## Speaker 1 (<u>00:00</u>):

In this episode of Tim Talk, Tim and his guest will explore implicit biases against women in the digital world.

## Tim Dentry (<u>00:11</u>):

Greetings, podcast listeners. I'm Tim Dentry, president and CEO of Northern Light Health. I'm glad that you are here with us on our journey to embrace diversity and address issues of social and medical justice.

## Tim Dentry (<u>00:25</u>):

Today, I am thrilled to have as my guest Marie Tessier, author, journalist, and women's engagement evangelist. Marie works at the intersection of democracy, news and interactive media as a moderator of reader comments to the opinion pages of newyorktimes.com. She is the author of Digital Suffragists, Women, the Web, and the Future of Democracy. Her work has appeared on the Women's eNews and Women's Media Center Web sites, in Ms. Magazine, the Columbia Journalism Review, The Washington Post, the Chicago Tribune and elsewhere.

### Tim Dentry (<u>01:06</u>):

Marie, thank you so much for joining us here today.

Marie Tessier (01:10):

Thank you, Tim. It's a delight and an honor to be with you.

### Tim Dentry (<u>01:13</u>):

Fabulous. As I said in my introduction, we've covered many topics since we began these discussions regarding social and medical justice more than 18 months ago, but we have yet to more deeply explore the issue of women's voice in equity and inclusion. Can you share with our listeners how this became a focal point for you?

### Marie Tessier (01:37):

Sure. As you said, I moderate comments to the New York Times' website mostly in the opinion section. I started in 2007. It was roughly the time that Facebook became available to everyone, and it was the year that the iPhone was introduced. It wasn't that long ago, but, in digital terms, it was a lifetime ago. I've always been interested in lifting women's voices in public life and also in work settings and home settings. If we had more equality across the board, women would be more... would be better represented, better compensated, et cetera, et cetera.

### Marie Tessier (02:20):

One of the most striking things I noticed when I started moderating comments was that women just weren't really speaking up in a lot of areas. Women, broadly speaking, would comment about traditional areas like health and wellness, education, fashion, food, but they weren't commenting on national and international affairs. They would comment in great numbers if a woman wrote a column, but hardly any women were talking about wages or climate change or war.

Marie Tessier (02:52):

TimTalkSeason2Ep7 (Completed 04/19/22) Transcript by <u>Rev.com</u> I was sitting there thinking, "What's going on here?" There is literally no barrier to a woman speaking up on a website. It's a clicker. It's our mouth. That's the only difference. When you click, speak up or comment or share your voice, so I started looking at what was going on, and I started counting comments, and it looked like in the beginning, very early, that women were submitting about 25 to 30% of the comments in opinion, and I thought, well, that is an amazingly similar number to the representation that women have in Congress. It's amazingly similar to the representation that women have in news stories as experts. It's amazingly similar to women who are reporting the news on television and on front pages of newspapers worldwide.

## Marie Tessier (03:45):

It's quite a bit better than the representation of women on corporate boards and in a lot of professions, but a lot of things started to line up for me in the middle, let's say, 2014, 2015. In 2015, global data came out from Australia showing the same patterns of women's voices in news sites in Europe, Australia and Asia.

# Marie Tessier (04:06):

What I found, Tim, is that women's voices remain deeply underrepresented in our public life. 100 years after women earned the right to vote in the United States, the voices of women and people of color remained deeply dis counted throughout society. Any woman can tell you about her experiences in the office, being interrupted and dismissed, how a woman will bring up an idea, and then the dude brings it up at the next meeting or later in the same meeting and he's credited with the idea. It's so silly, but it happens literally every day in offices all over this country.

## Marie Tessier (04:45):

There's a profound, pervasive social power that continues to elevate some voices in public life and to diminish others. It discourages women and people of color from having a full voice in pretty much every conversation, but there are steps that organizations and institutions can take, leaders can take, staff people can take.

## Marie Tessier (05:09):

The thing that I think is so compelling about the global data is that it's really a barometer for women's equality in so many ways. We all know about the healthcare research that women and men reporting the exact same levels of pain are treated differently. Women are perceived as having less pain, even when the numbers are exactly the same, and they're more often referred for psychotherapy, for example.

## Marie Tessier (05:33):

We know that until recently, until my adult life, medical research about heart conditions was conducted exclusively on men. Cardiologists knew that heart disease was a leading cause of death for women, but it didn't make it into the research at all. I mean, it's so absurd. It's hard to even think that that was recent, but it was. I mean, it's affected my friends who didn't ever understand that they were having a heart attack. It's really a scary and profound level of problem in every aspect of life.

Marie Tessier (06:09):

The really tricky part about all of this is that we're so accustomed to this level of representation that it looks normal to most people. The reason that women were speaking up less on the New York Times' website is because they don't feel like they should be taking up that much space in the conversation or they know that they're going to get negative feedback, and that's because women and people of color and people from LGTBQ communities are just not given as much authority when we speak.

## Marie Tessier (06:39):

Because of the many improvements in women's status, it's a shock to see the data from many, many fields that shows how historic gender segregation continues to operate today. I think of women's voices as being stuck in an age of the La Brea Woman, the hominid that was found in the La Brea Tar Pits. We're just stuck in this deep tarry goo, and we have a long way to go. I think of it as fossils of official exclusion of women from the public square. They function as the new bones of modern society, digital technology in literally every corner of our lives.

# Tim Dentry (<u>07:20</u>):

Thank you. That is profound, and just a couple of things that really struck home. Many things that you just said, Marie, struck home with me. One is you said you started this thinking process, this journey, this engagement in 2007, and it's almost uncanny that my introductory comments were that we're going to start to really talk deeply about this in 2022. Not that it hasn't, not that it hasn't been on people's minds, obviously, it's continuously on people's minds I'm sure, but not necessarily in the form of an engaged conversation, and so what we're trying to do, what we are doing, what you and I are doing this very minute is what we're going to try to do with all the women that we work with in Northern Light to really, again, listen first of all and learn.

## Tim Dentry (<u>08:14</u>):

Second, you said lifting women's voices and that... in public life and in the workplace, at home setting and that kind of thing, and that's so true, and it just made me think of all the.... and the term that came to mind was strong women. I'm not sure it has to be encapsulated in one word, strong, and maybe that's my maleness coming out, that it's a strong women figure, but I have had strong women figures in my life, obviously, my mother, like most people's strong figures, but Sister Mary Thomas, who was the first CEO of a hospital that I worked for, and I literally learned my way of what's important in healthcare from Sister Mary Thomas. I worshiped the ground she walked on, and others as well.

## Tim Dentry (<u>09:04</u>):

They lifted women's voice and, again, not by taking on some dominant kind of personality and persona, but by being themselves and by getting the most out of others and helping to lift others. The contrary side of that is diminishing others, and, oh, does that strike at the heart for me? If anyone diminishes anyone for any reason, it just goes counter to I think what... definitely what I believe that's my life philosophy. I think everyone that I work with really values the fact that we need to raise people and not diminish people. I just wanted to share with you. Those are three things in particular that really drove home with me.

Marie Tessier (09:55): Can I add something just at that very point, Tim?

Tim Dentry (<u>09:58</u>):

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## Sure. Please.

## Marie Tessier (10:00):

I'm one of those people that people look at as a strong woman, and I'm assertive. I grew up with only brothers, so I had to learn how to throw the elbows like everybody else... well, like all my brothers. It works for some people, it does, but if an organization really wants to take advantage of the skills and the experience of women, one of the things managers need to do is invite their participation. "I'd like to know what your thoughts are on this," or, "Could you develop a proposal for me? I really value how you think about this problem," and, in meetings, the same kind of technique can be used.

## Marie Tessier (<u>10:42</u>):

When I talk about women and men, I want to be clear that I'm talking about two overlapping bell curves of gender. We know, obviously, that people are all along the spectrum of gender. It is useful to talk about women broadly and men broadly, and that's where the actual empirical data comes from is very gendered binary, but in a group setting or on a website, any kind of forum where people are meeting, generally speaking, men offer their ideas because they want their voice to be heard. They want to register their opinion.

## Marie Tessier (<u>11:20</u>):

Women have a different motivation, and they like to be part of a conversation. Women are also more likely to speak when they're invited to speak, so, just asking your women colleagues or your direct reports for their specific thoughts on something, it can make an entire institution bloom with new ideas and fresh thinking.

### Tim Dentry (<u>11:48</u>):

That is outstanding, and I promise you we will be putting that great advice to good use. A specific question, if I could, in your book, again, Digital Suffragists, Women, the Web, and the Future of Democracy, you explored not just the fact that women's voices are outnumbered as you look at them online, but the reasons why. Can you explain what you found out about implicit bias in particular?

### Marie Tessier (12:20):

The way that implicit bias operates is tricky. Implicit bias is operating like a little meter inside of us telling how important someone is, and we don't even know how it's working. We're not aware of it. That's a good explanation for why women's pain is discounted in healthcare settings. It's why she's referred to psychotherapy and he is not.

### Marie Tessier (<u>12:41</u>):

One of the important ways that this operates is in conversational interruptions. I don't know if your listeners have heard of manterruptions, but because... The reason that women get interrupted in a conversation, and I'm not talking about the normal kind of interruptions when people are talking over each other in everyday conversation. The reason that women get interrupted more often than men and sooner is because there's a little meter inside the other person saying, "I've already heard enough of what she has to say."

Marie Tessier (13:13):

The data show that women are interrupted far more often than men in group settings. It's been studied in experimental settings and in public bodies, in workplace settings. It's there. The tricky part is that we don't notice it's there. That's why it's happening. The more that you can be systematic about including voices, it's because there's an implicit bias gremlin in all of us, and being systematic about telling that gremlin to back off, that's how you fix it.

## Marie Tessier (<u>13:45</u>):

Implicit bias is at work in pay differentials. When managers... and a good way to address that is that, when managers use rankings and measurable results when they evaluate employees, they can come up with specific metrics showing who really is the high performer, and it's good.

## Tim Dentry (<u>14:06</u>):

Wow. That was terrific. Implicit bias gremlins, I haven't heard of that. That is a terrific term. One of the term... my work mantras is embrace our imperfections. I like embrace your implicit bias gremlins. That's very good. Thank you.

## Marie Tessier (14:26):

Because of these implicit biases, we know, for example, that it's been a hundred years since women earned the right to vote. I bet a lot of your listeners don't know when women first voted in the same proportion as men, and that was in 1980. It took 60 years from the time that women got the right to vote until we voted in the same proportion, and now women are a tiny bit more likely to vote than men, generally speaking. Women's representation in terms of who has a public voice, that is nowhere near close to that. We're still talking 25 to 30%, and it happens at every level of government, through every workplace.

## Tim Dentry (<u>15:09</u>):

Yes. Thank you. Marie, I want to ask you a question about how we can apply the lessons you learned to the healthcare world. We touched on that a little bit, but, first, I'd like to share a personal story of my own about a time in my career when I was navigating a major cultural clash in many aspects of that term, cultural clash, but also along gender divides at a hospital where I served in a far away land.

### Tim Dentry (<u>15:42</u>):

Before I joined Northern Light Health a little more than five years ago, for nine years I was with Johns Hopkins International and six years in Abu Dhabi, and I ran two of their hospitals over that six years. It was a management kind of thing. From the workforce point of view, the medical staff was male dominant. They trained, and their home countries were Egypt and other Middle Eastern countries, and the nursing staff was female dominant and, predominantly, from the Philippines and from India.

### Tim Dentry (<u>16:21</u>):

A big area that I was really trying to influence there as part of Johns Hopkins was quality and safety and performance improvement, in building team and the like. From all of our metrics, we just really weren't hitting it. It didn't feel right, and there was a lot of blame culture. You would not embrace imperfections. You would hide imperfections and things of that nature. You would be afraid to be called out or there was no one when we try something different because the male dominant folks wouldn't listen. They wouldn't even listen to their patients, many of them.

## Tim Dentry (<u>17:03</u>):

As I was thinking about this and preparing my thoughts for this podcast to tell you about that story, there was another individual in this whole big picture, and that was Dr. Nellie Boma. Dr. Nellie Boma was a chief medical officer, so she reported to me as a CEO, quote unquote, reported to me. She was of Cameroon background by birth and trained in a medical school in the US and that kind of a thing, was an ER physician in New York City for a bunch of years, and decided to take the same international kind of approach. She was a nurse first, and then she went to medical school and became a physician, and then she was a medical director in the setting.

## Tim Dentry (<u>17:46</u>):

We really turned it around, and we became the top quality hospital for six years, and they measured every quarter, so, every quarter, top hospital, top hospital. We really pulled together people, the disparate groups, and really said, "Let's find a common bond and a common platform to work on. This is something we need to fix, and how can we do it?" and all that. It wasn't me. It was Dr. Nellie Boma that really did it, because she had the credibility of the women that were the nurses especially because she was a nurse. She could talk that talk and she was the authority figure for those male physicians. She was the one that pulled them together, and she didn't pull them together by some sheer willpower, which probably I would've felt I can... at that time, I can make this happen through sheer willpower. She didn't do that. She was a strong-willed individual, but she did it by listening, giving encouragement and, mainly, acknowledging all of the hard work that everyone was doing and made them feel good about what they wanted to do as a team.

## Marie Tessier (19:04):

There's one thing about what Dr. Boma did that is really fascinating for... that has huge implications for women's voices throughout society, and that is, one... There are two things that can make sure that women have a proportionate voice to their representation in a room. One is if a woman is chairing the meeting, because the idea is that it's naturally affirming for other women to see the woman in leadership. Women in leadership cures a lot of ills it, and it doesn't mean that every woman is perfect or that every woman is affirming to all the other women. That is often not the case, but, in general terms, that's true in public bodies, empirically, absolutely 100% true.

### Marie Tessier (19:51):

There are two times when women have a proportional voice to their representation in a room, and one is if women have the super majority, so they have to be at least 60% in a room before women get 60% of the time on the floor, and the other one is when a woman is chairing a meeting. One of the ways to use that power is also to rotate who is facilitating a meeting. You can have a timekeeper, for example, and that invests each participant with authority when they take that role. It's very much of a building process.

### Tim Dentry (<u>20:25</u>):

Well, what you just shared with me, Marie, is exactly what I wanted to listen and learn from you on such as how do we restructure conversations, how do we change the perception that women have less impact and less authority. I can absolutely see what you mean. I can picture that in my own travels.

Marie Tessier (20:48):

# For sure.

## Tim Dentry (<u>20:50</u>):

What other good guidance and advice or things that you have seen that we can all keep in mind?

## Marie Tessier (20:57):

Well, I think the good news about what I... the iceberg that I hit in my role at the New York Times is that, in all of these conversations, digital tools and checklists can have a really powerful impact on workplaces and clinical practices, and structure is really the key word in constructive, isn't it?

## Marie Tessier (21:20):

Sheryl Sandberg, the author of the Lean In, tells a story about a physician who watched her TED Talk that led to her book. He was leading medical students on rounds in a hospital, and he's like, "Wow, my women students aren't speaking up, but they're half of the students who are here. What is going on?" It was a prestigious school. Every single woman who was there was a rock star and many of them surely knew the answers, so he's wondering what's... Is it something about me? What's going on? What he did is he restructured his process so that every student would have an opportunity to speak. He called on people systematically to answer, and he wouldn't... and before the end of the rounds, everyone had to pitch into the conversation at some level.

### Marie Tessier (22:04):

The really wonderful part about making a change like that is that the women began volunteering because their authority was being affirmed in real time every single day. Once their authority in the group was established and affirmed out by the physician's leadership, they were empowered to take a full role in their job.

### Marie Tessier (22:29):

Tiny change. Huge impact. The same thing can happen in clinical settings simply by repeating something that someone says. Evidence-based medicine is a good example. I mentioned earlier about pain treatment. Someone verbally can refer back, "So your pain is about a four," and that is it serves as a cognitive reminder about what you're actually dealing with in case you want to send the woman to psychotherapy because her hip hurts. It can happen in meetings systematically when a chair asks each, goes around room to ask each person.

### Marie Tessier (23:06):

If I'm facilitating a meeting and there are some people who are speaking up and some people are not, what I like to do is to systematically go around and say, "Oh, well, we've heard from Tim, but we haven't heard from Susan. What are your thoughts, Susan?" It can be a shock at first, but what you do is establish a norm of everyone participating in the conversation. Not only that, but the person facilitating the meeting is indicating to everyone else that every voice needs to be heard.

### Marie Tessier (23:35):

Using those kinds of techniques are really very simple, and they're good for everyone. It's good for businesses and institutions when women's voices are heard. It's good for businesses and institutions

when people of color are heard. It can result in better outcomes for everyone. All of those small things can basically establish and affirm each person's authority. It's a win-win.

### Marie Tessier (24:01):

Some specific things that people can do to inspire change is suggest that, at meetings, they keep track of who's had an opportunity to speak. You can also keep track of when you've asked staff people to contribute on a certain project that you're actually taking advantage of everybody's expertise. Boards of director can make huge, huge impacts by asking for pay equity studies. Getting a raise to earn as much as the next dude in the office is a really great way to affirm women's authority. In meetings, you don't have to be facilitating a meeting to make a change. You can say, "Oh, I'd like to hear Emily's suggestions," or, "I'd like to hear more about what Claire said." It's that invitation to speak that is the real key to get the best of everyone on your staff.

### Tim Dentry (24:58):

Fabulous. Thank you so much. Authority affirmed, and I loved the way you said tiny changes, but huge impact. It really is. I mean, how difficult is that for all leaders to have eyes wide, open ears wide open in a group setting where that's why we have groups? We're stronger as a group and there's more people to contribute, and so to really not only affirm authority, but I can imagine that, to the receiver of that affirmation, it's affirmation of their value. That strikes quite to the heart.

Marie Tessier (<u>25:37</u>): Absolutely, 100%.

Tim Dentry (<u>25:40</u>): Marie Tessier, thank you for joining me.

Marie Tessier (<u>25:44</u>): Thank you, Tim. It's really a delight.

### Tim Dentry (<u>25:47</u>):

Thank you to you, our podcast listeners, as well. Until next time, I'm Tim Dentry, encouraging you to listen and act to promote our culture of caring, diversity and inclusion.

### Speaker 4 (26:00):

Thank you for listening to this episode of Tim Talk. If you enjoyed this podcast, please join us next month for a new episode, and know that there are several ways you can tune into Tim Talk. You'll find new episodes on our website at northernlighthealth.org/podcast. We are also on Google, Apple and Podbean, which makes it easier for you to listen on the go on your favorite app.