

# Ten minutes with Jamiu Busari, Consultant Paediatrician and Dean, Horacio Oduber Hospital Academy, Aruba



## Biography

Jamiu Busari is an Associate Professor of medical education at Maastricht University and currently a Consultant Paediatrician and Dean of Health Professions Education at the Horacio Oduber Hospital, Aruba. Prior to that, he was the former Department Chair and Program Director of Pediatrics, at Zuyderland Medical Center, Heerlen, Netherlands.

Jamiu is a Maastricht University alumnus, a Harvard Macy Scholar and an HBS executive education graduate in Managing Health Care Delivery. He is a former executive member of the Netherlands Association for Medical Education (NVMO) and a founding member of 'sanokundu' (an international community of practice dedicated to fostering health professional leadership education worldwide) [www.sanokundu.com](http://www.sanokundu.com).

Jamiu is an Associate Editor for BMC Medical Education, Clinical Medicine and Research and the ICENET blog <https://icenetblog.royalcollege.ca/about/about-the-editors/>.

He is a public speaker, writer, educator. As a healthcare leader, he is a fervent advocate for diversity, social accountability, and social responsibility. His activities in medical education and as a clinician have been recognised through various awards including the Educational Leadership Award 2015 (World Education Congress), Clinician of the Year award 2015 (Maastricht University) the international Residency Educator Award 2016 (Royal College of Physicians and Surgeons of Canada) and the Critics' Choice Award 2017 (Association for the study of medical education).

## FIRST AND FOREMOST, ARE THERE ANY KEY LEADERSHIP MESSAGES YOU WANT TO GET OUT TO OUR READERSHIP?

I see leadership as a process of social influence that maximises others' efforts to achieve a goal. Power associated with leadership directs or influences the behaviour of others to change the course of events, which means that people's leadership can be defined by how they exercise their power as a leader, affecting whether we love or fear them. This lens helps give me a way to view leaders and leadership behaviours, which unfortunately are often coercive or manipulative, as power relations play out in present-day politics, academia, healthcare and corporate institutions.

I like the description by French and Raven<sup>1</sup> of seven ways leaders use their powers for 'good' or 'bad'. They suggest power can be used:

- ▶ Legitimately (based on earned higher positions).
- ▶ Coercively (by creating fear or bullying).
- ▶ Expertly (based on competence and experience).
- ▶ Related to reward (raises, promotions, awards).
- ▶ Based on access to information (short term, does not build credibility).
- ▶ Based on building connections (influence by proxy-political, coalitions).
- ▶ Based on authentic virtues or values like honesty, integrity and reliability (referent power).

With awareness of these different forms of power, it becomes easier to understand the core values that should define leadership behaviour, the legitimacy of leadership styles and the justification of the choices that we see many leaders making during these challenging times. I think leaders need constantly to strive to be aware of how they are using their power, and the impact they are having on others.

## TELL US A LITTLE BIT ABOUT YOUR LEADERSHIP ROLE AND HOW IT IS CHANGING AS A RESULT OF THE PANDEMIC?

On the 1<sup>st</sup> January 2020, I took on a new position as a Consultant Paediatrician and Dean at the Horacio Oduber Hospital (HOH) in Aruba, an independent country—in the Caribbean—within the Kingdom of the Netherlands. Up until leaving for Aruba, some of my leadership roles included being the programme director of Paediatrics, Department Chair of Paediatrics, and the Chair of the Council for Quality and Safety in my previous hospital, Zuyderland Medical Center, Netherlands. Little did I know that world events would be overshadowed by the COVID-19 pandemic, only to be followed by an antiracism crisis.

My move to Aruba was with a clear job description and clinical/leadership split: besides my clinical tasks, twenty percent of my job in Aruba is devoted to management and administrative tasks. These include roles as Dean for Health Professions Education at the HOH Academy, and member of the hospital's Patient Safety and Calamity board. But I arrived in the middle of a leadership crisis, between the medical staff and the hospital chief executive (CEO). The further development of my role was halted by the arrival first of an interim CEO, then by the COVID-19 pandemic, and subsequently by the financial crisis that resulted from the collapse of the tourism-dependent economy of Aruba.

As a result, I have been forced to redefine my leadership role in which my legitimate, expert and referent bases of leadership have transitioned to advocacy—for equity, diversity and inclusivity—within my health system and beyond. I have consciously chosen to be a voice for the less privileged, and to invest in

building a compassionate and just culture of leadership. An early action as the pandemic emerged has been to lead a project to establish a peer-support network for colleagues in the hospital. We now have that network, and are doing a needs assessment for all hospital employees. I see this bottom-up leadership as important, helping to contain the anxieties of colleagues and demonstrating compassion and allyship—with advocacy—as pillars of leadership. A good leader needs to be a good follower.

### WHAT EVENTS IN YOUR PAST EXPERIENCE ARE MOST INFORMING YOUR LEADERSHIP IN THIS PANDEMIC?

In my career, I have repeatedly encountered circumstances where I have questioned the authenticity of implicit and sometimes explicit actions towards me. Naturally as a person of colour in a world where the balance of power among different races is unevenly distributed, these actions have often been very difficult for me to comprehend. Indeed, some of these experiences have (in)directly impacted the progress of my professional career.

But while disappointing, these events have also taught me several things as a leader. One of these is that we should strive to learn to live with those we feel are a source of discomfort or ire to us—in all circumstances. Even those we may consider our enemies. As leaders, we regularly encounter and deal with adversaries. While the natural tendency is to reject them, if we pay attention and accept them, we realise that these so-called adversaries are crucial for our personal development and growth. Looked at differently, those we perceive or consider to be our adversaries are mostly the ‘facilitators’ or ‘unofficial coaches’ that we often need to excel in our various endeavours. They cross our paths not by chance, but as if by design, to prepare us for the next stages of our careers. Lessons like this have helped me navigate the complexities of collaborating and achieving results with stakeholders who have conflicting interests, including at this pressurised time.

### WHAT ARE YOU FINDING THE BIGGEST CHALLENGES?

What I perceive to be my biggest challenge is a leadership dilemma in our health systems and academia, experienced by leaders of good intent. It is a dilemma between the comfort of choosing people based on nepotism—or because they come from familiar backgrounds—on the one hand, or the discomfort of choosing the right people for the right positions at the right time irrespective of their background or contacts. I have previously described this leadership dilemma as the product of hypocrisy, lack of integrity and the power aphrodisiac<sup>2</sup> and I have noticed how some leaders start with the intention of being more open to diversity, but give up when it gets difficult.

Underlying inequality and inequity in access—to care, basic fundamental needs and economic resources—reveal the failures and shortcomings of past leaders, to the detriment to the most vulnerable in our communities. Current leadership behaviours have been magnified by the ‘pressure cooker’ effect of the COVID-19 pandemic, with the COVID-19 outcomes and the antiracism campaign both reflecting how power is still being (in)correctly applied by those in positions of leadership. I see a loss of ethical values and moral responsibility within our societies that is disheartening. Hence, I struggle with the cognitive dissonance between what I always thought leadership was, and what I am witnessing. This, and more, have made me reappraise the fundamental mainstay of leadership,

which should rest on the pillars of compassion, advocacy and integrity.

### ANY PARTICULAR SURPRISES?

I often say *‘people’s characters are just like tea-bags. Drop them in a cup of hot water; then you’ll know what they are made of’*. Since the COVID-19 pandemic, the world’s cup is full of boiling water, and what we are seeing is what our leaders are made of. My recent BMJ Leader blog<sup>3</sup> captures my biggest surprise; essentially the slow (or non-) response by many, in positions of leadership and influence, to the unequal impact of the COVID-19 pandemic and then—in the aftermath of the George Floyd tragedy—the delayed acknowledgement of how decades of systematic racism has affected the fabric of our educational, political and healthcare systems. That this phenomenon existed was not a surprise to me, but the extent to which the ‘convenience of silence’ was audible was concerning. We should strive to build just systems where all people feel included, have equitable access to resources, and have a sense of belonging regardless of race, creed, religion, age, ability or sexual orientation.

### ARE YOU SEEING ANY BEHAVIOURS FROM COLLEAGUES THAT ENCOURAGE OR INSPIRE YOU?

There are several. A clear example is from those peers who risked, and even lost, their lives while trying to save patients during the COVID-19 pandemic. This they have done, despite often being failed by their leaders and policy-makers—who have not always provided the necessary resources and safety measures to perform their work effectively. Contrary to pre-existent assumptions, COVID-19 revealed ultimate acts of compassion and kindness by many healthcare providers and at the same time exposed cruel and questionable behaviour in some of our leaders.

On the global stage I have been inspired by the authentic, compassionate and humble leadership shown by the likes of the Director of the National Institute of Allergy and Infectious Diseases, and the Surgeon General, both of the USA. I was particularly impressed when the Surgeon General, himself a person of colour, spoke to members of the coloured communities in the USA, telling them to reach out to talk to their ‘Abuelas’, ‘Granddaddies’ and ‘big mommas’, which I regard as a leadership behaviour that was unexpected, courageous and emotionally intelligent.

### HOW ARE YOU MAINTAINING KINDNESS AND COMPASSION?

I am doing this by just being human to others. I have learnt that all of us, as human beings, are vulnerable. Understanding that circumstances describe a narrative, but do not necessarily define who we are, has been a helpful insight. I use this principle as a moral compass in my interactions and for the decisions I make.

This is even more relevant for me now, at a time that I am starting in a new working environment and facing a lot of uncertainty due to the COVID-19 pandemic and the global antiracism protests. The economic impact of the pandemic has been a particular source of worry and angst among the inhabitants of the island and employees of my hospital organisation. It is also a concern I personally share, having just made a career move in the midst of an economic and healthcare crisis. Still, witnessing the disproportionate impact of this economic uncertainty on the (psychological) well-being of my peers, I advocated for some form of structural (psychological) support and the hospital leadership responded to it favourably. By being present, lending a helping hand, listening and advocating for the general welfare of

others, I am and was able to channel (my) kindness and compassion to others, and hopefully in a way that made a difference.

As a person, I constantly work on improving that 'muscle' of not judging others on face value. I consistently make the conscious effort to understand the 'story behind the story'.

I believe that as healthcare leaders, it is important that we are authentic in all of our interactions and by so doing, continue to maintain kindness and compassion, even towards those who overtly and covertly express leadership styles that negatively impact others.

### ARE THERE ANY IDEAS OR READINGS THAT YOU FIND HELPFUL FOR INSPIRATION AND SUPPORT THAT YOU WOULD RECOMMEND TO OTHERS?

One of the things I do is to write blogs about my challenges and experiences.<sup>4</sup> The process itself is therapeutic—I can reflect on the why, what, and how of some of these events. Also, the exercise provides me with new insights, and an opportunity to share personal narratives with a broader audience. Besides writing, I practice yoga and do mindfulness exercises, which help me in restoring my equilibrium. I would undoubtedly recommend these three activities to readers.

It is essential that leaders read as much and as diversely as possible. A few books on my reading list right now include Mazzarekki and Trzeciak's *Compassionomics, the revolutionary scientific evidence that caring makes a difference*<sup>5</sup>; Goldsmith's *What got you here, won't get you there*<sup>6</sup>; Gardner's *Changing minds*<sup>7</sup> and *The Art of Strategy* by Dixit and Nalebuff.<sup>8</sup>

### WHAT ARE YOU LOOKING FOR FROM YOUR LEADERS?

Their sense of humanity, but apparently, this may be asking for too much from some! I am looking for authentic, collaborative, compassionate and humble leaders. Stated differently, emotionally intelligent leaders with a fierce resolve to make (positive) things happen. Leaders who have demonstrated this sense of humanity in making things happen include the late Nelson Mandela, the first black president of South Africa whose compassionate leadership brought a nation of apartheid together through love and reconciliation. Another is Angela Merkel, the first female Chancellor of Germany whose focus, determination and authentic leadership not only prevented the Eurozone from collapse by bailing out Greece, Portugal and Ireland from economic bankruptcy, but also drew high approval ratings, from both within and outside Germany, for her leadership during this pandemic.<sup>9</sup>

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