
GUIDING TO GREATNESS: THE AMERICAN COLLEGE OF HEALTH CARE ADMINISTRATORS' NATIONAL MENTORING PROGRAM FOR LONG-TERM CARE ADMINISTRATORS

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ABSTRACT

Almost every successful healthcare leader can name a colleague who in some way helped them become the person they are today. In some cases, this was a co-worker, supervisor or an established leader in their field who shared knowledge and years of experience to nurture an emerging healthcare professional. Recognizing the need to raise the public image of long-term care as a desirable career option and improve retention of leaders, the American College of Healthcare Administrators (ACHCA) and Life Care Centers of America became founding partners for a national mentoring program for early career long-term care administrators in 2011. A structured application, selection, and matching process for protégés (administrators seeking mentoring) and ACHCA Fellow mentors (experienced administrators with records of accomplishments in the long-term care field) was developed as part of the program, along with expectations for matched mentoring pairs to spend some time each month in mentoring activities. Evidence from the program indicates that mentoring is a win-win situation. The mentee gains valuable insight and guidance while the mentor receives the satisfaction of passing on hard-earned knowledge and watching someone grow. Mentors can improve their leadership and communication skills and mentees develop new skills while building their professional network.

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INTRODUCTION

Almost every successful healthcare leader can name a colleague who in some way helped them become the person they are today. In some cases, this was a co-worker, supervisor, or established leader in their field who shared their knowledge and years of experience to nurture and shape an emerging healthcare professional. Recognizing the need to raise the public image of long-term care as a desirable career option and improve leader retention, the American College of Health Care Administrators (ACHCA) and Life Care Centers of America became founding partners for a national mentoring program for early career long-term care administrators.

The importance of stable, strong leadership in the field of health administration and aging services is a significant need for today's senior care organizations (Dana & Olson, 2007). Evidence suggests that both stability (Castle, 2001) and well-prepared administrative leadership have a significant impact on the quality of care and service provided to seniors (Castle et al., 2015). Administrative turnover also has a direct negative impact on quality of care indicators, especially the effective management of staffing-related issues (Castle & Linn, 2010). A few current leadership trends are perceived as real threats to the quality of senior care in future decades. First, administrators are retiring faster than they are entering the profession; and second, mentoring is not being prioritized and used as much today as it was in the past (Olson et al., 2004). With the upcoming retirements of a significant percentage of the administrator population, the field cannot afford to have new administrators become so frustrated that they cannot succeed (National Association of Long-Term Care Administrator Boards [NAB], 2007). A 2018 survey of the American College of Health Care Administrators (ACHCA) members, who are representative of the profession, highlighted the importance of dedicated succession planning efforts. This survey showed that 47.2% (of 214 respondents) were 55 years or older and nearly 20% were 65 years or older¹. Furthermore, nursing home administrator turnover has been reported to be between 20 and 43% in a review of trade association data sources (Castle et al., 2007). Lastly, there are not enough university programs graduating the number of students required to meet the demand for emerging leaders in the field (Olson, 2018). Clearly there is both a significant need and an opportunity to do a better job of nurturing the next generation of healthcare leaders.

The purpose of this paper is to describe a recent mentoring initiative designed to improve retention of promising leaders in our field. This coordinated effort to strengthen the level of emerging administrative talent in health and

¹Bill McGinley, president and CEO (retired), American College of Health Care Administrators, personal communication. August 2019

aging services was established by bringing together the ACHCA, academy, and industry partners. In the subsequent sections of this paper, we discuss the strategic planning work that formed the foundation of the mentoring program and highlight the resources (both financial and human) allocated to facilitate the success of the program and the carefully crafted curriculum delivered to the participants. Our work informs other health care practitioners interested in implementing similar programs to develop emerging leaders in their organizations.

The ACHCA was uniquely positioned to respond to this opportunity to develop promising talent. Founded in 1962, the ACHCA is a nonprofit professional association that provides educational programming, networking, and career development opportunities for its members. Guided by the vision that dynamic leadership fosters successful long-term health care services, the ACHCA identifies and supports post-acute and aging services leaders, advocating for their mission and promoting excellence in their profession. The ACHCA mentoring program came to fruition in 2012 when the organization partnered with industry leaders from Life Care Centers of America, who provided financial support to help get the program up and running, and academic leaders from the University of Wisconsin – Eau Claire who created the curriculum and provided training.

SYSTEMATIC PROGRAM APPROACH

Our approach to this initiative included a structured application, selection, and matching process for protégés (administrators seeking mentoring) and ACHCA Fellow mentors (experienced administrators). Informed by a collaboration among academic and health care professionals, we developed best practices and a corresponding curriculum.

SUPPORT FROM THE NATIONAL GOVERNING BODY OF THE ACHCA

The ACHCA's membership supports the mentoring initiative from the highest levels of the organization. The president participates in the monthly mentoring committee conference calls. The mentoring committee chair is an ACHCA Fellow (the highest level of professional membership) and was a mentor in the program before taking his current role as chair. The ACHCA has a dedicated staff person to manage the mentoring program in conjunction with the mentoring committee. The members of the academic community who created the mentoring curriculum are also members of this committee. Finally, national leaders of the ACHCA provide time and resources to ensure that there is formal mentoring education provided at the ACHCA's convocation (annual national meeting).

LEVERAGING SYNERGY AMONG PROFESSIONALS

One of the reasons behind the successes of this program is the partnership between experienced health and aging services professionals (i.e., long-term care administrators working on the frontline) and academic professionals with expertise in health care administration, human resource management, and mentoring. The long-term care professionals in this program give generously of their time and expertise to assist emerging leaders. They perform multiple roles, include mentorships, serving on the mentoring committee, taking part in mentoring education, and promoting the program.

The academic professionals in this program utilize their complementary skill sets to ensure a uniquely tailored curriculum to help mentors in the long-term care field assist promising new professionals prepare for the specific challenges they are likely to encounter. The two faculty members that have been involved in the program since its inception draw on two different backgrounds. One faculty member has experience as a long-term care administrator and currently trains university students who aspire to have a career in long-term care administration. He understands the unique challenges of this profession and has a grasp on the types of support new administrators need. The other faculty member teaches leadership and human resource management classes and has specific expertise in mentoring. This faculty member has experience teaching a mentoring course and conducts mentoring research. This combination of resources ensures the quality of the curriculum. The curriculum also draws upon established concepts and models, such as the SAGE model advanced by Bell and Goldsmith (2002).

CAREFUL SELECTION OF PARTICIPANTS

Mentoring takes the effort of both the mentor and the protégé to make it a worthwhile and effective partnership. Thus, a great deal of care has been put into establishing the eligibility requirements for participation as well as the expectations for what occurs during each partner's progression through the ACHCA mentoring program. Even though the selection of a mentor is often opportunistic, based on their geographic proximity to the protégé, it is important for the protégé to be paired with someone with knowledge and experience as well as proactive and passionate. The founders of this program brought together focus groups of ACHCA Fellows, who prioritized key mentoring qualities that would be most critical to working effectively with emerging senior care leaders. All ACHCA mentors must demonstrate professional expertise, a strong work ethic, interest in developing others, integrity, and passion for the field.

The protégé plays an equally important role in the process. To ensure commitment on the part of both dyadic members, the protégé also must be an ACHCA member. The protégé should be either toward the end of their administrator-in-training field experience or in the early stages of their career (i.e., first job) and have career aspirations for being a long-term care administrator. Like the mentor, they need to be giving of their time and passionate about the field.

KEY TENETS OF THE MENTORING PROGRAM

Consistent with exemplary practices found in other mentoring programs (Hawkins & Fontenot, 2010), the ACHCA mentoring program:

- Offers enough structure and formality to provide consistency; yet enough flexibility to allow for the natural development of the mentoring relationships.
- Incorporates a combination of face-to-face meetings with distance communication features (e.g., e-mentoring, and webinars).
- Emphasizes the education of its mentors, requiring a minimum of four continuing education units annually.
- Offers mentoring education through ACHCA conferences and web-based training with program partners.
- Makes ample resources (instructional, organizational, financial) available to help facilitate the success of these mentoring partnerships.

MENTORING CURRICULUM

The mentoring curriculum provides a framework and foundation for the success of each mentoring cohort. Several exercises are put into place to maximize the likelihood of a positive start to each mentoring relationship. The most important exercise is establishing a mentoring covenant, in which both the mentor and the protégé clearly establish what they expect to give to—and receive from—the relationship. While not a legal contract, this covenant establishes an elevated level of commitment to the relationship. The process that each mentoring pair must go through to establish this covenant also ensures that both parties are on the same page regarding expectations for the relationship. Success is going to look different for each mentoring pair based on their goals for the relationship. A key aspect of the mentoring covenant exercise is the requirement that each mentor-protégé pair discuss what success will look like for their relationship. Going through this process helps the mentor and protégé stay on course and progress in a mutually beneficial way.

While the mentoring covenant serves as the cornerstone of the relationship, mentoring best practices are shared with the mentors and protégés as part of their formal training. As one might expect, good communication is vital to any mentoring relationship. The most important skill for both mentor and protégé is effective listening. Participants are taught how to avoid the trap of making inaccurate assumptions, the need for active listening and maintaining focus, and the importance of demonstrating empathy. Mentors are also trained on how to ask the right questions. Key strategies include setting up a context in which questions are appropriate, asking questions that allow for clarification, avoiding questions that may suggest judgement of the protégé, and making good use of paraphrasing to ensure mutual understanding.

The participants in this program also learn about the art of offering advice. Seasoned administrators are going to have suggestions to assist the growth of their protégés; however, numerous variables will impact how the advice is received. Advice should focus on changing behaviors (not the person), and the mentor must remember that the protégé has to agree that a behavior is problematic before they are willing to change it. Mentors are trained to avoid giving unsolicited advice and to clearly communicate that the protégé has the choice of whether to accept advice when it is given. Offering advice in the first person (e.g., "What helped me become more proficient in that area . . .") is also recommended.

The program curriculum also discusses common mistakes to be avoided by the mentor. Mentors should not create clones of themselves, pass judgment, or create dependence in the relationship. If the protégé thinks they can be successful only with the help of the mentor, the program has not achieved its ultimate goal. Protégés should leave the program with the confidence that they have the tools to be an independent and meaningful contributor to their facility's success. The program also teaches participants how to effectively mentor from remote locations, which is critical given the increase in virtual interactions during the pandemic. Finally, the program offers guidance on how to effectively bring closure to the formal relationship once the mentoring pair has accomplished its objectives.

The mentoring curriculum is delivered to participants in several different ways. First, the ACHCA dedicates time during its annual conference for mentoring education. The academic faculty and the mentoring committee deliver these training sessions. The ACHCA also offers training online with a variety of resources including webinars. Curriculum development is ongoing, and the mentoring committee is in the process of developing video role plays that participants can watch online. These role plays delve into challenging issues

that the mentor and protégé may have to tackle as their relationship evolves. Common issues that partners may need to work on include time management, regulatory compliance, ethics, and staff relations. What is exciting about the latest curriculum development is that past participants in the program are helping to create some of the online resources. This participation adds credibility to the program because these former participants have first-hand knowledge of the process and the issues they encountered. In addition, they have personally experienced how the program advanced their careers in positive ways.

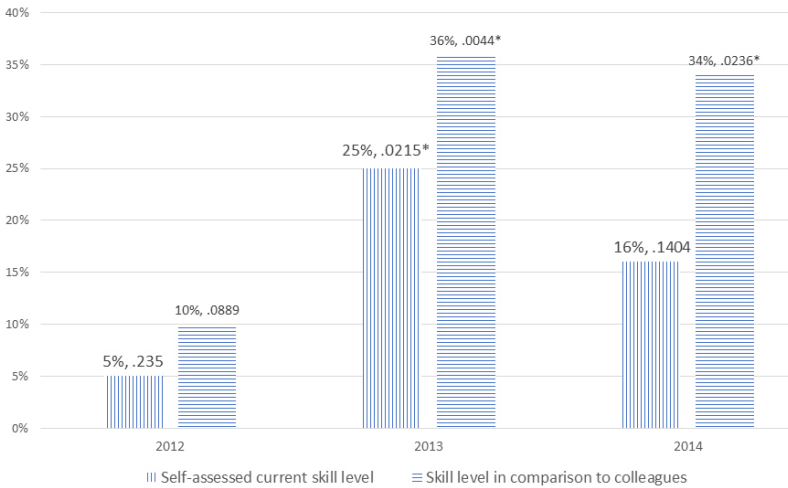
PROGRAM EVALUATION RESULTS

Understanding that feedback is critical to the continued advancement of the mentoring program, the mentoring committee improved several assessment initiatives. During the first 3 years of the program, while under grant funding, an electronic self-assessment of skill level was administered at the start of the program. First, mentors and protégés assessed their own management and leadership skills in 17 different areas established by the steering committee and guided by the domains of practice of the National Board of Examiners for Long Term Care Administrators. These items included leadership skills, quality and service responsibilities, fiscal stewardship, and human resource practices. At the end of the program, a self-assessment of how much skill levels had changed during the program was administered using a 6-point scale, ranging from 1 = "needing significant improvement" to 6 = "very effective." Mentors and protégés were also asked to assess their proficiency with the same set of skills in comparison to their colleagues using a 6-point scale, ranging from 1 = "bottom 20%" to 6 = "top 5%." In sum, two self-reported scores were gathered at two points in time from these participants (Figure 1).

The 60 respondents from the first three grant funded years (55% average response rate) reported a positive change in their perception of their own management skills after completing the program and in their perception of how their skill levels compared to those of their colleagues. Figure 1 illustrates the aggregate percentage of perceived improvement reported by participants in each year. The respective *p* values using a Chi-square T-test for small sample sizes (Altman et al., 2000; Campbell, 2007) are also shared following the percentage reported (with *p* < .05 being significant and designated with an asterisk). Even with a limited sample size, it was encouraging to see the overall positive trends and, more importantly, that half of the self-reported changes were statistically significant.

Figure 1

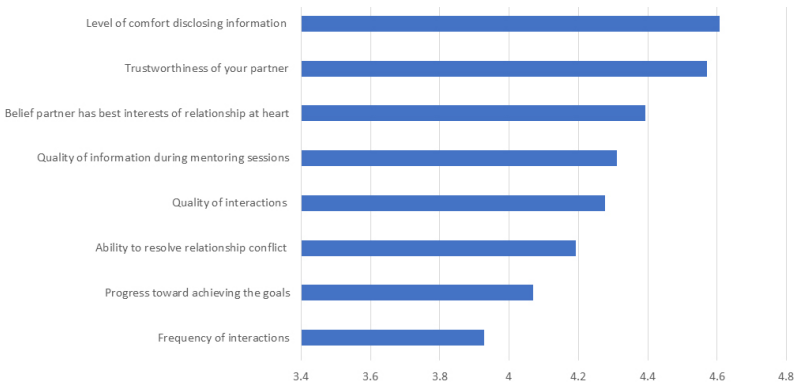
Percent change in management and leadership administrative skills



The ACHCA has been intentional about creating feedback points throughout the program to evaluate its success. At the mid-point, participants have an opportunity to provide confidential feedback on how the relationship is progressing. All mentors and protégés are asked to complete an end-of-program survey assessing their satisfaction (from 1 = “very dissatisfied” to 5 = “very satisfied”) with various aspects of the mentoring relationship. What is particularly encouraging is that the three highest scoring averages (108 respondents, 36% average response rate) focus on comfort in disclosing information, trustworthiness of their partner, and the belief that their partner has the best interest of the relationship at heart (mean scores of 4.61, 4.57, and 4.39, respectively). These are crucial areas to the success of mentoring relationships (Fleig-Palmer et al., 2018).

Figure 2

Evaluation of mentoring relationship



The program has also boasted a high completion percentage, which is reflective of both a good pairing process and a successful, satisfying relationship for both mentors and protégés. Since the program's inception, over 150 mentor and protégé pairs have completed the mentoring program (approximately 95%), and most of these relationships last long after the first year. For the small percentage of initial matches that did not work out, other mentors were identified and stepped in so protégés could continue.

The national mentoring program has had mentor/protégé pairings from 29 states with approximately 70% of protégés being female and 70% of mentors being male. Thanks to the incorporation of a rolling admissions process, stronger communication between the mentoring committee and ACHCA Fellows in state chapters, and more recognition of mentor program participants at convocation, we have seen a resurgence in the number of pairings. In 2019, we achieved a program high of 45 active pairs.

TAKING THE NEXT STEPS

The ACHCA mentoring program is the result of long-term strategic planning. Starting with the earliest discussions in 2008, to the inaugural mentor-protégé cohort in 2012, to the record number of mentoring pairs in 2019, advocates of this program have been careful to make sure that a solid structure has been in place to ensure the effectiveness of the mentoring relationships.

Participant feedback confirms that ACHCA's signature mentoring program

is a win-win situation for both mentors and protégés and a valuable resource for the health and aging services field. Through growing awareness of the value of mentoring models and programs, healthcare administration educators can develop complementary course content to further promote the value of mentoring and set the stage to enhance future leadership capacity within the long-term care profession. Through ACHCA student chapters at universities around the country, the organization can educate on the benefits of this mentoring program with the hope that, upon graduation, these new administrators will participate. Providers in the field should also consider this program to be a critical component of building and retaining the talent supply required to meet the future needs of the senior care administrative profession. Investing in this type of development program is essential to attracting and retaining top talent to lead the organizations entrusted with the care of our aging population.

REFERENCES

- Altman D. G., Machin D., Bryant, T. N., & Gardner, M. J. (Eds.) (2000). *Statistics with confidence*, 2nd ed. BMJ Books.
- Bell, C., & Goldsmith, M. (2002). *Managers as mentors-building partnerships for learning*. Berrett-Koehler Publishers.
- Campbell, I. (2007). Chi-squared and Fisher-Irwin tests of two-by-two tables with small sample recommendations. *Statistics in Medicine* 26, 3661–3675.
- Castle, N. (2001). Administrator turnover and quality of care in nursing homes. *The Gerontologist*, 41(6), 757–767.
- Castle, N., Engberg, J., & Anderson, R. (2007). Job satisfaction of nursing home administrators and turnover. *Medical Care Research and Review*, 64(2), 191–211.
- Castle, N. G., Furnier, J., Ferguson-Rome, J. C., Olson, D., & Johs-Artisensi, J. (2015). Quality of care and long-term care administrator's education: Does it make a difference? *Health Care Management Review*, 40(1), 35–45. <https://doi.org/10.1097/hmr.0000000000000007>
- Castle, N., & Linn, M. (2010). Top management turnover and quality in nursing homes. *Health Care Management Review*, 35(2), 161–174.

- Dana, B., & Olson, D. (2007). Effective leadership in long term care: The need and the opportunity. ACHCA. https://achca.memberclicks.net/assets/docs/ACHCA_Leadership_Need_and_Opportunity_Paper_Dana-Olson.pdf
- Fleig-Palmer, M. M., Rathert, C., & Porter, T. H.(2018). Building trust: The influence of mentoring behaviors on perceptions of health care managers' trustworthiness. *Health Care Management Review*, 43(1), 69–78. <https://doi.org/10.1097/HMR.0000000000000130>
- Hawkins, J., & Fontenant, H. (2010). Mentorship: The heart and soul of health care leadership. *Journal of Healthcare Leadership*, 2, 31-342-31. <https://doi.org/10.2147/JHL.S7863>
- National Association of Long-Term Care Administrator Boards (NAB). (2007). Decline in license exam applicant study. NAB. www.nabweb.org.
- Olson, D. (2018). A framework for expanding and enhancing university-based health administration and aging services programs across the United States. *Journal for Seniors Housing and Care*, 26(1), 83–95.
- Olson, D., Prybil, L., & Hilber, J. (2004). Revisiting the role of mentoring in healthcare management development. *The Journal of Health Administration Education*, 21(3), 371–381.

