

***Women at work:
Does gender affect women's ability to
successfully work, lead & negotiate?**

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Outline for today's talk:

- Introduction
- Dietetics in the mix
- Theoretical models
- Women at work
- Women as leaders
- Women and negotiation
- Concluding thoughts

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Goals

- To be thought provoking
 - We're outside the usual topics related to nutrition, diet, food
- To start the conversation
 - This is just an introduction to the literature on this topic

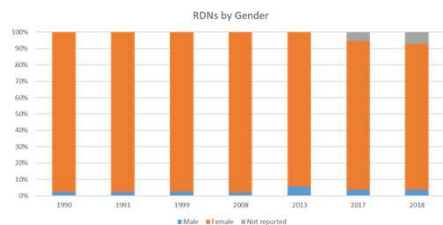
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Challenges...

- This presentation may make you feel uncomfortable
 - This is not a bad thing! I am challenging gender norms – ways we're all used to "being" in the world and at work
- This presentation will not include discussion of intersectionality
 - how other factors (race/ethnicity, socioeconomic status) interact with gender stereotyping and bias

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Women out-number men in dietetics



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CDR, personal communication
JADA, 1991 & 1999

What is gender bias & stereotyping

- Widely shared beliefs about the way men and women *are or should be* (Doering 2017)
- Inform behaviors and expectations in the workplace as soon as individuals "sex categorize" one another (Ridgeway & Correll 2004)
- For women, these behaviors/expectations are limiting:
 - Quality of performance or contributions (Foschi & Valenzuela 2008)
 - Extent to which women are seen as legitimate sources of authority (Ridgeway & Bourq 2004)

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Stereotypic gender characteristics

Masculine

- “Agency” (Competence, instrumentality, independence)

Feminine

- “Communion” (Expressivity, warmth, concern for the welfare of others)

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Socialization...

Plays a large role in the development of gender stereotypes/biases

- Girls (Williams & Best 1990)
 - Nurturance
 - Dependence
 - Passivity
 - Emotionally expressive
 - “Other oriented”
 - Cooperation
 - Social harmony
 - Affiliation
- Boys (Kimmel 2011)
 - Dominance
 - Independence
 - Emotional reserve
 - Competition/expression of aggression “ok”

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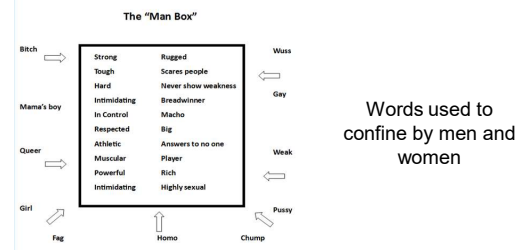
Differences in words used to market girl's & boy's toys



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Owen PR, Padron M (2016) J Res Women Gender
<http://www.wgac.colostate.edu/men-and-masculinities>
Blakemore & Centers (2005)

Socially valued roles/expectations vs. words used to confine: Men



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<http://www.wgac.colostate.edu/men-and-masculinities>

Create a “Woman Box”

Weak	Friendly
Soft	Homemaker
Warm	
Accepting	
Emotional	
Small	
Follower	

Words used to confine:

Bitch
Butch
Dyke
Man
Cold
Hard
Hysteric

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What influences gender identity?

- Family of origin
- Race/ethnicity
- Experiences in the world
- Social class
- Social environment, peer influences
- Ability/disability

Intersectionality here...

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How might dietetics mold and/or be molded by gender stereotypes?

Any woman who understands the problems of running a home will be nearer to understanding the problems of running a country.

-Margaret Thatcher

A bit of history... (1850s thru WWI)*

- Rapid societal changes d/t industrial revolution
 - Labor shifts to cities as industrial centers d/t (Ostrey 2006)
 - rapid urbanization
 - changes in agriculture
 - Immigration
 - Shift away from household as primary site of production
 - Goods made at home by skilled women → commercialized
 - Skills not passed down to children
 - Where do they learn? → colleges/universities
- Rise in infectious diseases
- Growth in science and technology → expanding areas of knowledge

*This information from Brady J (2017) "Undo the apron..."

Home economics (HE) as a field of study*

Women at the forefront of home economics were white, upper-middle class

Catherine Esther Beecher (1800-1878)

- Advocated for women's education
- Focus: Prepare girls for their future roles as homemakers and immigrant girls for work as domestic servants in middle/upper-class households
- "Separate but equal": domestic work is worthy of specialized training and deserves prestige

Ellen Swallow Richards (1842-1911)

- Sought to advance women's roles in *public life*
- Trained at Vassar (BS), MIT (MS), barred from doctorate
- Focus: Science to address problems of the day

Male-dominated biological sciences distanced themselves from association with the field

*This information from Brady J (2017) "Undo the apron..."

1899 "Home economics"*

- Establishment of programs at colleges/universities
- Women continued to push for legitimacy: HE to train women in valuable roles as mothers and homemakers
- Women were split between those who believed women's place was in the home vs. in "public life"

*This information from Brady J (2017) "Undo the apron..."

Late 1800s-early 1900s*

- HE influenced by the dominant ideas of race, class and gender
 - What defines women's vs. men's work and education for women
- Lack of a single, consistent identity and scope of knowledge and practice for HE
 - Left the field open to wide interpretation
 - Remained a gendered area of study

*This information from Brady J (2017) "Undo the apron..."

1910 to end of WWII*

- Societal changes that make HE less relevant:
 - Decline in rates of infectious diseases
 - Increased access to hospital services
 - Advancement in development of drugs
 - Pasteurization/food safety regulation
- Other professions (nurses) began incorporating some of this (HE) work

*This information from Brady J (2017) "Undo the apron..."

Round two...

- Developments in technology and science → HE to both specialize and *divide*:
 - Specialization in:
 - Nutrition/dietetics
 - Child development
 - Personal finance
 - Clothing and textiles
 - HE becomes less cohesive as a professional identity

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*This information from Brady J (2017) "Unleash the apron..."

Division of the field

- Areas of specialization were not equally valued (Apple & Coleman 2003)
 - Emphasis on nutrition and dietetics as a strategy to legitimize/professionalize the field
 - HE specialists worked in hospitals, trained nurses, served as food service admins and worked with MDs to carry out doctors' diet orders (Lang & Upton 1973)

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Challenges:

- "Food work" is gendered and seen as an area which fits with women's nature rather than an area of special training/expertise (Nyhart 1997)
- With rise of dietitians, MDs defended their positions in the hospital, and dietitians bought into the hierarchical arrangement (Nyhart 1997)

Dietetics split from HE: 1917 ADA established

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*This information from Brady J (2017) "Unleash the apron..."

Stereotypes revealed...

- "Becky Homecky" (Rowles 1964) goes to college for an M.R.S. degree
- Sexism trivializes the field and constricts/restrains it's development/progress
- Home economics programs in colleges/universities mostly women ("acceptable major for women")
- Increased incorporation of "hard sciences" (traditional male realm) into curricula, but gendered stereotype remains

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How do we bring more men into the profession?



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"It's not good social science without theory"

THEORETICAL PERSPECTIVES: WOMEN AT WORK

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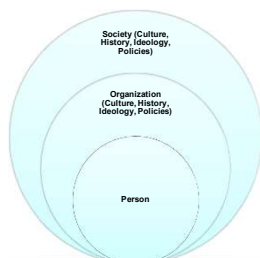
Theoretical models

- Gender-centered
- Organization structure
- **Gender-organization-system**

Gender-organization-system perspective (Fagenson 1990)

- Women's behavior and limited corporate progression in organizations can be d/t:
 - Gender
 - Organizational context
 - Larger social/institutional systems in which organizations function
- Combines gender-centered AND organization structure views
 - It's not either/or, but BOTH

Gender-Organization-System Model



Model key assumptions:

- Organizational behavior is a *continuous interaction* of feedback between personal characteristics (gender), situations (inter-organizational) and social influences (extra-organizational)
- Individuals are both changed by and change the situations and social structures around them
- One must study all of these determinants over time

This would suggest...

- Efforts for change should target all three determinants:
 - Personal characteristics
 - Organizations
 - Society

It sometimes feels like the workplace is immune from social upheaval. We go to work and do the best we can, and at the end of the day, we return to our lives. We don't abandon who we are, however, when we begin and end our workday. Who we are shapes how we are perceived in the workplace and, in turn, how we perform in the workplace.

-Roxane Gay

Stereotypes & bias in nutrition/dietetics

WOMEN IN THE WORKPLACE

3/23/2018

How might gender biases in the workplace affect women's careers?



How do women view commitment to work and commitment to family?

3/23/2018

McIntosh et al., 2015

- Aim: To identify and describe organizational, situational, and individual factors related to women which may have affected their careers
- Qualitative study
- 32 in-depth interviews with 32 female RNs (with and without children)
- Employed in acute care nursing settings
- 25-60 y/o
- Staff RNs to Senior Nurse Managers

Emergent themes...

- Stereotypes of women ("motherhood") and perceptions related to employment ("commitment") can lead to negative performance expectations/devaluation of women's performance
 - "Flexibility" in scheduling desired, but women often judge colleagues who ask for this (Legault & Chasserio, 2003)
 - Women both create and reinforce barriers between themselves (Heilman 2004)
 - This can lead to restriction and "closing" of advancement opportunities for women within the profession

Emergent themes...

- Gender perception: Prioritization of job over family
 - Women's preprogrammed views/expectations of women:
 - If you want to have children, you should not work until you can fully commit your time to your profession
- Women judge women with dependent children on different, harsher standards
- Can lead to devaluation of women's abilities, denial of opportunity and penalization in respect to career

Emergent themes...

- Gender stereotyping or professional conservatism?
 - Nurses view their values as "conservative"
 - Nurses view their profession as "reluctant to change"
 - Nurses hold on to these views in effort to bind the profession together
 - Why?
 - Historical need for women to have strong control over the profession
 - it was one of the only avenues of social mobility for women
 - women need to protect the profession so that they can benefit from the system
 - This "discrimination" is seen as a means to ensure women's ownership of the profession (for women, run by women)

Paths to change

- Alternative working arrangements to support flexible hours
 - On-site child care
- Requirements to work full-time
 - Provide opportunity for women to move into other areas of the profession (e.g., clinical to home-based work)
- Facilitate the retention and return of experienced practitioners back into the profession
 - Reduces expenditures for training new staff
 - Enhances quality of care

Queen bee phenomenon (Derks et al., 2015)

- Assumption: Women leaders will mentor and promote other women and add a “feminine” perspective to leadership that will inspire juniors
- Research: Women leaders in organizations with *mostly male executives* reproduce rather than challenge the gender hierarchy
 - Assimilate into male dominated organizations by adjusting their self-presentation and leadership style
 - Distance themselves from women subordinates to reduce associations



Why does this happen?

- Response to social identity threat
 - Social identity theory:
 - folks base their identity, in part, on their gender
 - when women are in a minority position, they perceive their group's characteristics are not valued or important
 - With low numbers of women in leadership positions, or stereotypes that women are unsuitable leaders, their identity is threatened
 - Not related to women's personality or level of competitiveness
 - Triggered by work environments where women are devalued and negatively stereotyped

How to combat social identity threat

Collective level strategies

- Reduce threat by improving the position of the group as a whole
 - Focus on positive gender stereotype qualities
 - Protest when organizational moves negatively affect women

Individual level strategies

- Reduce threat by improving individual outcomes*
 - Distance self from disadvantaged group
 - Seek acceptance into group of “higher status”

*Queen Bees

Consequences of Queen Bees

- Short term: May improve women's opportunities for selection into leadership roles
- Long term:
 - Lack of support for female leaders (“backlash”)
 - Detrimental to career ambitions and opportunities for junior women d/ loss of role models and damage to their self-confidence



How to combat the phenomenon

- Reduce social identity threat in organizations
 - Work with women to affirm their personal identity, values and accomplishments (i.e., self-concept) through positive feedback
- Reduce belief in system legitimacy
 - Make women aware of how gender bias disadvantages women as a group

True leaders understand that leadership is not about them but about those they serve. It is not about exalting themselves but about lifting others up.

—Sheri L. Drew

Women have been trained to speak softly and carry a lipstick. Those days are over.

—Bella Abzug

Stereotypes & biases in leadership roles

WOMEN AS LEADERS

Do gender stereotypes affect women leaders?

- Social identity of traditional leader: White, Male
- Stereotype: "Women take care, and men take charge"
- Gender stereotypes → men are a better "fit" for leadership
- "Stereotype threat" = threat of being judged and treated poorly in settings where negative stereotypes about one's group apply

Stereotype threat...

- Contributes to:
 - Shortage of female leaders across occupations
 - Decreased performance
 - Disengagement
 - Decreased leadership aspirations

How do women leaders reduce the threat?

- Make the stereotype less self-relevant
 - Remove themselves from leadership roles
 - Distance themselves from the stereotyped group (either entire "female" identity or aspects of the group identity)
- Engage in counter-stereotypical behavior
 - Engage in more male stereotypic behavior (communication style, strong negotiating behavior)

These often have negative consequences...

The Backlash Effect

- Gendered expectations/behaviors can lead to "backlash"
 - Negative social consequences women may face when they behave in ways that are incongruent with gender norms/stereotypes (Haines et al. 2016)
 - Can create a "double bind" for women: women can be seen as competent but unlikeable, or as likable but incompetent (Tinsley 2009)
 - Backlash often comes from both men and women (Derks et al. 2016)

"Female communality prescription"

- Derived from social-structural causes
- Paternalism maintains systems of inequality:
 - Lower status groups are always labeled "communal"
 - Subordinates are always labeled "nice"
- Men's dependence on women (for sex, reproduction, homemaking, child care) incentivize men to ensure women remain subordinate and "nice"
- Women's movement into the workforce has women (and men) viewing themselves as more "agentic"

This sets up the threat...

Female communality prescription

- Threatens the "status quo"
- Women are not allowed to exhibit social dominance as it conflicts with the *prescription* to be communal
- Result: Backlash against women
 - Not related to competence, but related to not being "communally oriented"
 - Women can be competent, but when they behave non-communally, they are judged as not "nice"
 - Men can be competent and not nice - does not violate communal expectations - there is none!

Ways to minimize backlash

- Women can present themselves as both competent and nice (i.e., not competitive or aggressive)
 - Democratic, participatory style
 - Exhibit prosocial as well as task-focused behavior ("nice and able")
 - Exhibit traits associated with competence rather than traits associated with social dominance
- Be competent, but not at the expense of others.

There is no form of human excellence before which we bow with profounder deference than that which appears in a delicate woman ... and there is no deformity in human character from which we turn with deeper loathing than from a woman forgetful of her nature, and clamorous for the vocation and right of men.¹

—Albert Taylor Bledsoe, 1856

Are our gender-normative behaviors holding us back?

WOMEN AND NEGOTIATION

Women do not negotiate

- Men initiate negotiation 2-4x as frequently as women (Babcock & Laschever 2007; Small et al. 2007)
- Men were 7x more likely than women to ask for more money (Babcock et al. 2006)
- Women did not negotiate *even when they were told directly that payment for a task was negotiable!*

Why?

- Women do not like it
 - Men tend to view negotiation as sport or competition; women view it as something to be avoided
- Women do not need it
 - Women ask for only what they need; they are "team players"

Why?

- Women do not deserve it
 - Women tend to undersell themselves; men tend to oversell themselves
 - Women feel confident only when they are perfect; underqualified/underprepared men regularly "lean in"
 - "Performance attribution bias"
 - Because women receive less credit, and give themselves less credit → confidence erosion → less likely to put themselves forward for promotion/important assignments
 - Women believe that hard work will be rewarded, so women wait for reward or recognition

Why?

- Women who ask are not "nice"
 - Women are perceived differently during the negotiation process (Bowles et al., 2007)
 - Women are penalized for initiating negotiation (not nice, demanding) by both men and women! ("Backlash")
 - But, when social costs of initiating negotiation are removed, women demonstrate the *same assertive behavior*, and obtain same *successful outcomes* as men (Amanatullah & Morris, 2010)

What are the financial ramifications?

- Equal Pay Act (1963)
 - Since 1963, gender wage gap has closed to \$0.77women/\$1.00 men
- ~\$2 million LOSS over women's lifetime for a professional school graduate (The WAGE Project, 2016)
- Gap starts at the beginning of womens' careers and continues throughout their careers
 - If women fail to negotiate their starting salary, they will never catch up to men who did negotiate for the same job (Babcock & Laschever 2007)

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What about for RNDs specifically?

- Pollard et al., 2007 data:
 - 5,477 FT RDNs
 - 96% Women
 - Median age, 43 yrs, employed in current position at least 1 yr
 - Median salary \$45,500
- Women earned \$45,285; Men earned \$50,250
- Median wage gap = \$4,965
- Variables women can manage to decrease disparity:
 - Size of budget, yrs experience, educational level, employer status

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Median wage for RDNs down 0.6%

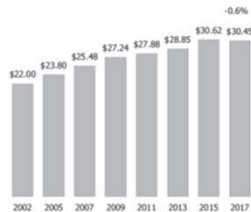


Figure 7. Registered dietitian nutritionist median wage n=8,621 (2002), 8,017 (2005), 7,768 (2007), 6,587 (2009), 6,291 (2011), 6,048 (2013), 4,160 (2015), and 6,098 (2017), from Compensation & Benefits Survey of the Dietetics Profession 2017.

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RDNs with Master's degrees make \$2.02/hr more than those with a Bachelor's degree

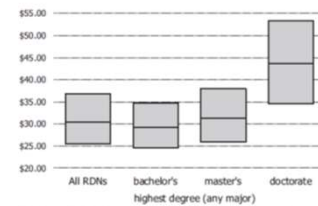


Figure 8. Registered dietitian nutritionist (RDN) hourly wage by education level (highest degree earned). Bars are delimited by the 25th and 75th percentiles; horizontal line marks the median (50th percentile). From Compensation & Benefits Survey of the Dietetics Profession 2017.

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Clinical dietetics

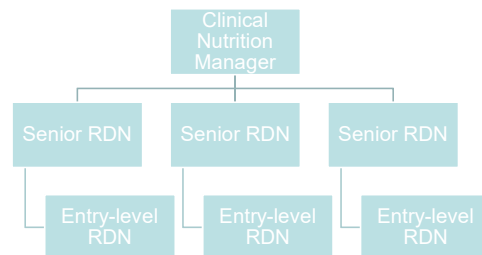
- Women move around/in-and-out:
 - Spouse moves
 - Have children
 - Interest in different specialty



If you are not negotiating, your salary is not increasing!

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Clinical dietetics "ladder"



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How can women negotiate successfully?

- Prepare for negotiation process
 - Rank what aspects of the job are important to you – and don't concede on your "must haves"
- Understand what is negotiable
 - Seek out information from those "in the know"

How can women negotiate successfully?

- Understand your negotiation style/the process
 - Think the process through – how you and the other person might respond
 - Role play
- Change the way you think about negotiation
 - It is NOT adversarial process; It is NOT a zero-sum process
 - Look for mutually satisfying options

How can women negotiate successfully?

- Women who negotiate *on behalf of others* ("other advocacy") are more successful than when they negotiate for themselves ("self advocacy") (Amanatullah & Morris 2009; Bowles et al. 2005)

Tinsley et al. 2009

- Work within core feminine stereotype
 - Align assertive bargaining with nurturing behaviors
 - Reframe negotiations for raises or promotions as "other-oriented" (for the team) rather than "self-oriented"
 - Partner with others in the workplace to advocate/negotiate for each other
 - Empower female negotiators with the mindset that negotiations are on behalf of the entire social group: women as a whole
 - Learn to balance and monitor your self-presentation as both competent (masculine) and likable (feminine)

Concluding thoughts...

WHERE DO WE GO FROM HERE?

Consider how gender stereotypes/biases might be influencing your workplace and our profession

- Where they are operating?
- Are they influencing your workplace and/or our profession?
- Can you work to reduce or eliminate them?

Consider how your inaction regarding negotiation may be shortchanging yourself and the profession

- How might you be an agent of change?
- How might we be hindering OUR personal economic growth?
- How might we be hindering our PROFESSION'S economic growth?

Negotiate for salary always!

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Do not work for free

- Working without PAY (cash money) suggests to others that you don't value your skills/knowledge
- It's ok to be supportive and want to help (i.e., be nurturing), AND to be paid for your services
- If you chose to share your skills/knowledge without getting paid your worth, what message might that be sending the public?

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Which purchase would you value more?



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Support your fellow professionals

- "In-fighting" (Smith et al., 2007), "Queen bee syndrome" (Derks et al., 2015) are real!
- History has shown that when women exert themselves toward equality, men (and some women) get nervous and "act out"
- Work to change how society understands the profession of dietetics and work toward bringing more men into the profession

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QUESTIONS?



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