**SWiM Inspiring Stories**

**September 2021
Dr Rita Hardiman**

NATALIE HANNAN

So today I'd like to acknowledge that I'm hosting the inspiring stories webinar on the lands of the Wurundjeri people of the Kulin Nations, who have been custodians and leaders of this incredible and beautiful land and waters for thousands of years, I wish to take this opportunity to acknowledge and pay all of our respects to their elders past, present, and emerging, and also the traditional owners of the lands that you are situated on today. And welcome to all of you. I'm associate professor Natalie Hannan, the associate dean diversity inclusion for the faculty medicine, dentistry, and health sciences. And I believe that we have the right to a safe, fair, and equitable workplace, a place where gender, sexuality, and sexual orientation, disability, mental health issues, and an individual's background or race should not be a barrier to reaching their full potential. And we are surrounded by impressive and accomplished women breaking barriers and challenging the status quo regarding women and what women can achieve. And yet in 2021, women still remain underrepresented at senior and leadership levels within our faculty. And so I hope that by having these conversations that challenge our systems and inspire leadership from within. this will not only support our talented women in MDHS to reach their full potential but will also shine a really important light on the barriers that women face. So today I'm so very fortunate to be joined by Dr Rita Hardiman as my inspiring guest.

Rita is an outstanding teaching and research academic in our Melbourne Dental School, and she specializes in orofacial anatomy. Her research interests include mineralized tissues and human anatomy, and she has taught all things anatomy to many diverse groups. Rita submitted her PhD in September 2010, and jumped straight into a role in the Melbourne Dental School, designing an anatomy curriculum for the then new Doctor of Dental Surgery degree. In 2011, after return to work from maternity leave and under a year post PhD, Rita was involved in a life-threatening traffic accident. She was run over as a pedestrian by a semi-trailer on her way home. And this has had devastating effects on Rita and her young family, as well as doing significant damage to her emerging career in academia. After five months in hospital and physical rehabilitation, Rita started to re-establish her research career succeeding in her recovery and progression in part through supportive networks and strong advocacy. She's gone on to win many awards for her teaching and learning activities, including a first prize Inspire Award for university teaching for people living with disability, and she enjoys an active life. Rita collaborates widely and has many research connections throughout the world. She's a very inclusive and compassionate researcher and research leader. So thank you so much Rita for joining me today and sharing your incredible story.

RITA HARDIMAN

Well, thank you, Natalie. I'm the one that feels fortunate to be here and thank you for that really incredible introduction.

NATALIE HANNAN

Well, it's your story. And I think I'm really grateful that you're happy to join me to share some of the issues and things that you've faced through this time. And many people have reached out to me when they read the invitation that I sent around, many felt overwhelmed by the very thought of what happened to you and your young family, but we're so inspired by your ability to keep going. And I think at a time now where many are going through issues of their own due to COVID and other things, I think to hear what you went through and were able to overcome, I think it's been a great light and inspiration to many. So if it's all right, I just wanted to start with talking a little bit about what happened to you. It must have been horrific and the impact on your family, looking back now, are you comfortable to share with us what were the hardest things about that time?

RITA HARDIMAN

Yeah, I mean, even when you hear it, you don't often hear that someone gets run over by a semi trailer and even lives to tell the tale. It was such a big, big incident and out of nowhere, literally from one second to the next, my life completely changed. And really those five months in hospital, the very first 10 days, I didn't lose consciousness throughout. So I was very, very aware of what had happened to me and didn't in fact sort of let go mentally until I'd gone into the ambulance. So this happened on the corner of Eliot Avenue and Flemington Road, it's a big, huge intersection with trams and all sorts of things. So in that one second of huge misfortune, I was very lucky. I was close to the hospital and an ambulance was very close to where I was anyway. So I was speedily brought to the hospital. The next 10 days are a complete mystery to me. I was completely unaware, I think I was in an induced coma. So I missed those events where the first 24 hours, I wasn't even expected to survive. So my family had to go through that, the next few days even then I wasn't aware, it was likely that I wouldn't keep my legs in order to save my life. And then from then on, as the days went on and on and on, I made it through lots and lots of surgeries and in ICU for 10 days until eventually I was on the ward for nine weeks. So the thing that still disturbs me most is the effect on those around me. I wasn't there for that part, but my family was with very young children who luckily we managed to keep in a very ordered routine. And I think that minimize the impact on them and to this day, if you ask them, "Do you remember when I was in hospital?" They're like, "No, not really." So yeah, it was the impact on my family that was the hardest thing to deal with and the most immediate thing. Even before anything to do with me, the questions about my own life and my own recovery, they came much later.

NATALIE HANNAN

Yeah, and as a mum, I think that's the hardest thing to think about what was the impact on your children and your partner? And I think this is just one of the things that we do as moms, as women is we always think about how that would have hurt or impacted them. I guess my next question then is how did you keep going on those incredibly hard days? So after obviously the first 10 days, a blow to you now, and that's probably a good thing because I just can't imagine what the trauma of those memories would be for you. But beyond that on the road to recovery, how did you keep going on those just incredibly hard times?

RITA HARDIMAN

I had a really, really strong network right from the beginning. And it wasn't just family. It was because I was at the Royal Melbourne and had been working at the university. It was a unique situation, I was just across the road from all my friends and colleagues. So I was never short of support whether I asked for it or whether somebody recognized a need and just did things for me. So there were some things where I just didn't have to think about it, they were just done on my behalf. At that stage, my career was the furthest thing from my mind. And it really is when something like that happens, it's like the sheer enormity and uncertainty. So we've all had a little bit of that over the last 18 months, but you learn to be very immediate in your thoughts, what do I need today? What am I gonna do today? How can I help today? So yeah, you really do have to take it day by day. And I think if you look at the whole perspective and think, "Geez, I've got five months of this," it would be paralyzing.

NATALIE HANNAN

We might not have even known how long, now you can look back and say that was five months, but at the time you were probably asking, how long is this going to be? What does tomorrow or next week look like?

RITA HARDIMAN

Yeah, and to a lot of those questions, the answer was, well, we just don't know. And that's really hard coming from someone who's organized and in control to get answers of we don't know. It's very hard to take, you learn a big lesson about accepting that some things are just not known. And then the next step in that, of course, is developing your own strategies and working out how you can find the answers and how you can learn things.

NATALIE HANNAN
Yeah, so the village showed up and I think that's something that we always say, if we can, what can you do for others? Can you show up and help in times of crisis and need? And I think it sounds like your village absolutely showed up for you, which was hopefully part of the positive that you'll look back to now after throughout your recovery and beyond. So coming back to work then must have felt like just a huge undertaking. Academia we know is full of barriers. What would removal of some of those barriers have been for you and how can we do better going forward?

RITA HARDIMAN

I think the biggest thing to removing those barriers would have been a sense of reassurance that I could be active and contribute, and that my efforts would not be essentially a waste of time. So to accept that people go through things in their lives, you live a life, you don't live an academic career. Your life is bigger than that and things happen to all sorts of people in all sorts of different ways. So I had really strong advocacy on my part on my behalf. People wanted me back. And I think that is the thing that really helps, you need active advocacy and active support to help you get over all those misconceptions and maybe assumptions about what you might or might not be able to do. And it wasn't until later where I thought, at the time when I was being told, well, you'll either always been a wheel chair or you will always walk with a cane and it's the fear of that, the stigma that comes with that, the people would take one look at me and think, "Okay, I've got you worked out," when that's really not true. You need to find out what individual people are about. The practical barriers in terms of like, for me personally, I tell my students, if I ask you for a chair, it means I really need to sit down and like now. Those are actually quite easy. It's those invisible barriers of assumptions and misconceptions that are really difficult to break down.

NATALIE HANNAN

Yeah, and I think that's exactly it. We can easily articulate physical things we might need, but sometimes, it's really hard to think about that those barriers that we don't see, the everyday things that just inhibit and reduce our capacity and our capabilities. And I think we need to think how we can do better for all of our people.

RITA HARDIMAN

I mean, women in academia know about those invisible barriers already. This isn't a unique thing to people living with disability. It's in a lot of areas.

NATALIE HANNAN

Yeah, and I think that's now our important job is to shine a light on what those barriers are and where we can remove them. For things that are there for no good reason, why don't we try and remove them? So you have a really interesting and diverse career from teaching anatomy to massage therapy students as well as yoga instructors and also exercise rehab students. Do you think that deep knowledge of anatomy and the body and how all of it worked was helpful after the accident?

RITA HARDIMAN

I have always loved anatomy. Ever since my very first lecture in second year science. I never looked back. So any chance I had to work in or teach in anatomy, I took. And then I was also earlier in my life, I was a country fire authority volunteer for a while. And as part of that due to critical incident stress peer program, so we used to talk to brigades who had been through horrible incidents to help them understand what they were going through. And all these things, I feel like almost if they could be a better preparation for what I went through, I don't know what that would be. So one of the first things I did when I came to and sort of realized what had happened was, I asked for mental health help basically because I thought there is no way somebody could have gone through what I went through and be okay. So that's one of the first things I did to help myself from that understanding. Sometimes having a really good handle on anatomy and aspects of health didn't help at all. In fact, they, they hindered because you understand a lot more than maybe some other people would, other patients. So in the end, when we were routinely woken up by ward rounds at about 7:00 in the morning where they would discuss right in front of you all the gruesome ins and outs of your injuries and your treatment and prognosis and all those sorts of things. So you start to develop strategies for yourself. And that's one thing that I think is really useful. There are things you can do for yourself in all those sorts of situations. So the thing that I did was that I worked out with the nurses where they could get their hands on some ear plugs for me. So every morning, as soon as ward round started, I would put in my ear plugs and then if the medical students or whoever was there said thank you to me, I would just smile and nod, I didn't hear a thing, and that was great.

NATALIE HANNAN

Yeah. Sometimes we know too much and hearing it right in front of us is a bit too confronting. Hopefully, any doctors listening, any healthcare practitioners might take on board some of these suggestions now as well when the patient is sitting there and particularly when they have a background and the knowledge in this area. So I wanted to touch base a bit on looking at the gender disparities in the dental field, which you and I have talked a little bit about, but it was quite striking for me when I looked and saw that for dental specialists over 80% are men. And then the top jobs, really, as you go up the dental medicine area, you can see that it just is compounding how the men in the top jobs. So dental prosthetics over 90% were men. So I guess I wanted to know what you thought about this and what should we be doing to change this?

RITA HARDIMAN

Well, I know one of the strongest indicators and one of the strongest drivers in career aspirations in dental students is seeing people in the positions that you might aspire to. If you can't see it, you can't work towards it. And you don't sometimes even have an idea that that exists. There are studies, not for the dental field specifically, but for medical students, for example, that tested this. What are your inspirations, what are the barriers to you going for something like surgery or another male dominated field and one of the strongest answers was, well, there's a perceived bias against women, so why would we even try? So I think the way to fix that it's not easy and it's not quick, but I think things like this program and Athena SWAN and all those initiatives with really sort of long-term dedication and long term support will change it. It'll take awhile because it has to be a generational change, it can't be done so quickly. But I think once then we have new students coming through who can see, "Well, this Dean is a woman, maybe I'd like to be Dean one day." But if you can't see it, I think it's very, very hard to strike that path.

NATALIE HANNAN

Yeah, and it's a similar picture in academia. So obviously, if we're looking at the dental profession, but also if we're looking at academia, whether it's dental or STEMM in general, we see that familiar scissor plot (graph) where we've got excess numbers of women entering the undergraduate and graduate programs, and yet consistently a steep and sustained decline as they approach those leadership levels. And you've touched on this now, but how do you think that lack of visibility of women in leadership, in both dental academia and dental specialties affects young women? I think what you're saying is you can't be what you can't see. So the inspiration or the aspiration there, it's not apparent for young women going for those types of careers.

RITA HARDIMAN

And I think it makes those sorts of roles invisible to young women. They don't even consider it, I would say. And I'm watching this development now completely outside of academia in AFLW and saying I have a young daughter and she's a mad keen footie player, but when I was growing up, I would never have even considered playing football. It just wasn't done and there was no one I could sort of look up to or work out how they did it. And I think it's the same sort of thing. I just think we need more positions in leadership and more practice of leadership and more advocacy and more sponsorship.

NATALIE HANNAN

Yeah, obviously, I totally agree and I think that the more women we can actually see in those leadership positions doing really great work is actually a huge inspiration. And I think will drive many young academics, young researchers, young clinicians, clinician scientists to take on those extra roles there. In the past was probably a hesitancy because would they be supported, would they be taken seriously? But I think things are changing and we can clearly see in the deanery and the faculty leadership, there's some amazing women and also some great men who want to champion change and want equity across the workforce as in the dental school now with Alastair, which is really exciting.

RITA HARDIMAN

Absolutely, and I think, I think that's the key. It's not a women's issue, but an everyone issue and it's the same with disability. It's not a disability issue, it's a societal issue.

NATALIE HANNAN

Yeah, exactly. So I wanted to congratulate you on your Inspire Award, that's Inspire Award in the category of university teaching for people living with disability. And we've touched on it a little bit, but we also see seriously poor statistics of representation of those living with disability not only in dentistry, but in academia in general. Do you have any thoughts on how we can start to improve those numbers?

RITA HARDIMAN

The numbers are pretty terrible. If you do just some quick reading, 18% of people live with a disability in Australia and yet completely underrepresented in any sort of academia, from 0.6% unemployment to about 6.6% depending on the institution. It's yeah, very, very low. I think the first thing at a local level, we need to find out who our people are, who does live with a disability, who can tell these stories because they're all individual. And I think the more of them that we tell, the more normal it becomes. This is just one aspect of my life, just like my career is one aspect of my life. And I think by finding out where our talents are in that area, I think we can start to make it more of a natural thing. This is part of our community. Yeah, I think that would be my biggest wish.

NATALIE HANNAN

I think we need to have better visibility around that and what that actually looks like, because as you say, there's many different stories and many different experiences. And if we don't know about those, then we're not focused on trying to think about how to remove barriers for those people and things won't change. So we really need to take a really good look at that, I think.

RITA HARDIMAN

I think especially in a faculty of medicine, dentistry, and health science, it's really important, again, for that role modelling to have people see other people working and living the life that they choose with the disability. And it can only help those students then work with patients in the future, 'cause I think sometimes it clears up those assumptions.

NATATLIE HANNAN

You can't be what you can't see. If we assume certain things about people and we don't know, then I think how can we inspire the next generation of people? So I'm happy now to open to the audience because I'm sure that there are questions and maybe even comments from others. We've got a comment, I think, from the audience and I think it's possibly in regards to what we were talking about before when you were actually a patient in hospital. It might be worthwhile to ask the patient if they want to know the details of the injury and treatment and give the patient the choice. And I think that's a great comment because some might and it might be important for their recovery, but others may not. And so, yeah, maybe going forward for any of our healthcare practitioners to reach out to the patient and get the patient's experience on board. So thank you for that comment.

Shakira has commented that, yes, seeing is believing, and she is noting that as an African-American woman, she's never met an African professor in Australia and has only ever met one in her life. So it's pretty tough to look at that. I guess, again, you can't be what you can't see. So hopefully, we can change those numbers. It's important to consider that due to the fear of stigma, students may, yes, this is very important, students may not necessarily disclose their disability to their educators. And I think that's probably for fear of being judged or fear of assumptions, again, as we were talking about Rita because you might not want to let people know 'cause you worry if they will assume you aren't able or don't have capacity or capability to do things. I do think that's very important that we make sure this is a safe space and people can bring their whole and full selves to work without fear of stigma.

RITA HARDIMAN

Absolutely, and certainly, I'm no different from that. It's not the sort of thing I would lead with when introducing myself depending on the situation. So yeah, I definitely understand that stigma or fear of that stigma.

NATALIE HANNAN

Same as in academia or same for academics. Yes, totally. And not just disability, but other things, there's certain attributes that we may not want to disclose for fear of being judged or having bias against us. So we need to make sure that we're moving towards a more diverse and inclusive and equitable environment. If anyone else would like to unmute or ask a question, well, you have a thing. Rita, I was just interested, you mentioned the Athena SWAN Award. And so as part of the University of Melbourne Athena SWAN Bronze Award, we have several key levers for action and we now need to ensure that we make change within the university for the better, what would you think of our own faculties most important areas to enhance our equity, diversity, and inclusion?

RITA HARDIMAN

I think, again, you need to know where you're starting from. So to have a baseline and then to understand what you want to change and it's changing those equity issues and barriers and, discrepancies. Yeah, it takes a lot of focus and a lot of support and sustained effort and I think we can afford to be a little bit more diverse, thinking about diversity, we've made some huge strides in some areas and I think we can afford to focus a little bit more on others.

NATALIE HANNAN

Yeah, and now I guess beyond the pandemic, even though in the past, we may have made really some great strides forward for some of the issues that we're talking about today. But I think beyond this pandemic, when the roadmap, I guess, to recovery, we can call it, there's going to be some critical things that we must not forget to include to ensure that what we have strive for and work so hard for that we don't go backwards to what we had before. Rita, Jess has got a question in the chat. How have you dealt with or confronted stigma that you would like to share with the audience today? That's a great question.

RITA HARDIMAN

Yeah, I'm just trying to think of a few examples because I have, and I think the most important or common theme in all of those is I've been very, very honest about it. I'm honest about what I can do, honest about what I can't do, honest about what happened. And it's almost one the other way now because I have a parking permit so that I can use accessible spaces 'cause sometimes walking sucks or walking a long way is really hard. And I've had notes on your mind windshield wipers about, "You're not disabled. Why you using it? Did you steal your grandparents' permit?" And in those situations, it's really hard, but whenever something, an issue like that comes up on social media, I try to say, "Yeah, that's absolutely not on, not everything is completely visible." So yeah, I think, it's takes a bit of being brave and looking beyond yourself, I think, but just being completely honest and open, if you're able to, I think really helps because it helps to clear up those, there's nothing worse than people's imagination sometimes and if you can help to break that down, I think that's what really helps.

NATALIE HANNAN

Which I think, one key message here today is, everybody check your assumptions before you speak and make sure that what you're about to say is actually thoughtful and needed to be said, I guess.

AUDIENCE MEMBER [Alice]

I just wanted to share that a very close friend of mine acquired quite a profound or quite a significant brain injury due to a motor vehicle accident in her mid teens, and her part of her rehabilitation process, which was really supported strongly by family, was to push it behind her and to rise above it and to achieve the best that she can achieve without disclosing. This is how it was in the sort of late 80s, early 90s, not to disclose her any disadvantage or inabilities that she had due to that. And she's now reflecting on it in a quite a positive way that she's been writing a book on it, but she's also become deeply reflective about some of the really significant disadvantages and discrimination that she encountered through that process and through her lifetime. But she said there was also an element of positivity in that it did push her a lot further than she felt that she would have had she sort of resigned herself to the fact that she had these limitations and perhaps not to push yourself so far. So I just wanted to just share that that kind of as much as there is a lot of negativity associated and, yeah, very clearly from what you've said, Rita, that there is these elements, these negative aspects, but I think there's also some way that's kind of a bit of a driving force behind someone achieving perhaps more than they even had aspired to achieve.

RITA HARDIMAN

Yeah, when I was going through rehab, the best thing that happened was working with the physios because even though they didn't have the answers for me, their attitude was, "Well, let's just try." And that sort of carried over into the rest of my life now because before that, a lot of the time was, "Well, you probably won't be able to do this. You probably won't be able to do that. You probably won't be able to do this," and it completely changed my attitude then to, "Well, let's just give it a go. And the worst thing that will happen is I won't be able to do it, but maybe I'll be able to do a little bit of it or do it differently." So yeah, I think there's how you perceive that can make a big difference.

NATALIE HANNAN

And thank you, Alice for sharing. I think a lot of people a while back, and hopefully, it's less so these days are advised to push these things down and don't tell others. And I know that there's a lot of this with mental health stigma, where people don't necessarily encourage academics, particularly to talk about this, particular with writing Relative to Opportunity or career interruption statements. And I think sometimes it is important to share these things and what we really need to do now is actually educate our panels, our assessors in to being really much more mature and sophisticated about how they look at this and what this person has been through and what this person goes through on a daily basis. And how can we then apply an equal lens of what they've achieved. And so I think it's actually really important that we go the other way, but I think as you mention Rita, with the physios, basically just saying to give it a crack, we'll see what you can do, is also really motivating and inspiring. We've got another question in the chat. Rita, you mentioned you were valued and supported when you returned to work and this might not have been always the case, but that you definitely felt that you had support, but did you feel that you had to work a lot harder in your research area and fee like you had to catch up?

RITA HARDIMAN

Yeah, that's a really interesting question because it really works both ways. I think a lot of that pressure came from me because you do feel after that, that you have to prove yourself in lots of different ways and you kind of overshoot often. Not that that's a bad thing 'cause you're really trying hard. Honestly, I think that that disadvantage that it set up is still following me around. I think it'll take a long, long time if it ever leaves me just because when this happened, it was right at the formative part of my career where I was setting up networks, setting up collaborations. I've since made those up. I've been really strong in reaching out and working with people, which I probably would have done anyway because it's in my nature. But yeah, I don't think there was ever any external pressure for me to do that. I think really most people would have understood, "Okay, yep, you've been through something horrible. It's okay to take your time." But that pressure came from within me.

NATALIE HANNAN

And I think as you mentioned, it was after you had already, you'd just come back from maternity leave. So I think in some ways that this unforeseen accident, you couldn't plan for this. I mean, we can't always plan for the career interruptions that we face, but this was out of the blue. And I think there will be things that will, as you say, continue with you, but hopefully as well, I think that the fact that you're quite courageous and you've asked for support and help, I'm hoping that that will in many ways help your career momentum to propel because it will be great if we had more women like you in the senior leadership positions for our young people to look up to.

RITA HARDIMAN

Just gonna say, I think the biggest message is that academia requires a lot of different talents and qualities and I think to have one path for everybody, it's just not gonna work, it's not gonna happen. It's not real. So yeah, I think we need to look at the way we think about academic career paths.

- Yeah, I totally agree with you on so many levels. And you're right, what says many spiral career stories we've heard of and these people come are phenomenal leaders and a great inspiration. So why do we want to see this one career trajectory for everybody? It's just not realistic. So Rita, I wondered if you might share now with us any final pearls of wisdom, any final advice you want to impart with our audience today?

RITA HARDIMAN

I think probably the one thing that's made this really great is empathy and it's empathy on my part, empathy on other's parts. So if I could encourage anything, it would be for people to foster their empathy, practice it, use it, try to understand where other people are coming from, only good things will come of it, that would be my one thing. Rhe other thing is look for the helpers. They're around you, you just need to ask them. That might just be a chat and a coffee or it might be something like bringing you a toothbrush when you're laid up in hospital.

NATALIE HANNAN

Yeah, that is absolutely true. And there are a lot of people around us that want to help and support. So look for the helpers. I like that one, Rita. Thank you. All right, finally, if you woke tomorrow and you're appointed the Vice Chancellor and you could change one thing for the university to truly enhance diversity, equity, and inclusion, what would that be?

RITA HARDIMAN

I think the best thing that we could do to get things moving quickly is to set up targets for participation, for visibility, for inclusion, because you can't tell me it's the old argument in gender equities, if you use and example of a dental specialty, that's like 80% men, you can't tell me that only 20% of women are capable if they want to fill that role. So it should be a reflection of our society. That's what a university should be.

NATALIE HANNAN

Absolutely, brilliant, thank you so much for that. I just wanted to thank you Rita, for joining us today and sharing your inspiring story and sharing your resilience with us. I hope that the audience has enjoyed today's inspiring stories and we look forward to bringing you another event in October.

RITA HARDIMAN

Thank you. Thanks, Natalie. And thank you to everyone in the audience for listening. I know some things were probably not that easy to hear. Thank you for being part of it.

NATALIE HANNAN

I think maybe not easy to hear, but really important to hear. So thank you so much for your courage to share with us, Rita. It was wonderful.