

Are You Ready for Board Service? Identifying Key Competencies and Discovering Your Path to the Boardroom

Kimberly J. Harper
Laurie S. Benson

As nurse leaders, it is our responsibility to prepare fellow nurses to be ready, willing, and capable of stepping into the boardroom. With a clear understanding and mastery of the competencies required, nurses will be well prepared to contribute to the board's effectiveness and impact for the benefit of all they serve.

Nurses bring a powerful voice to board discussions and decisions, which often result in improved healthcare outcomes for the populations served by the organization. The Nurses on Boards Coalition (NOBC) is dedicated to promoting nurse participation on boards to improve the health of communities and the nation. Created in 2014, NOBC is a 501(c)(3) independent public charity, championed by over 20 national nursing organization members, 42 strategic partners/sponsors, and 7 affiliate members from across the United States. NOBC supports nurses who serve on boards and provides resources to prepare nurses for all types of board positions, including councils, appointments, and commissions. Key competencies necessary for diverse board positions are highlighted. A process for nurses to discover their best path for board service is suggested.

Competency Development

One of the many reasons nurses make excellent board members lies in the competencies they possess. Through experiences that begin at the bedside and continue through all venues of practice, nurses build an arsenal of competencies that generally differ from those of other board members (Harper & Wray, 2019). To assess the skills and competencies needed for successful board service, members of the NOBC Preparation and Support Work Group interviewed over 100 nurses experienced in board service. The

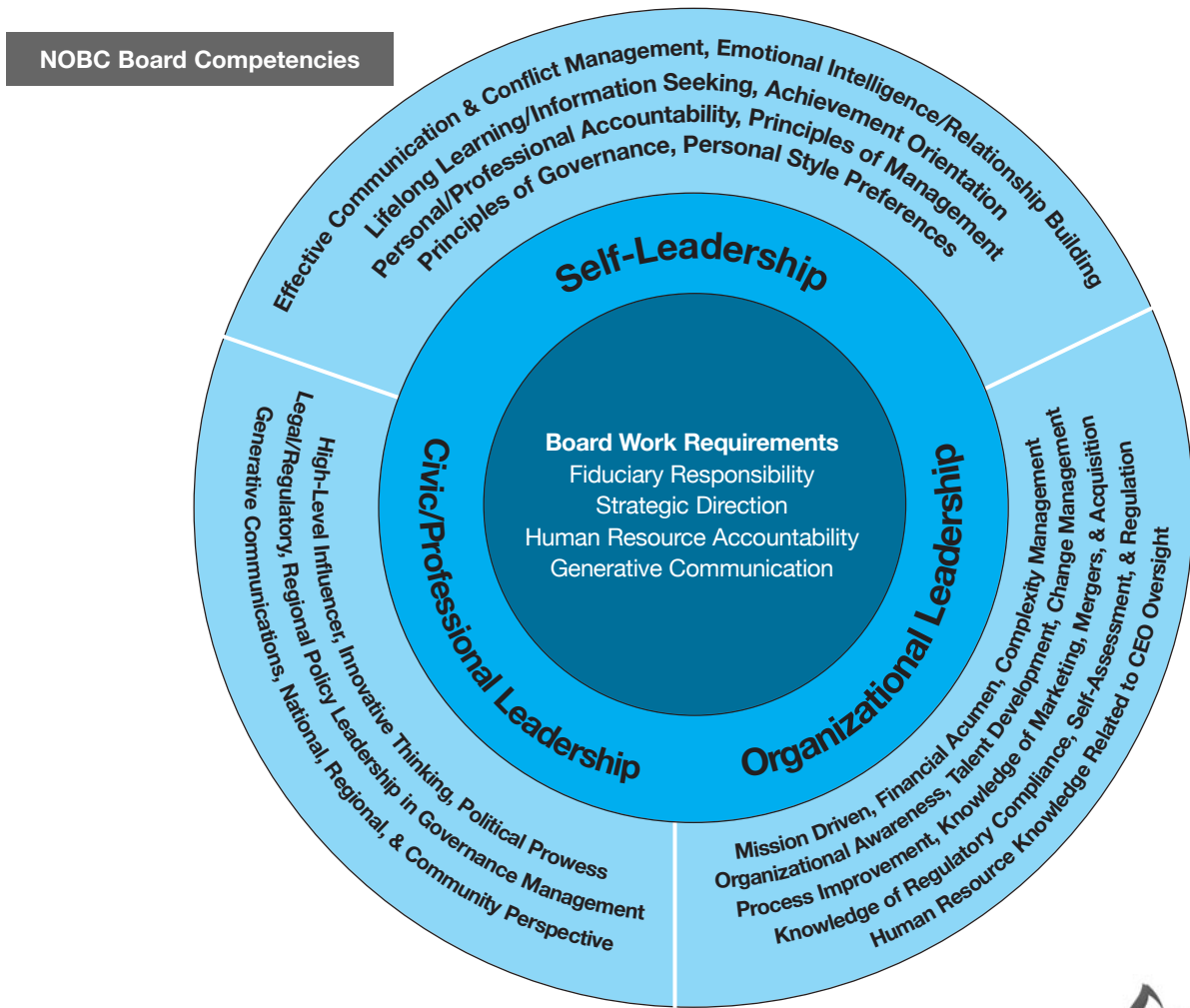
interviewees ranged from nurses with a great deal of board service on hospital, healthcare system, and large corporate boards to younger nursing leaders who serve on boards of parent-teacher associations, youth sports organizations, and other community councils. The interviews were conducted in person and by phone throughout the fourth quarter of 2015.

The work group extrapolated a list of five competencies deemed to foster effective board membership based on the interviews. The first competency, *being mission driven*, addresses the commitment necessary to advance the organization's mission and integrate the mission as a framework for decisions about the organization's strategic direction. Commitment to the organizational mission involves the attributes of advocacy and caring.

The second competency, *financial knowledge*, highlights the ability to review and interpret an organization's financial condition. This competency includes analyzing documents regarding financial position (balance sheets), operating income, changes in assets/equity, and changes in cash flow. Financial knowledge competence also includes familiarity with audits and tax requirements.

The third competency, *communication*, relates to each board member's requirement to communicate effectively, professionally, calmly, confidently, and collegially in internal and external venues. Communication competency involves emotional intelligence, relationship building, and social etiquette. Further, board

Figure 1.
NOBC Board Competencies Model



Source: © 2019 Nurses on Boards Coalition



members must be effective listeners who are comfortable with inquiry and challenges and contribute insights based on fact, not opinion.

The fourth competency, *cultural competence*, depicts the ability of effective board members to conceptualize, communicate, and lead a transformative process that acknowledges the importance of culture and diversity. Board members must embrace differences of worldviews, diverse values, beliefs, and behaviors and then tailor or adapt services to meet age, gender, social, cultural, and linguistic needs.

Cultural competence is necessary for boards to increase access to quality care for all who need care to maximize organizational market share. This competency requires a high level of understanding of diversity, equity, inclusion, and social justice.

The final competency, *leadership*, highlights the skills, knowledge, and attitudes necessary to lead individuals and teams in various situations and environments. This competency recognizes that experience is accumulated through education, opportunity, and exposure to

Figure 2.
NOBC Board Readiness Model



leadership roles, both formal and informal. Leadership competency requires demonstration of three basic skill sets: performing the technical activities (technical skill); understanding, motivating, and influencing individuals and groups (human skill); and coordinating and integrating all the activities and interests of the organization toward a common objective (conceptual skill). Leadership requires strategic, global, systems-level thinking with a visionary perspective.

NOBC Board Competencies Model

The NOBC Preparation and Support Work Group's identification of the key board member competencies helped construct the NOBC Board Competency Model (NOBC, 2020). In the model, the competencies are organized into three domains that reflect a nurse's experience and skill: Self-Leadership, Organizational Management and Leadership, and Civic/Professional Leadership. Clusters of competencies are depicted within the three domains (see Figure 1).

Nurses may utilize the NOBC Board Competency Model to determine where to focus their professional development on augmenting their contributions as a board member. For example, most nurses begin with developing skills in Self-Leadership. At this level, their skill focus is in areas of effective communication, emotional intelligence, relationship building, information seeking for lifelong learning, and developing principles of governance. During this phase of development, the nurse's focus is mostly internal as they evaluate their personal preferences for style and management. Once nurses possess a basic competency level, they may transition to higher-level skills as defined in the Organizational Leadership domain. Here, nurses begin to reach outside their education and development into areas needed to strengthen an organization, such as being mission-driven, developing financial acumen, organizational awareness, talent development, and knowledge of marketing, mergers, and acquisition. With these additional skills, nurses are prepared to share their knowledge and expertise with larger organizations and contribute significantly to board

discussions, deliberations, and decision-making.

Nurses may eventually move to the domain of Civic/Professional Leadership where they are prepared to demonstrate their political prowess, innovative thinking, and policy leadership in governance management within the community, regional, or national realms. Nurses possessing this level of competency are highly sought after by larger, more complex, progressive boards, commissions, and for appointments.

NOBC Board Readiness Model

Development of the NOBC Board Readiness Model was the next step in operationalizing board competencies on a continuum. The NOBC Board Readiness Model arranges each domain's competencies into a hierarchy based on Benner's Novice to Expert Model (see Figure 2) (Benner, 1982). The NOBC Board Readiness Model demonstrates nurses build on the lower-level competencies, which prepare them to serve on advisory and community boards, and then progress to mid-level competencies that enable service within organizational governance boards. The model represents the ascension possible to higher levels of experience and competency as evidence of preparation to serve on corporate governance boards at the professional association or healthcare system level or in political/regulatory or policy appointments.

Within the NOBC Board Readiness Model, nurses may move between the domains and competency levels. Being highly skilled in one competency does not equate to being highly experienced in all competencies. The NOBC Board Readiness Model captures the reality that a nurse may possess expertise in one area of a domain; yet, due to lack of experience or skill, development may be needed in another area of a domain. The model provides a fluid framework where it is acceptable for nurses to operate with competence in multiple locations. Further, the NOBC Board Readiness Model delivers a guide for professional development to prepare a nurse with the required competencies of the board position for which they aspire.

continued on page 323

Nurses on Boards

continued from page 319

Summary

As NOBC nears achieving its vital strategy of having 10,000 board seats filled by nurses in 2020, the mission of improving the health of our communities and the nation remains strong. The experiences of COVID-19 have focused the national spotlight on nurses' value at the bedside and in our communities. Now, more than ever, nurses must bring the lessons learned in practice to the boardroom. Involving nurses in board discussions improves the decisions being made on boards across the nation.

As nurse leaders, it is our responsibility to prepare our fellow nurses to be ready, willing, and capable of successfully stepping into the boardroom. With a clear understanding and mastery of the competencies required, nurses will be well prepared and contribute to the board's effectiveness and impact for the benefit of all they serve. The NOBC Board Competencies Model and NOBC Board Readiness Model were explicitly designed to help nurses determine if they are ready to seek a board position by identifying what level of board opportunity matches their level of competence and discovering their path to the boardroom. \$

Kimberly J. Harper, MS, RN, FAAN

CEO, Indiana Center for Nursing
Indianapolis, IN
Board Chair Emeritus, Nurses on Boards Coalition

Laurie S. Benson, BSN

Monona, WI
Executive Director, Nurses on Boards Coalition

Editor's Note: To highlight the importance and benefits of nurses on boards, *Nursing Economic\$* is proud to partner with the Nurses on Boards Coalition (www.nursesonboardscoalition.org/) to publish this column. For more insight, listen to the *Nursing Economic\$* Podcast with Coalition leaders at www.nursingeconomic.net.

References

- Benner, P. (1982). From novice to expert. *The American Journal of Nursing*, 82(3), 402-407. <https://doi.org/10.2307/3462928>
- Harper, K.J., & Wray, R. (2019). Attaining a seat at the table: Process, preparation, and potential. *Nursing Economic\$*, 37(6), 324-327.
- Nurses on Boards Coalition (NOBC). (2020). *NOBC board competency model*.