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2 **Investigating Characteristics of Quality Peer Mentors with Spinal Cord Injury**

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4 **RUNNING TITLE: Quality Peer Mentorship**

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8 Words: 3171

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11   **Abstract**

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13   **Objective:** To identify characteristics 1) of high and low quality SCI peer mentors; and 2) that
14   should be used to match spinal cord injury (SCI) peer mentors and mentees.

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16   **Design:** The study was conducted in partnership with three Canadian provincial SCI Organizations
17   using an integrated knowledge translation approach. The Delphi exercise was completed in three
18   rounds. In Round 1, people with SCI completed a thought-listing exercise to identify
19   characteristics of high and low-quality peer mentors and for matching. In Rounds 2 and 3, people
20   with SCI and community organization staff rated characteristics from the previous round on an 11-
21   point scale. After the final round, the remaining characteristics were thematically analyzed.

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23   **Setting:** Community-based peer mentorship programs in three Canadian provinces.

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25   **Participants:** People with SCI and SCI community organization staff (Round 1, n = 45; Round
26   2, n = 27; Round 3, n = 25).

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28   **Interventions:** Not applicable.

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30   **Main Outcome Measures:** Consensus-based list of characteristics.

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32   **Results:** Participants reached consensus on 215 characteristics of quality peer mentors and 11
33   characteristics for peer mentor-mentee matching (ICC = 0.96). A consensus-based characterization
34   of high and low-quality peer mentorship was created and included six overarching themes:
35   competencies, personality characteristics, emotional state, mentor outlook, reason for mentoring,
36   and role model.

37   **Conclusion:** A consensus-based characterization of quality peer mentorship was co-developed
38   with input from over 50 members of the SCI community. Findings highlight that peers have both
39   interpersonal and intrapersonal characteristics that contribute to quality mentorship. The findings
40   highlighted the importance of matching mentors on lived experience and shared interests. Findings
41   will inform future research and SCI peer mentorship programs.

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43   **Key Words:** Consensus; spinal cord injury; peer mentorship; Delphi

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45   **Abbreviations:** Spinal Cord Injury (SCI); Integrated Knowledge Translation (IKT)

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Introduction

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49   A spinal cord injury (SCI) can impact almost every aspect of a person's life. While primary

50   goals of rehabilitation are to prepare individuals for returning to community living, research

51   indicates that participation in daily activities and social roles is compromised among the SCI

52   population (1, 2). To support people with SCI after an injury, several Canadian community service

53   organizations have established peer mentorship programs, as have several other community

54   organizations in different regions of the world. SCI peer mentorship is defined as *a peer interaction*

55   *that aims to provide encouragement, counsel, and information to individuals who share similar*

56   *lived experiences*(3).   Often SCI organizations will match peers mentors and mentees on

57   demographic characteristics such as age or gender (4, 5)

58   Qualitative and descriptive evidence indicates that peer mentorship may be an important

59   and valuable service to support people with SCI to adjust, adapt, and thrive after an injury (2, 3,

60   6-8). Yet, very little research has examined the mechanisms by which peer mentorship achieves

61   positive outcomes. Qualitative research by Veith and colleagues outlined five components that

62   differentiate peer mentorship relationships from other supportive relationships (i.e. credibility,

63   equitability, mutuality, acceptance, normalization). Similarly, psychological and leadership

64   theories and approaches (e.g., transformational leadership, self-determination theory, and

65   motivational interviewing) have emerged as frameworks that may explain quality peer

66   mentorship(9-11). Because these studies were grounded in theory, they provided top-down

67   evidence (i.e. deductive) of peer mentor characteristics that were embedded within their respective

68   theories. Although theoretically important, examining an array of characteristics through one

69   theoretical lens may limit our understanding of peer mentorship interactions. However, we have

70   yet to establish an understanding of the characteristics of peer mentors that *the SCI community*

71 believes are important or whether these characteristics differ from those specified in theories

72 developed by researchers. To fully understand the characteristics that define high and low-quality

73 peer mentorship, a bottom-up approach (i.e. inductive) that focuses on the perspectives and direct

74 experiences of people with SCI providing and/or receiving peer mentorship and community

75 organizations providing peer mentorship services is needed.

76   Integrated knowledge translation (IKT) is an approach ideally suited to inductive

77 approaches as research users work in equitable partnership with researchers throughout the entire

78 research process (12-14). Through an IKT approach, evidence-based solutions that address the

79 priorities and needs of communities can be identified and developed. Consensus methodology is

80 one IKT strategy used to put decision-making power in the hands of those who are most affected

81 by the decision (15-19). Delphi methodology is a type of consensus method that may hold promise

82 for harnessing the insights of communities (15, 19) and is commonly used in medical, nursing, and

83 health services research (16, 18, 20). It has the advantage of establishing consensus in a large,

84 heterogeneous, and geographically dispersed communities such as the SCI community (i.e. people

85 with SCI and SCI-focussed community organizations providing peer mentorship services). The

86 opinions of each expert are also equally valued, allowing for a wider range of direct knowledge

87 and experiences to inform decisions and solutions (21-24). Establishing consensus among the SCI

88 community regarding characteristics of peer mentors may be an important first step to

89 understanding the characteristics of quality peer mentorship. Identifying these characteristics is

90 invaluable for informing and improving peer mentorship programs offered by SCI organizations.

91   Using a community-based Delphi methodology, the present study aimed to develop

92 understanding of quality peer mentorship from the perspectives and direct experiences of people

93 with SCI providing and/or receiving peer mentorship and community organizations providing peer

94   mentorship services. Specifically, we aimed to establish consensus among the SCI community

95   regarding 1) characteristics of high and low-quality SCI peer mentors; and 2) characteristics that

96   SCI organizations should consider using when matching SCI peer mentors and mentees. Using

97   these characteristics, we aimed to co-develop a consensus-based characterization of quality peer

98   mentorship. Because peer mentorship programs are offered in both hospital- and community-based

99   settings, we examined characteristics in both settings. To our knowledge, this study represents the

100   first community-based Delphi exercise specifically involving people with SCI and SCI community

101   service organizations.

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Method

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Integrated Knowledge Translation

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104   This study was designed using an IKT approach (14). To understand peer mentorship

105   across different contexts, the researchers partnered with three provincial SCI community

106   organizations who offer SCI peer mentorship programs (Spinal Cord Injury Alberta, Spinal Cord

107   Injury BC, Spinal Cord Injury Ontario). The team included people with lived experience of SCI

108   and peer mentorship, researchers with experience conducting community-based SCI research, and

109   administrators within each organization with the authority to make decisions regarding their peer

110   mentorship program. Together, our team applied for and received funding, refined the research

111   question, developed the methods, analyzed the data, and disseminated the findings. At each of

112   these stages of the research process, the team met online to discuss and refine next steps.

Design and Participants

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114   The Delphi methodology was approved by the University of British Columbia Okanagan's

115   Behavioural Research Ethics Board. The study used a three-round Delphi methodology to address

116   the research questions. Delphi methodologies have been considered as a reliable means for

117   reaching consensus when a minimum of six expert participants are included (24). Therefore, we

118   aimed to recruit a minimum of six experts from each target group (i.e. peer mentors, mentees, and

119   SCI organizations). In Round 1, only SCI peer mentors or mentees (i.e. people who have

120   previously received and/or provided peer mentorship) completed the questionnaire. To ensure our

121   findings were relevant to organizations that provide peer mentorship programs, Rounds 2 and 3

122   included participants who had either received or provided peer mentorship *as well as* SCI

123   organization staff who support SCI peer mentorship programs.

124   **Procedures**

125   Informed consent was obtained from all participants. In addition to completing

126   demographic questionnaires and mentorship experience questionnaires, participants completed up

127   to three rounds of online Delphi questionnaires. The language in each questionnaire was targeted

128   to specific participant groups (i.e. mentors, mentees and SCI organization staff) and copies of

129   questionnaires are provided in supplementary files and on Open Science Framework (see

130   DOI 10.17605/OSF.IO/GJTCY).

131   In line with the Delphi methodology, participants completed six thought-listing exercises

132   in Round 1. In exercises 1 to 4, participants were instructed to list all the characteristics of a peer

133   mentor who provides excellent, high-quality peer mentorship in a hospital-based setting (exercise

134   1); poor, low-quality peer mentorship in a hospital-based setting (exercise 2); excellent, high-

135   quality peer mentorship in a community-based setting (exercise 3); and poor, low-quality peer

136   mentorship in a community-based setting (exercise 4). Before listing characteristics, the

137   individuals were instructed to visualize the peer mentor for two minutes. In exercises 5 and 6,

138   participants were instructed to list all the characteristics that need to be considered when matching

139   a peer mentor with a mentee in a hospital-based setting (exercise 5) and a community-based setting

140   (exercise 6). In all exercises, participants were instructed to list as many characteristics as possible

141   and were reminded there were no right or wrong responses.

142   In Round 2, participants were presented with characteristics of peer mentors and matching

143   characteristics generated from Round 1. All characteristic lists were divided into the same six

144   sections used in Round 1 and the order in which characteristics were presented was randomized.

145   Participants were asked to rate all characteristics on an 11-point scale from zero to ten (0 = strongly

146   disagree to 10 = strongly agree). For Sections 1 to 4, participants used the scale to indicate the

147   extent to which they agreed that each characteristic could be used to identify the peer mentor

148   described. For Sections 5 and 6, participants again used the scale to indicate the extent to which

149   they agreed that the characteristic should be considered when matching a peer mentor and mentee

150   in the given context.

151   In Round 3, participants were provided with randomized lists of characteristics of peer

152   mentors and matching characteristics that remained after Round 2. The format for the

153   questionnaire was identical to Round 2, with the exception that each characteristic was presented

154   with its corresponding Round 2 consensus statistics (i.e. average score, lowest score, highest

155   score). In line with Delphi methodology, participants were instructed to consider this information

156   when re-rating each characteristic and criterion listed using the 11-point scale.

157   **Analysis**

158   The analysis included two steps: 1) Delphi analysis; and 2) thematic analysis. Analyses

159   associated with each step are outlined below.

160   **Delphi Analysis.** Round 1 generated over 1,000 characteristics. To reduce participant

161   burden, one researcher streamlined the characteristic lists by removing duplicates and synonyms

162   using the Oxford dictionary. The decisions and resulting list were discussed by four members of

163 the research team. A second researcher led an inductive thematic analysis of all characteristics as

164 per the steps outlined by Braun and Clarke (2006). Upon completion, two members of the research

165 team completed a deductive coding task, where characteristics not associated with humans (e.g.

166 inanimate places or things) were removed. The final streamlined characteristic lists included

167 themes as well as stand-alone characteristics that could not be accounted for by the themes

168 identified.

169   In Rounds 2 and 3, the research team calculated the mean score, highest score, and lowest

170 score for each characteristic rated by participants. Characteristics that received a mean score of

171 greater than or equal to 8.0 *or* two-thirds of participants (approximately 66%) rated the

172 characteristic as 8.0 or higher were retained in the list. All other characteristics were removed from

173 the list. For the final round (i.e. Round 3), consensus was met when characteristics were no longer

174 removed from the list, as all characteristics met pre-established criteria noted above. Intraclass

175 Correlation Coefficients (ICC) were used to measure reliability across ratings because there were

176 two or more raters (25). Values of 0.00-0.50 correspond to poor reliability, 0.50-0.75 to moderate

177 reliability, 0.75-0.90 to good reliability, 0.90 and above to excellent reliability (26).

178   **Thematic Analysis.** The final lists included several overlapping characteristics after

179 Round 3. To improve the usefulness and interpretability of findings, SCI organizations requested

180 that the final characteristic list be further synthesized. Three researchers conducted an inductive

181 thematic analysis of the final characteristics. This process was guided by Braun and Clarke's steps

182 to conducting a thematic analysis (27, 28). The researchers independently read and re-read the

183 final list of characteristics. Each researcher formulated initial codes to reflect the characteristics.

184 Over several meetings (> 6 hours total), the three researchers then worked together to review and

185 organize the codes into overarching themes and sub-themes and, subsequently, named and defined

186 each theme. The entire team reviewed the themes to ensure they were distinct, clear, and supported

187 by the data.

Results

Participants

190   In Round 1, 45 people with SCI participated in the thought-listing exercise. In Round 2, 27

191 people with SCI and/or staff of an SCI organization completed the questionnaire. In Round 3, 25

192 people with SCI and/or staff of an SCI organization completed the questionnaire. Reasons for

193 participant non-participation in each round were not collected. Detailed participant demographics

194 are presented in Table 1.

Results of the Delphi Consensus Analysis

196   The total number of included and excluded characteristics across all contexts and for each

197 specific context are presented in Table 2. Supplementary File 1 provides the complete raw lists

198 and outlines the themes associated with each characteristic across the six lists as well as the Round

199 2 and 3 mean scores and range for each characteristic. In Round 1, participants listed 1,110

200 characteristics across all six lists. Once all lists were refined, 348 characteristics were included

201 across the six lists. In Round 2, 226 characteristics met pre-established consensus criteria (mean

202 score of greater than or equal to 8.0 *or* were rated as an 8.0 or higher by 66% of participants) and

203 122 characteristics were removed from the list. In Round 3, 225 peer mentorship characteristics

204 met pre-established consensus criteria, and one characteristic was removed from the list.

205 Reliability of ratings was excellent across all participants (ICC = 0.96) as well as among mentors

206 (ICC = 0.86), mentees (ICC = 0.80) and SCI organization staff (ICC = 0.87).

Results of the Thematic Analysis

208   Six overarching themes relating to quality peer mentorship and six sub-themes related to

209   competencies were identified: competencies (sub-themes: general, communication, autonomy

210   support, emotional intelligence), personality characteristics, emotional state, mentor outlook,

211   reason for mentoring, and role model. The sub-theme of emotional intelligence included both

212   selfawareness and social awareness. The majority of themes were observed in both contexts (i.e.

213   hospital and community) and levels of quality (i.e. high and low). For example, the characteristic

214   'positive attitude' was observed for both high-quality community and hospital settings whereas a

215   'negative attitude' or 'poor attitude' was seen in low-quality hospital and community settings

216   respectively. Definitions and descriptions of each theme and sub-theme are presented in Table 3.

217   The number of characteristics and exemplar characteristics associated with each theme are

218   presented in Table 4. Supplementary File 1 provides all characteristics retained after Round 3 and

219   the theme or sub-theme assigned to the characteristic.

220   After Round 3, only eleven matching characteristics received a mean score of greater than

221   or equal to 8.0 *or* were rated as an 8.0 or higher by 66% of participants. In a hospital setting, final

222   matching characteristics included 'language', 'understanding each other', 'availability', 'disability

223   level/functional ability', 'and 'experience with similar challenges'. In a community setting, final

224   matching characteristics included 'mentor's knowledge matches mentee's needs', 'time

225   availability', 'outlook and approach', 'knowledge about community-based resources', 'similar

226   lifestyle goals that the mentee wants to achieve/experience', and 'experience with similar

227   challenges that the mentee might encounter'.

228   **Discussion**

229   Using community-based Delphi methodology, a consensus-based characterization of

230   quality peer mentorship was co-developed with input from of over 50 members of the SCI

231   community with expertise in peer mentorship.   By ensuring the SCI community was involved in

232   the decision-making process, the Delphi exercise revealed a vast array of characteristics associated

233   with peer mentors providing high or low-quality mentorship in both hospital and community

234   settings (> 225 characteristics). The findings outline aspects of quality peer mentorship that

235   focuses *both* on interpersonal (e.g. communication, autonomy support, and emotional intelligence)

236   and intrapersonal characteristics (e.g. emotional state, personality, mentor outlook, reason for

237   mentoring, and being a role model). Minimal differences in characteristics were observed between

238   the hospital and community settings. While characteristics of quality peer mentors are diverse, the

239   SCI community was only able to come to consensus for relatively few matching characteristics

240   that primarily relate to the lifestyle and experience of the mentor rather than demographic

241   characteristics. This finding is noteworthy and may indicate that it is important to match peer

242   mentors with mentees based on lived experience rather than traditional demographic

243   characteristics that have been used in previous work such as age or gender (4, 5)

244   The findings from this study closely align with previous work that has demonstrated SCI

245   peer mentorship's congruence with motivational interviewing, self-determination theory, and

246   transformational leadership (4, 9-11, 29). For example, characteristics associated with 'role model'

247   and 'personality' align with the transformational leadership concepts of idealized influence (i.e.

248   emulating desired behaviours by acting as a role model) and inspirational motivation (i.e. articulate

249   a compelling vision for the future, display enthusiasm, and optimism) respectively (9). Likewise,

250   characteristics associated with emotional intelligence, autonomy support, and communication

251   skills align with the concepts of autonomy and relatedness in self-determination theory, as well as

252   the spirit of motivational interviewing (10, 11, 30). This alignment with multiple theories and

253   approaches may point to the value of training peer mentors in a variety of different underlying

254   theories and approaches.

255   Our consensus-based characterization of quality peer mentorship may begin to provide new

256   insights into characteristics of peer mentors are able to help individuals adjust to life after injury,

257   teach others, and facilitate participation in daily activities and social roles. Our findings indicated

258   that peer mentors need the competencies to communicate and be knowledgeable about topics

259   related to SCI, but they must also have the intrapersonal and interpersonal skills necessary to

260   motivate and support others. Furthermore, the overarching themes closely align with the five

261   unique components peer mentorship identified by Veith and colleagues (i.e. credibility,

262   equitability, mutuality, acceptance, normalization) (3). However, our findings also point to other

263   considerations about mentorship not mentioned by previous work. Namely, the mentor's outlook

264   and emotional state. In particular, our findings indicate that it is important that mentors are in a

265   positive emotional state prior to mentoring. Further research is needed to understand if and how

266   the characteristics of quality peer mentorship influence outcomes associated with SCI mentorship

267   and how SCI organizations can feasibly train individuals to *or* select individuals who can

268   effectively share their lived experiences, address their emotional state, and build their capacity for

269   emotional intelligence.

270   Our finding that it is important to match peer mentors with mentees based on lived

271   experience rather than traditional demographic characteristics is noteworthy. Previous work has

272   matched individuals based on demographic factors such as age or gender (4, 5). Further research

273   is needed to understand how peer mentorship programs can facilitate matching on lived experience

274   and interests as well as whether these matches lead to better outcomes for the mentee and mentor.

275   A particular strength of this research is the use of IKT and consensus methodologies. Using

276   a Delphi methodology within an IKT approach, we aimed to shift the power and ownership over

277   the research to the SCI community. This shift supported strong participation from the community

278 and has made the translation of our findings into tangible tools and resources a natural future

279 direction for this research. In particular, our findings can be used by SCI Organizations to develop

280 and select training methods that align with our characterization of quality peer mentors, inform

281 evaluation criteria for their programs, and match peer mentors with mentees. The team will work

282 to create tools and resources that support the partner organizations to disseminate and apply the

283 findings to their daily practices. In turn, future directions for this research will be to test the validity

284 and impact of the findings within peer mentorship programs.

285 **Study Limitations**

286 Despite the value of our IKT approach, this research has limitations that must be

287 acknowledged. First, participants were only recruited from three mentorship programs from across

288 Canada. While participants demographics were broadly representative of the Canadian SCI

289 population (31), it is possible that these findings may not generalize to other countries

290 organizations that use a different peer mentorship approach. Second, participants were asked to

291 only list characteristics in their own words. The context or rationale for listing these characteristics

292 was not explored and it is possible that other participants may have interpreted these characteristics

293 differently. Finally, the study was only conducted in English which may have led to a view of peer

294 mentorship that precludes the diverse experiences of people with a SCI who do not speak English.

295 Further efforts are needed to understand how we can include a diverse group of people with SCI

296 in our research.

297 **Conclusions**

298 As a whole, this research begins to shed light on the SCI community's opinions regarding

299 the interpersonal and intrapersonal characteristics associated with providing quality peer

300 mentorship. This research also emphasizes the importance of matching mentors on lived

301   experience and shared interests. Findings are both valuable for understanding the mechanisms of

302   peer mentorship as well as for improving SCI peer mentorship programs.

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