Healing Governance Ills Requires the Right Diagnosis

Here are four of the most common board problems – and how to solve them.

By Jim Mueller

have served on many boards over the years and I confess it can be difficult to figure out what's wrong when things go askew. Over time, I have recognized that there are certain common ailments that affect many boards; and if you understand the symptoms and diagnose them accurately, you have a better chance of bringing about productive change.

Start the healing process by focusing on the organization's cause.

To succeed, it's important to correctly identify which condition is affecting your board, because each requires a different approach. I will describe four of the most common ailments in order of least to most serious: Benightedness, Phobia, Obliviousia, and Xenoskepticosis.

Benightedness

The first condition I call Benightedness. It's an archaic word that perfectly captures the nature of the problem. Literally it means "in the dark." It is the condition of being inexperienced. It arises when board members are asked to do something for which they are neither knowledgeable nor equipped. Since most board members want to be successful, this is the easiest condition to address.

You've probably witnessed this yourself. Let's say your organization hired its first development officer. The development officer is invited to a board meeting and asks board members to review some lists and identify people they can cultivate for the organization, and maybe consider hosting a reception in their home.

Suddenly the room goes quiet with board members looking at their lists with a bit of apprehension. Finally, to break the silence, the board chair asks: What exactly are you asking us to do? From the development officer's point of view it's perfectly clear, and as such, that staffer is at a loss for words. Sensing the discomfort in the room, the executive director steps up and suggests that the board table this for discussion for another meeting. Everyone seems relieved.

Though it is eminently clear that an ounce of preventive medicine—i.e., the development officer meeting individually with board members before jumping into the board presentation—would have averted this uncomfortable experience, the symptoms remain the same.

Some might jump to the conclusion that the board members in this example are afraid of fundraising, but the symptoms suggest that they just don't know what to do.

If you were the development officer in this situation, what would be your next move? Well, after you salvage your relationship with the executive director and regain that person's trust and confidence in your competence, you'd put together a learning experience for members of the board.

It's important to meet with each board member individually to learn the extent of each one's experience. This should not be an inquisition, but a series of conversations about why members are engaged, what they love, what inspires them, and what experiences they have had with nonprofit governance and fundraising. Throughout these conversations, you are identifying the educational needs of the members.

When you've completed the interviews, it's important to meet with the chair of the board to plan an educational strategy that the chair endorses.

Show board members the research on how giving is more satisfying than getting.

BENIGHTEDNESS SYMPTOMS:

Frustration: don't know what to do or how to do it

Confusion: misunderstand expectations

Mild resistance:

- "What do you expect of us?"
- "Why are you asking us to help?"

BENIGHTEDNESS TREATMENT:

Determine what board members need to know and what they don't know.

Individualize your approach. One size may not fit all.

Develop an educational approach that is an enjoyable learning experience.

Engage the chair in planning the learning process.

Conduct a series of conversations to introduce proven practices.

Don't just tell them; engage them.

Offer examples of success stories.

Be explicit about the roles you expect board members to play.

Provide practical tools and information.

As you implement the strategy, don't just tell board members what they need to know. Make it a discovery process, engage in discussions using scenarios and case stories, expose them to board members from other organizations who are knowledgeable and successful, and design activities where they can experience success.

Going forward, make sure your new-board orientation covers the knowledge board members need to be successful. A thoughtful, well-considered orientation is another form of preventive medicine.

Phobia

The second condition is Phobia. Fundiphobia, planaphobia, recruitaphobia, inovatiphobia... there is an almost endless range of things that can make board members uncomfortable.

Phobia differs from Benightedness in two primary ways:

- First, it is not a condition of lack of knowledge. And giving board members more information at the outset won't help.
- Second, the degree of resistance to the task that provokes the fear is more intense when dealing with a phobia. The resistance can be both passive and active. It first shows itself when members don't follow through or when they become unresponsive. Then, when the behavior is confronted, board members will either disengage further, or use bullying tactics to push back.

You can't confront a phobia head-on because board members are unlikely to discuss it. So, it is important to recognize when and where the resistance occurs. If you are observant, a pattern will become obvious and you will know the source of the fear.

Since a phobia cannot be resolved through a direct approach, I recommend shifting focus away from it. Spend time talking with board members about how they view the organization's mission, what they are passionate about, and what they envision for the future.

PHOBIA SYMPTOMS:

A lack of direct eye contact when the topic is discussed Shuffling papers or acting distracted

A predisposition to changing the topic at the first opportunity **Lack of follow through** on tasks

When confronted, passiveness will turn into anger or complete disconnection

PHOBIA TREATMENT:

Help board members tap into their passion.

Create opportunities for them to tell stories about why they love the work of the organization.

Connect them to the heart and soul of your cause: Have clients, donors, or community stakeholders meet with the board to tell members why they are so glad the organization exists.

Host mission tours: Give board members real-life experiences of why the organization's work is important and worthwhile, and how the organization is changing lives.

Replace the thing they fear with practical tasks:

- *If it's fear of fundraising*, focus on building relationships and friend-raising.
- *If it's fear of outreach*, take board members on a visit with you where you take the lead.
- If it's fear of planning, break it down into simple, interesting questions.

Finally, don't ask board members to do anything that is not a good fit. Make adjustments for various personalities.

Discuss strategies, aspirations, and actions that will lead to success. In short, get the board's attention off the red herring. Then create a back door to the solution. Let me give you a few examples.

Since fundiphobia is the most prevalent phobia, let's begin with it. Predominant fundiphobia fears include: being embarrassed, losing face, offending friends, or coming off as pushy. It is very important to start the healing process by focusing on the organization's cause and the great work it does for those it serves. A powerful strategy is to introduce board members to beneficiaries who are grateful for the work of the organization and can talk passionately about it. Another is to introduce them to donors who love to support the organization. By doing so, you are showing (not telling) board members how the organization is worthwhile and how people feel good about supporting it. You are shifting the paradigm from motivation to inspiration.

For some board members, this bit of inspiration will do the trick. For the rest, demonstrate how fundraising is all about building relationships. I often tell board members not to ask people for money if it won't make them happy! They should not ask their friends if they are uncomfortable. I further show them the stages of relationship, where people must move from awareness, to interest, to involvement, to engagement before a board member should think about asking them for a gift. So, focus on relationship-building, not asking. I also show them the research on how giving is more satisfying than getting. I tell them that you know when to make an ask because it excites you and the donor—because you both believe in a shared cause

and trust the organization to deliver on its promise. Don't ask sooner and don't ask for any other reason.

Planaphobia, recruitaphobia, and others require a similar approach. Start by focusing on the importance of the cause and the impact of the organization. Talk about vision and what board members hope to achieve. Don't focus on a comprehensive strategy. Focus on a few steps wherein they can experience immediate success.

For planaphobia, I suggest starting with a simple exercise:

- Begin by asking,"What does success look like?"
- · At a following session, you might ask, "What are the critical gaps between our aspirations and our current reality?"
- At a third session, you could ask, "What's most important?"

When you simplify the process by focusing on a few interesting questions, board members will provide critical input to the strategic plan without realizing they are doing strategic planning.

A similar process can be used for recruitment: Make it simple, one bite at a time. With each phobia, the success of the treatment is directly related to tapping directors' passion for the cause. Fear fades away when people are immersed in their passion and see the relevance of the activity they are being asked to undertake.

Obliviousia

The third condition I call Obliviousia. It is the state of being oblivious to a range of governance responsibilities. Obliviousia differs from Benightedness in that board members who are oblivious to their responsibilities are more resistant than those who lack know-how. Whereas those with Benightedness are receptive once they know how to do what is being asked, those with Obliviousia are not. A typical response might be: "You want us to do more?"

Let's look at a typical scenario. Facing a revenue shortfall, the executive director brings in a consultant to "get the board charged up." At a board meeting the consultant introduces best practices of high performing boards—describing how members of such boards are engaged in year-round board development, are actively involved in the annual appeal, spend time reviewing lists and cultivating relationships, host point-of-entry events, do advocacy and outreach, and make significant personal gifts.

Concerned about the outcome of the discussion, the executive director peers around the room and sees some board members whispering to one another and others disengaged from the presentation. Then one speaks up and says, "I thought that was the staff's job. We hire good people and we pay them well."

Encourage board members to tell stories about why they love the work of the organization.

OBLIVIOUSIA SYMPTOMS:

A "deer caught-in-the headlights" gaze

Disengaged when responsibility is discussed

Dismissive attitude: "No one told me."

Defensive posture: "I thought that was your job."

OBLIVIOUSIA TREATMENT:

Connect board members to the cause through focused discussion and by providing examples of how the organization is succeeding for those in need. Tap their passion, inspire them.

Engage board members in a process of discovery regarding new strategies and opportunities to meet the challenges at hand.

Outline a game plan that includes both staff and board responsibilities.

Be very clear about the extent of board member responsibilities. Start small.

Demonstrate how the staff will provide full, competent support for any new initiative.

Provide the tools board members need to succeed.

Celebrate successes.

Reinforce new practices through regular attention to them at board meetings.

Needless to say, the executive director should have done some homework. If board members were surveyed in advance, it would have been clear that the board has no clue about the breadth of governance responsibilities. It does not matter that the board is being asked to do something that is proven to be effective; what matters is that it isn't what board members had in mind when they agreed to serve.

A better way to approach a board with this condition is to begin where I have suggested for the other conditions. Focus on the impact of your cause, talk about vision and changed lives, connect board members to people who have benefitted from the programs and services. In short, stir their passions, inspire them.

Once the board has made this connection, you can begin to introduce new opportunities, strategies, and tactics that will help the organization thrive. Introduce a few at a time:

- Explain how the staff has been trained and is prepared to support the board.
- Lay out a strategy showing board members how they can uniquely make a contribution that complements the staff's
- Be very clear about the extent of board members' responsibilities.
- Take it slowly, step by step. Don't throw a full menu of best practices at the board all at once.
- Start where you have the best opportunity for success. And when you do succeed, talk about it, celebrate it.

Bringing health to the board is not the result of teaching or persuading. It is found through discovering relevant activities, alleviating angst, clearly defining expectations, and helping board members understand how they can competently take

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on this heretofore-unknown responsibility. Don't rush. Build the case. Coach.

Xenoskepticosis

The most challenging board ailment is Xenoskepticosis. This is a board culture that is deeply skeptical of anything unfamiliar or unusual. It's most often found in boards that have lost touch with their organization's vision or cause. It's usually a condition that develops over time. Any of the first three conditions I described—Benightedness, Phobia, or Obliviousia—may develop into Xenoskepticosis if unchecked.

Several years ago I resigned from a board that was suffering from Xenoskepticosis. Board meetings started and ended on time, the founder-executive controlled the agenda, many of the board members were friends of the founder, and the chair was one of the most polite people I've ever met... to the organization's detriment. Innovation was not embraced.

I was asked to join the board because of my professional position at the time. The organization served a cause that was near and dear to my heart and I was excited to see what could be done.

Within a year I left out of frustration—just after two others did the same. One was the individual who had recruited me and the other was an individual I had recruited. The person who had recruited me was a very successful and wealthy entrepreneur and former chief executive in a Fortune 500 company. The person whom I had recruited was a social activist and wealth investor from New York. Our leaving the board did not create the slightest ripple in the organization . . . everything just stayed the same.

Xenoskepticosis is highly resistant to any form of intervention or treatment. The more longstanding and deeply embedded, the more impervious. Form trumps function. Comfort and convenience are valued. Risk and innovation are eschewed.

Bringing about change for a board with Xenoskepticosis is not achieved through information or persuasion, assurances or staff support; it's rooted in building credibility and trust, exhibiting extraordinary patience, and tenaciously holding to a vision for change.

The most critical task is to recruit the right person to chair the board. Without the right chairperson, there is little hope for change. Getting that right person on board takes time and requires finesse. It's akin to a political campaign. It needs to be an individual who is accepted as the leader by other members. Important characteristics of an effective chair include:

- the right motivation (passion for the cause, desire to serve that cause, a strong focus on impact)
- strategic thinking
- courage, confidence, and diplomacy.

This needs to be an individual who can build a band of believers, someone who can tenaciously pursue a compelling vision and inspire others to join.



XENOSKEPTICOSIS SYMPTOMS

Board members focusing on reports and dissecting decisions **Little to no generative** thinking

Little to no time spent on strategic planning

Little debate or controversy

Little to no strategic focus on outreach and financial resource development

Resistance to change: "That's not our job." "We don't do it that way."

XENOSKEPTICOSIS TREATMENT:

Recognize that there is no quick fix. Commit to a thoughtful, long-term strategy.

Recruit the right chair.

Reinvigorate the board with new, passionate board members who embrace the role of governance.

Focus on vision and mission-impact.

Engage in a process of discovery at the right moment— when the board begins to question current practices and shows signs of receptivity to new ideas.

As with the board chair, recruiting new board members who have a passion for the cause and embrace their governance responsibilities is another effective strategy to employ. It requires a carefully crafted board member recruitment profile, a thoughtful and sustained recruitment process, and a sound orientation program.

As this process unfolds, cultivating a consistent focus on vision and mission-impact will begin to evoke consideration of new and different approaches and practices. Ideas that were previously

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perceived as "that's not the way we do things" are now seen as effective ways to achieve greater impact. The best way to sustain this epiphany is to structure a process of discovery rather than teach new practices. This is an opportune time to hold a board retreat managed by a skilled facilitator.

Once you have achieved this level of engagement, you have turned the corner and are on track toward a healthy recovery.

Boards can get lost in the doldrums of Xenoskepticosis for years. But there is hope. Case in point, one board with which I'm familiar is now healthy and thriving. A new chair took the helm. This person had the perfect temperament to deal with the founder (gentle - most of the time - but firm) and was stimulated by the challenge. He had a passion for the cause, exuded confidence, and held the board accountable for governance that was mission centered. He strategically recruited new members and focused on achieving new program and fundraising goals. He also had an uncanny ability to know which battles to fight. He once told me that his success is rooted in his ability to see the whole battlefield, not just the skirmishes.

Meet Board Members Where They Are, Not Where You Want Them to Be

To help ailing boards be more effective in governance, we need to accurately understand the dynamics of problems we face and engage in appropriate actions. The majority of board members are smart, reasonable people with very full lives. When we employ the right approach to problems with intelligence and respect, board members are much more likely to respond positively to change.

You have probably noticed throughout this article how often I return to passion for cause, vision, and mission. That's where inspiration lies. So often we fall prey to trying to motivate board members through obligation, peer pressure, goals, and objectives. Motivational tactics have a limited shelf life. Sure, they might work for short-term objectives, but they do not create exceptional boards. Exceptional boards are inspired boards whose members are emotionally and intellectually engaged in a cause that is deeply meaningful to them.

Jim Mueller (jmueller@jmuellerassociates.com) has a consulting practice (jmuellerassociates.com) and over 40 years' experience in the nonprofit sector. This article is reprinted from YOU and Your Nonprofit Board: Advice & Practical Tips from the Field's Top Practitioners, Researchers, & Provocateurs, courtesy of CharityChannel Press, available at CharityChannel.com, Amazon.com, and barnesandnoble.com).

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