



# Overcoming the challenges of sexism – personal accounts and perspectives

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“If not me, who?  
If not now, when?”

Emma Watson, United Nations HeForShe campaign speech

# Sexism in the workplace

01

HAVE I  
EXPERIENCED  
SEXISM?

02

HOW DOES IT  
IMPACT MY  
CAREER?

03

WHAT HAVE I  
LEARNT?



# Experiences in the workplace

## Perceived role and seniority: I AM DOCTOR.....or AM I?

- ◆ Female consultant approaching patient with her team on morning ward round – patient on the phone “it’s okay love, it’s just the student nurse”
- ◆ Male patient to female consultant ‘Are you the physio?’ Consultant: ‘No I’m your consultant’ patient: ‘Consultant physio?’
- ◆ Male consultant talking to male SHO about a referral, ignoring the consultant standing next to him
  - ◆ Senior nursing colleague ‘We need male consultant colleague to deal with this patient’

# Experiences in the workplace

## Inappropriate comments

- ◆ Male consultant 'perhaps you should move your badge down to your chest to give me an excuse to take a look'
- ◆ Male manager 'Just a bit of feedback, next time make sure your skirt is a little bit longer'
- ◆ Male patient 'I prefer you in a dress'

# What is the impact?

- ◇ Small things, may be unintentional
- ◇ Not a big deal if isolated events
- ◇ Cumulative effective
- ◇ Exhausting



- ◇ When repeated again and again, this behavior can make women question own competence and affects their confidence
- ◇ Is being a doctor still perceived as a male role? Are women doctors perceived as less competent, more junior, and not a doctor at all?
- ◇ 85% of female doctors stated that gender affected their perceived seniority and competency versus 11% of males (BMA sexism survey)



*“I often wondered as a junior, why female consultants could be so easily provoked by what seemed at the time to be insignificant misnomers. Now I realise it’s the cumulative effect this has over the course of years, compounded by the fact that it does not cease as you advance in your career. I often talk to my juniors about this and hope that in the future, this becomes less of a reality for them”*

*BMA Sexism in Medicine survey*

# What I do?

- ◆ Accept the bias *“Our brains tend to pick the easiest path to understand the world around us, and the chosen path is heavily influenced by what society tells us is the ‘norm’.*
- ◆ Accept who I am, show up every day as ‘me’ and ensure I am visible.
- ◆ Clear introduction of who I am and my role, I say my name slowly and clearly
- ◆ Clear introduction of my team
- ◆ Approach colleagues who visit the ward and introduce myself
- ◆ Call out inappropriate comments, ‘Make them repeat it’



# Coloured lanyard scheme to identify seniority



The screenshot shows a news article on the BMA website. The top navigation bar includes links for 'Pay & contracts', 'Advice & support', 'Our campaigns', 'What we do', 'Library & learning', 'News & opinion', and 'Events'. The article title is 'BMA backs colour-coded lanyard scheme' by Tim Tonkin, published on Tuesday 5 December 2023. The article text discusses an NHS trust's initiative to improve patient safety by tackling sexism and unconscious bias in the workplace through a colour-coded lanyard scheme. A sidebar on the right suggests 'The Doctor magazine' as a related article.

Home > News and opinion >

## BMA backs colour-coded lanyard scheme

by Tim Tonkin

Bid to address sexism in the workplace by making staff clearly identifiable receives endorsement from association

Location: UK | Published: Tuesday 5 December 2023

X f in

An NHS trust's initiative to improve patient safety by tackling sexism and unconscious bias in the workplace, has been backed for wider adoption by the BMA.

West Herts Teaching Hospitals NHS Trust has sought to eliminate instances of staff being misidentified and not having their role or seniority recognised, through the use of a colour-coded lanyards scheme.

The initiative was devised by gastroenterology registrar Shamira Ghose following a series of meetings of her trust's End Sexism in medicine network, as a means of ensuring that individuals' roles within clinical teams were clearly identifiable to colleagues and to patients.

The BMA is now encouraging other trusts to consider adopting similar schemes.

Speaking to the BMA, Dr Ghose said she had been inspired to propose the scheme

### You might also be interested in

#### The Doctor magazine

The Doctor is the BMA's award-winning magazine for members. Read the articles, interviews and comment here or download the latest issue.

28 January 2024

# Women need the hierarchy

- ◆ For identity
- ◆ For acceptance
- ◆ For respect



# Effects of sexism on career progression and networking



- ◆ Culture of working extra or unpredictable hours as being the norm/ the expectation
- ◆ Time based progression versus competency based curricula
- ◆ Team meetings in the pub or on a golf course
- ◆ Old boys network



# What did I do

- ◆ During training, I fought my case
- ◆ Made sure I knew my story, my training timeline, obsessively organized
- ◆ As a consultant, I called out 'good will' extra-contractual working patterns, I took over as Clinical Lead for the service and then properly job planned the department to ensure we are all working contractually and in a fair and equitable way
- ◆ I ensure my colleagues are aware of my external pressures
- ◆ I point out to colleagues, the benefits of having a domestic facilitator at home, I emphasize the importance of a level playing field.

# Impact of having children

- ◆ Female consultant: 'if you want to stay in hospital medicine, forget kids and family life'
- ◆ Benevolent sexism
- ◆ Unsolicited advice on career choices

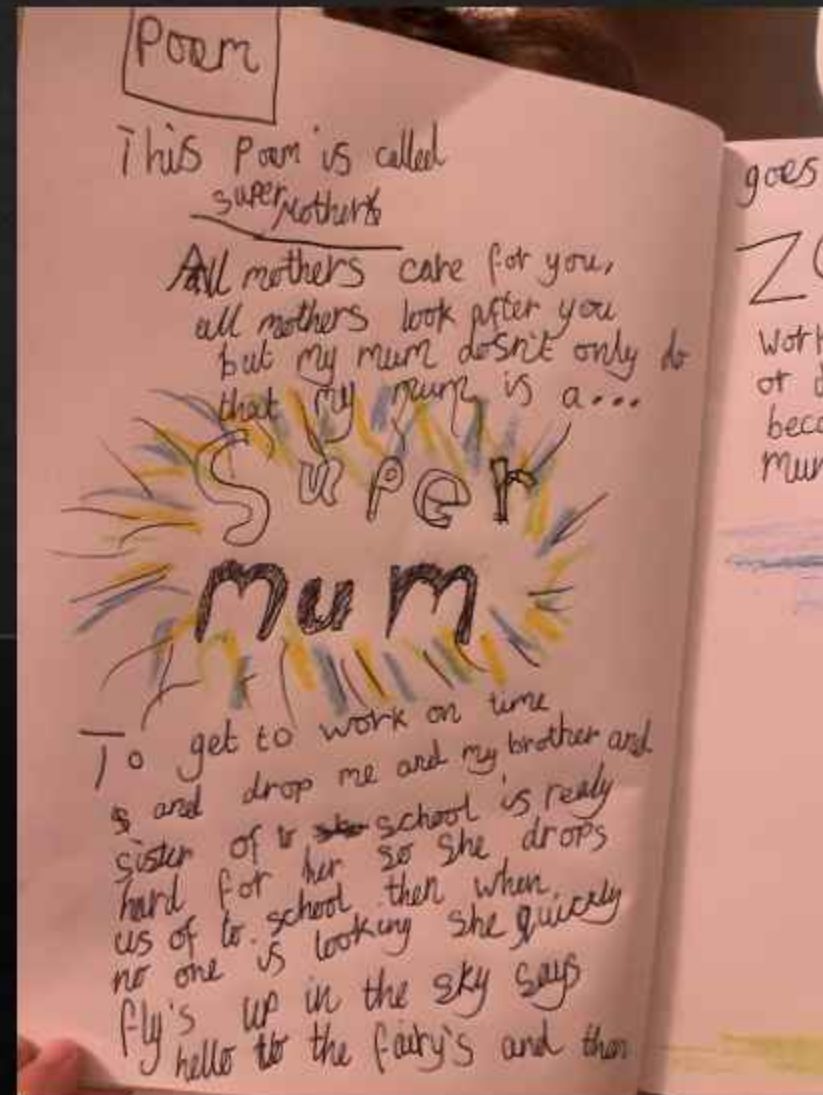




What did I do?



# Juggling parenthood – gender equality?



# Leadership roles – gender differences

My roles:

- ◆ Clinical lead for the stroke service
  - ◆ TPD for stroke in the region
  - ◆ Undergraduate sub-dean at HHFT
  - ◆ Associate director for the first national stroke simulation programme
  - ◆ Regional education and workforce committee for Wessex stroke network
- “Lead more like so and so, be more swan like, be more calm, be less passionate, be direct but then be compassionate, lean in but not too far’

Female leaders: Not good enough, Imposter syndrome, Overthink, lack confidence

# What I do - Challenge the narrative

- ◆ You can be exactly who you are
- ◆ Embrace being me
- ◆ Challenge the deep rooted stereotype
- ◆ Be authentic, show vulnerability
- ◆ Learn about your own strengths and weaknesses
- ◆ Be ready for the backlash, be ready to face obstruction and confuse people but don't see it as failure, learn from mistakes,



# Role Models

- ◆ 76 % of NHS workers are female but only 36% in senior positions
- ◆ 36% female physicians
- ◆ 11% female surgeons
- ◆ 25% medical directors



- ◆ Role modelling – “If you can see it, you can be it”
- ◆ People who look like you, talk like you, similar background to you, experience the same challenges as you

# Role Models

- ◆ Lack of senior female role models
- ◆ Where is the old girls network? To lift as you climb, not squash



# BMA Sexism in Medicine Survey

- ◆ Women are disproportionately affected by sexism and gender bias.
- ◆ Institutional factors are still disadvantaging women, which feeds into the culture that women are 'less than'.
- ◆ Women doctors appear to be working in an environment that consistently undervalues them and doubts their capabilities.



# To the men...

- ◆ Gender equality is your issue too...
- ◆ Be mindful of your female colleagues' journeys
- ◆ Have our backs, call out sexist behaviors
- ◆ Think about how you would want your mother, your wife, your daughter, your sister to be treated
- ◆ Be mindful of the the language you use
- ◆ Bring them into your banter, your coffee conversations, be inclusive, say their name
- ◆ Ensure female colleagues are visible at a senior level and their voices are heard
- ◆ Be a role model to your male junior colleagues, show your vulnerabilities, talk about your emotions, ask for help, and remember the biggest killer of men in the UK (<50) is suicide....



# Final Thoughts

- ◆ Things have improved but even now, in 2024, I'm not convinced my two daughters will have an equal career journey to my son.
- ◆ It may be subtle and unintentional but remember the cumulative impact
- ◆ Sexism is endemic, you can't control deep rooted beliefs and unconscious bias
- ◆ You can control you, and the best person to be is just yourself
- ◆ Stick to your career goals, acknowledge you may have to be more organized and work harder and shout louder
- ◆ Surround yourself with a few good women/men who get you and have your back
- ◆ Go for the senior leadership roles
- ◆ Ensure there are processes in place to report bad behaviors
- ◆ All trusts in Wessex to sign 'End sexism in medicine' pledge

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