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Doing the Right Thing: Doing Things Right

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Doing the Right Thing

Doing Things Right

Jane Matlaw

I was privileged to be a part of the “birthing” of the Learning Exchange Networks (LENs) and am a veteran participant. I sat through many superb workshops and led a piece on social justice and advocacy. I had no idea that during year three of our endeavor, I would see how my world of work would so clearly intersect with the mutual learning that was happening with my colleagues in Boston and in Haifa. In my job as Director of Community Relations at Beth Israel Deaconess Medical Center (BIDMC), I am responsible for the community relations activities of a 560-bed Harvard teaching hospital in Boston, Massachusetts. My personal philosophy about how to work with the community is very simple.

- Listen and hear what your community (no matter how you define it) are saying
- be honest
- be genuine in your response
- follow through.

And perhaps above all else, lead with your values. Moses, with his values of humility and devotion, was able to lead the Jewish people from slavery to freedom. The story of Passover that culminates at the giving of the law at Sinai teaches that despite great hardship, and “losing their way,” Moses was able to lead the Jewish people to freedom and fulfillment by connecting his devotion to God and the law to the stewardship of its people in difficult times.

In our workshops on leadership, Learning Exchange participants talked about the qualities of all kinds of leaders, and the challenges that leaders face. Much has been

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written on great leaders so I will resist a literature review on this topic. Leadership involves a wide range of skills. From my perspective, you need to have transparent guiding principles and practices, and value and respect those whom you are formally “leading” as well as those who are affected by your position of leadership. In an ideal world, you would have a trusting and mutually respectful relationship with your leader where each individual could hear the feedback from the other.

I have worked at BIDMC for twenty-eight years, beginning as a social worker, and in my current position in community relations for the past fifteen years. While participating in the Learning Exchange I had a chance to step back, listen, and learn about leadership styles, cultural differences, leadership successes and failures. I was given the time and space to reflect on how different leaders of my hospital had an impact on my work; on the way I felt about it, and ultimately how I related it to the people I worked with in the community. It also helped me see BIDMC as a social-change organization, though I did not see this connection initially.

This new view first came when I began reflecting back to the roots of the hospital and its beginnings. I realized that BIDMC had been a change agent from the day it opened its doors. When the Jews immigrated to Boston from Eastern Europe in the early 1900s, they did not feel welcomed in the local hospitals. They were viewed as outsiders who had peculiar eating habits, language, and rituals. The children of these immigrants who went to medical school could not get medical residencies at the hospitals in Boston. As a result, in 1917 the Jewish community built its own hospital. One of the big sociological questions facing the Jewish community at that time was whether they wanted to remain separate from the mainstream community, or to try to assimilate and be a part of it. The same question was raised about building the hospital. What resulted was construction of a hospital based on the Jewish principle of Tikkun Olam, “Repair of the World.”

The Jewish community built Beth Israel Hospital for the general Boston community. It created a place where people of all races, cultures, and ethnic backgrounds could get high-quality and culturally sensitive medical care from a Harvard teaching hospital. In this sense, Beth Israel Hospital was a change agent. It changed the culture of hospitals and of the way care was delivered to the community. It took the experience of being the outsider and designed a hospital so that no one else had to have that same experience. It took into account the needs of patients and their families beyond the body part that needed attention. The first Patient Bill of Rights was created by Mitchell Rabkin, M.D. at Beth Israel Hospital, which, for the first time, gave patients a set of rights and responsibilities and made the hospital accountable to its patients. The Patient Bill of Rights was later adopted by almost every hospital in the nation. This radically changed the nature and culture of hospital care delivery.

I consider myself lucky. At BIDMC, our current CEO, Paul Levy, leads with values that are critical to me personally and professionally. On a daily basis he “walks the

walk.” To know what I am talking about all you have to do is look at his blog, www.runningahospital.blogspot.com. He is thoughtful, candid, and provocative and he gets you thinking. No one screens what he writes (my colleagues in corporate communications did some initial nail-biting when he launched the site) and he talks openly about what goes on at BIDMC; the good and the bad. He poses questions to his readers and welcomes comments and criticism (as long as it is civil) in addition to YouTube videos, photos of birds on the beach, poignant, tragic, and uplifting stories and political commentary on the current healthcare system. When he criticizes something (for example, healthcare reform) he offers his reasons why. I may not always agree with him but I listen to what he says and, conversely, I feel that he values my opinion, though he does not always agree with me. He is not afraid to talk about the “elephants in the room” and “outs them” in the service of better care for patients. He is a risk taker, an embracer of new technologies when they have been proven to be beneficial (not just because they are “hot”) and uses social media to the fullest extent possible to connect with people. And yet he tossed out his blackberry and went “cold turkey” when he found he was becoming a “crackberry addict” and was in cyberspace when he should have been present in the room.

In a year of devastating budget cuts with thousands of individuals losing their jobs around the country, Mr. Levy was faced with the painful prospect of cutting over 500 jobs due to budget shortfalls. But he chose to go a different route. He involved the entire hospital staff in brainstorming ways to avoid layoffs. His guiding principle was that he should trust the people who worked at BIDMC because they care about the place and they care about one another. So why not trust them to come up with approaches that would solve this problem? He scheduled several “town meetings” at different places and times around the medical center. He began by laying out the financial realities with facts and figures so that people understood what the situation was. He said that the shortfall could be solved with layoffs, but the reality was that it would be very hard for people to find new jobs in the current economy. He proposed that if everybody in the organization made a sacrifice, we could save most of these jobs. That led to the next question: “how can we make that happen?” Before entertaining responses to that question he asked the group if they would consider going one step further. He asked what we thought about leaving the low-wage earners out of the equation. In other words, whatever was suggested and ultimately implemented, these workers would be exempt from any and all cuts — salary or benefits. Many of these workers were struggling immigrants, and others had a spouse already out of work.

What happened next was extraordinary. The entire auditorium stood up and spontaneously applauded. Many of us had tears in our eyes, including Paul Levy. It was a moment where I felt like I was truly a part of a larger family and one that cared about all of its members — and willing to sacrifice for it. Employees then came up

with a variety of suggestions of ways to cut their own salaries and benefits. Setting an example, Levy announced that he was cutting his own salary. Most of the hospital's skilled workers took a pay cut. What we gained was greater than any dollar amount — a recharged sense of family, support, and the value of each employee's labor. Ultimately, only seventy jobs were lost. Paul Levy was an inspiration for showing consideration for his employees and trusting in their compassion. "Do unto others as you would have others do unto you — all the rest is just commentary," Levy said, quoting an old story about the Jewish scholar Hillel when being interviewed for an article. "It's a code to live by, and if you behave that way, the world will be a better place because other people will behave that way back."

This had just happened one day before a trip to Israel on the Learning Exchange. One of the other participants, Donna Haig Freidman (the editor of this journal) arrived a couple of days later and brought news that Paul Levy was all over the local and national press for the approach he had taken to facing the deficit — one where he was transparent about the seriousness of the problem, and how he held open meetings demonstrating his faith in his employees by asking for their help in trying to avoid layoffs at a time when immediate action was needed. The LEN participants were intrigued and inspired by his actions. Many took to the Internet to read his blog and follow the stories in the U.S. press. I arranged for Mr. Levy to speak to the group during their next visit to Boston. The group talked about this as an example of leadership that incorporated many of the attributes and values that we had been talking about in our discussions. It was then that I realized that my hospital had been a social-change organization.

I used to think that the leadership of the hospital did not really matter much to me. All that I needed was to believe in the hospital's mission, values, and the work that we do to eliminate human suffering and disease. Having been a social worker for many years, I personally knew many of the clinicians and knew that they cared deeply about our patients and their families. In my community work, that helped me during tough times when in my role as community liaison, I had to deliver hard and/or disappointing news. I used to think that whoever was "at the top" was supposed to keep us in a solid financial position, make sure the operations ran efficiently and smoothly, and could work effectively with the wide variety of constituents. These are still important parts of the work of leadership, but during and since the learning exchange I have thought much more about leadership and management, the distinctions between them, and how they need to work hand-in-hand. Trying to separate the two is likely to create more problems than it solves. The leader's job is to motivate and inspire, and the manager's job is to plan and coordinate. In his 1989 book *On Becoming a Leader*, Warren Bennis composed a list of the differences:

- The manager administers; the leader innovates.
- The manager is a copy; the leader is an original.

- The manager maintains; the leader develops.
- The manager focuses on systems and structure; the leader focuses on people.
- The manager relies on control; the leader inspires trust.
- The manager has a short-range view; the leader has a long-range perspective.
- The manager asks how and when; the leader asks what and why.
- The manager has his or her eye always on the bottom line; the leader's eye is on the horizon.
- The manager imitates; the leader originates.
- The manager accepts the status quo; the leader challenges it.
- The manager is the classic good soldier; the leader is his or her own person.
- The manager does things right; the leader does the right thing.

It was Paul Levy who led me to this list. This is how he thinks and how he thinks about leadership and management. In late 2009, he wrote a piece on his blog on accountability. "I view the leader's job as helping to create an environment in which people are so comfortable with their role in the organization, and are given the right tools for doing their job, that they hold themselves accountable." He went on to say, "After all, most people want to do well in their job and want to do good in fulfilling the values of the enterprise. Why not trust in their inherent desire to be successful personally and collectively? Instead of focusing on measuring their performance against static metrics, why not create a setting in which they use their native intelligence, creativity, and enthusiasm to solve problems in an inevitably changing environment? Then, spend your time praising them and making sure they get credit." As he says in his blog, this is at variance with most management guidance on the subject. He asserts that it is not only impossible to hold people accountable in an organization, but trying to do so is a misallocation of managerial attention.

There are areas of overlap between managers and leaders. To be a great organization, there are times when managers need to demonstrate leadership skills and leaders need to step in and manage. But what makes the difference is that a great leader helps employees feel that they are a part of his or her team and have a role in shaping the organization rather than just carrying out their tasks on a day-to-day basis.

The Learning Exchange has provided not only the theoretical foundation and frame for learning about issues such as leadership. It has brought us together as leaders from Boston and Haifa for the chance to learn together and from one another about the challenges and successes of leading and being social-change organizations in a very complex world.





