that plays a role. But like, it was something that I felt like I had tried everything, but I hadn't. I hadn't tried giving him space; which worked, right? It wasn't that he was never going to get potty trained, it was just that the, like five or six things, like giving him M&M's® to try to pee on, or Cheerios, or whatever we threw in the toilet. Like that didn't work. And letting him run around naked, in North Carolina, in the spring, didn't work. And, a couple other things didn't work.

But it didn't mean it was impossible. And I feel like we do this in our jobs, because we're like; well, I asked, and they said no. Because I asked during my performance evaluation. That's usually when people do it. They're like; Okay, I had my performance evaluation. I asked, they said, “No, it's not in the budget this year,” and I never asked again.

And, that doesn't serve us. What I would like to offer, is that you can switch from that learned helplessness of, “Anytime I ask, they say no anyway. So, I'm not going to bother,” to learned optimism. Which is kind of the antidote to that.

And it's saying, “You know, like, I have the capacity. I have the ability to figure this out. I have the agency,” I love that word, “The agency to be able to approach this a different way, that might be effective. And any ‘no’ I get, is just data. Any ‘no’ I get is a collection of data of, that way didn't work; how else can I try this?”

Instead of… We're so kind of intrinsically wired to feel like; I should ask once, I should be successful, and then that should be that. Yeah. Which is so faulty.

Kristi: So, to sort of to translate this for the listeners here who are coaches and do some of the, you know, self-coaching model. When you have the thought, like, I think you said, “I have the agency to figure this out.”

When you have that thought you might feel capable, you might feel motivated. And then, it's so much easier from that headspace, to take the action, to interpret any 'no' just to some data. And to ask repetitively maybe; how else might I try to do this? How else could I approach this?

And it's like, kind of like putting your scientist hat on, as opposed to just putting your resignation hat on. Of like, 'well, I tried once,' and feeling defeated, discouraged, right? Yeah. And like, just to put this out there for anybody who is feeling discouraged, or feeling defeated, or feeling deflated and feeling a little bit Eeyore-y, like, it's not to say that it's wrong to feel that way.

It's just to say that, there are other options, even when things do feel a little bit intimidating, like you mentioned at the beginning.

Linda: Yeah, and as somebody who's not a natural optimist, like that is not my automatic default for me. I usually just time how long I'm allowed to feel bad for myself. I'll give myself a limit. Because if I get into the wallows, it's easy for me to just like spiral and spiral and spiral and sit there.

I try to give myself like; I'm gonna feel bad about this for this week. Like, I'm allowed to be angry, and more angry than sad, I think. But whatever emotion it is for you, like; I'm allowed to feel that. This is how long I get. Like, I can wallow for a week, I can wallow for a day, I can wallow for an hour, and then I'm going to figure out how else I can approach this.

Like, I'm going to allow those feelings; they get to be there. They are genuine, they are real. And then, I'm not going to allow them anymore. I'm going to consciously decide that, okay, that feeling has gotten its bandwidth, it is now time to move on to a strategy.

Kristi: That is so good. I love that, when you're talking about this, there's that permission giving quality of; I don't need to just make myself feel

differently. I get to feel how I feel. And I also can be open to something different.

One of the things that I really like to do is, you know, I think there's power in being redundant on a podcast, to a certain degree. So, just to remind the listeners who are like listening to this while they're driving, they're exercising. There are a few brilliant pearls, I think, Linda dropped that I'm just gonna like list for you. So, that if you are going to try to find like, a handful of things that you could implement, right today, that you could do.

At the very beginning, she mentioned that really powerful, productive question that you can ask yourself with just about anything. If you have a thought that feels like it might be really true, but you can tell it's kind of limiting, you can ask yourself; is this 100% true? Or, you can add on that corollary of; what else might also be true?

And in that same line of asking a really productive question, another thing you can do, especially if you're running into a what seems like a bunch of barriers, is what Linda just said, and ask yourself; how else might I try to do this?

And then, giving yourself explicit permission, I think is like the third thing I'd like to highlight. Giving yourself explicit permission to feel whatever you feel, knowing that sometimes you can give yourself a time limit, to totally feel that way, but not wallow and spiral. Then you can get back to reminding yourself that, indeed, even if there's some learned helplessness sort of at play, you actually do have the agency to figure things out.

I'd say that both of our listeners, and correct me if I'm wrong, Linda, both of our listeners are classically, highly creative, highly resilient, and really resourceful.

Linda: Y'all are bad tushes.

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Kristi: I know your listeners are. So, is there, you know, as we wrap up here, is there anything else, when it comes to negotiation and communication, the complexity and what you see with your clients, is there anything else that you'd like to share?

Linda: I think that the main thing is, you can do this. Like, it doesn't matter if you've been able to do it before, or if you think you can do it. But this is something you can do. If you can have a conversation with the patient, which I'm pretty sure is a prerequisite to your job. Even those of you who have non-patient facing jobs have had to do it before. Like, if you can have a conversation with another human…

Let me back up one step further. You can negotiate. It is simply a conversation, with the goal of making an agreement. And we all really like agreement. So, go out there and have a conversation, with the goal of making an agreement. So, that you can be paid what you want to be paid; so you feel valued.

So, you can continue doing the fabulous things that you do in the world. Because somebody needs to take care of me when I'm sick and old. And we have, really an epidemic, of physicians who are being shat on and feeling terrible. And a lot, of what I think plays a role in that, is this constant undervaluing. So, don't allow it. Go out there and value yourself. So, that you can keep taking care of the people you take care of.

Kristi: I love how you say that. And for the non-physicians who are listening or people who are not even in, you know, a clinical field, you can just basically insert, anytime Linda and I are saying, you know, the clinical field or being a physician, you can insert your job there. And, I guarantee you this applies to you, as well.

Where can people find you? We'll make sure that we include all of this in the show notes, but for people who are just going to listen today, how can they find you and learn all the things?

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Linda: Yeah, so if you like this type of information and like conversations with people, *Simply Worth It* is my podcast, and is probably a great place to hang out with me in your ear. If you want more information or want to work with me, I'm at SimplyStreetMD.com. And it's street, like you live on one, which is nice and easy. That's part of why I took his name despite, you know, my whole thoughts on patriarchy. So, it's simply: S-I-M-P-L-Y street: S-T-R-E-E-T M-D.com And, we'll hang out.

Kristi: That is perfect. So, go find Linda at Simply Street. And all the places that she just mentioned, you can find everything listed in the show notes there, for those of you who like to read the transcript and click on the links that way.

And Linda, thank you so much for spending this time. I know we use this as an excuse to get together and chit-chat. But I really just am so happy that you were able to come on the podcast.

Linda: Thank you so much for having me. It was fun having a productive conversation with you this morning.

Kristi: Awesome. Take care Bye-bye.

If you want to learn more about how to better understand your patterns, stop feeling reactionary, and get back into the proverbial driver's seat with your habits, you'll want to join my email list which you can find linked in the show notes. Or, if you go to www.HabitsOnPurpose.com you'll find it right there.

If you're serious about taking this work deeper and going from an intellectual understanding to off the page implementation, I offer coaching in two flavors: individual deep-dive coaching with the somatic and cognitive approach, and a small group coaching program. The small group is currently for women physicians only, and comes with CME credits. You can

be the first to learn more about both, the individual or group coaching options, by getting on the email list.

Thanks for listening to *Habits On Purpose*. If you want more information on Kristi Angevine or the resources from the podcast, visit www.habitsonpurpose.com. Tune in next week for another episode.