

ARTICLE



# Understanding peer mentorship programs delivered by Canadian SCI community-based organizations: perspectives on mentors and organizational considerations

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**STUDY DESIGN:** The study used a generic qualitative design.

**OBJECTIVES::** This article set out to garner knowledge of peer mentorship programs delivered by SCI community-based organizations by interviewing people who are directly and in-directly involved with these programs.

**SETTING:** Four provincial community-based SCI organizations across Canada. An integrated knowledge translation approach was applied in which researchers and SCI organization members co-constructed, co-conducted, and co-interpreted the study.

**METHODS:** Thirty-six individuals ( $N = 36$ , including peer mentees, mentors, family members of mentees, and organizational staff) from four provincial SCI community-based organizations were interviewed. The participants' perspectives were combined and analyzed using a thematic analysis.

**RESULTS:** Two overarching themes with respective subthemes were identified. *Mentorship Mechanics* describes the characteristics of mentors and mentees and components of the mentor-mentee relationship (e.g., establish a common ground). Under the theme *Peer Mentorship Program Structures*, participants described the organizational considerations for peer mentorship programs (e.g., format), and organizational responsibilities (e.g., funding; creating a peer mentorship team).

**CONCLUSION:** This study provides an in-depth look at the characteristics of peer mentorship programs that are delivered by community-based organizations in Canada and highlights the complexity of delivering such programs.

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## INTRODUCTION

Community-based spinal cord injury (SCI) organizations provide programs to help individuals with SCI manage the realities of living with a disability and enable them to thrive. One of the key programs within SCI community-based organization is peer mentorship [1]. In Canada, provincial SCI community-based organizations have been providing peer mentorship programs within community, rehabilitation centers, and hospital settings for past 7–71 years [1]. Peer mentorship in SCI consists of a peer interaction that aims to help individuals who share similar lived experiences adapt and/or thrive ([www.mcgill.ca/scipm](http://www.mcgill.ca/scipm)) where peers are seen as highly credible, equitable, and accepting [2]. Peer mentorship has been found to benefit people with SCI on a number of outcomes such as SCI knowledge, quality of life, and participation [3]. Randomized controlled trials of SCI peer mentorship have also found greater self-efficacy [4] and self-management skills [5] among participants who participated in a peer mentorship intervention compared to a control group. Our companion qualitative paper outlined the outcomes related to peer mentorship within Canadian SCI community-based organizations which identified outcomes of

understanding, confidence, hope, and reduced isolation. Despite the growth in SCI peer mentorship research, few studies have focused on programs that are delivered by SCI community-based organizations.

Peer mentorship programs delivered by SCI community-based organizations differ from intensive, research-based peer-led interventions. These programs are multi-purposed and have a broad scope and use various modalities and strategies to deliver the program. Alternatively, peer-led research interventions are often very defined in scope and target-specific behaviors and outcomes such as self-management [5]. Barclay and Hilton [6] also highlighted in their scoping review that SCI peer mentorship remains highly varied in terms of timing, duration, location, and even if training was conducted (if at all). In describing peer mentorship, Veith et al. provided some insights into factors that facilitated mentor-mentee matching such as availability, age, gender, and interest [2]. Furthermore, Gainforth et al. documented high-quality characteristics of peer mentors [7]. These studies offer preliminary insights into the mechanics of peer mentoring but do not provide an understanding of the organizational considerations

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or characteristics of peer mentorship programs delivered by SCI community-based organizations.

A holistic strategy to understand peer mentorship programs delivered by SCI community-based organizations is needed. Such a need was highlighted by our partnered organizations given the data could help organizations obtain more resources (i.e., staff and funding) for these programs [1]. Capturing a comprehensive picture of SCI peer mentorship could illustrate the many decisions that community-based organizations must make when designing and delivering SCI peer mentorship programs. Therefore, the purpose of our study was to garner knowledge of peer mentorship programs delivered by SCI community-based organizations by interviewing people who are directly and indirectly involved with these programs. This qualitative study was led by the following research question: What are the characteristics of peer mentorship programs delivered within community-based organizations?

## METHODS

### Design

Four provincial community-based SCI organizations and researchers from two universities established a community–university partnership to examine SCI peer mentorship. Using the IKT guiding principles for SCI research [8], all members assisted with the funding application and co-development of the research studies. For this paper, the research team includes two directors of community-based SCI organizations (HF, TC), academic researchers with SCI research and qualitative experience (SS, HG), LS, a qualitative research expert, and graduate students (LH, SH, OP). Multiple team meetings were held to collaboratively decide on the research questions, interview guides, and recruitment strategy, and provide interpretations on the results based on our experiences (see Appendix A). LH, a graduate student, was the primary interviewer, was trained by LS, and completed SCI educational modules prior to conducting the interviews.

A constructivist, interpretivist, approach with a relativist ontology was used as our qualitative paradigm. By using this paradigm, we believe that knowledge is socially constructed and reality is relative to the individual and the context. As such, we attempted to examine the multiple perspectives of individuals involved in SCI peer mentorship rather than to find a transcendental “Truth” [9]. Given this approach, we used a generic qualitative design to allow us to explore participants’ opinions and reflections of peer mentorship programs [10, 11].

### Participants and procedures

Using purposeful sampling, participants were either a: (1) peer mentee (i.e., received peer mentorship), (2) peer mentor (i.e., provided peer mentorship), (3) family member of mentee, or (4) staff (with or without a SCI) of four community-based SCI organizations. Eligible participants were at least 18 years of age, English or French speaking, and were not diagnosed with a cognitive impairment. Research ethics certificates were obtained from McGill University and University of British Columbia.

Once informed consent was obtained, the participants then completed a single 45 to 60-min one-on-one interview over the telephone or via Skype®. Using a semi-structured interview guide, participants were asked questions surrounding the process of delivering and receiving peer mentorship, their peer mentorship experience, their role, and the impact peer mentorship had on their lives or the lives of the mentees from the perspective of staff members or the mentees’ family members (See Appendix B). The transcripts were transcribed verbatim.

### Data analysis

We used a thematic analysis approach to analyze our data [12]. First, LH read the interview transcripts multiple times to familiarize herself with the data. Line by line, she identified initial codes (i.e., meaningful portions of data relevant to the research questions) in each transcript. SS then reviewed the codes. Over 2 days, LH, SS, and a research assistant re-examined each code for relevance and then grouped relevant codes into themes and sub-themes. Once these initial themes were identified, six rounds of discussion were held between LH, SS, and SH to continue to collapse themes and create definitions for each theme. All codes and resulting themes were therefore based on participants’ responses and researchers’ interpretations (i.e., analyzed inductively), aligning with a constructivist paradigm. Community

partners (HF and TC) were community-based critical friends. They proposed changes or questioned the researchers on the relevance of themes based on their experiences. Note that OP and SH further refined the themes following reviewer comments and these modified themes were verified by both community partners. Therefore, multiple researchers were involved in the analysis, which ensured reliability and credibility. We also used an audit trail (documented details about recruitment, data collection and data analyses) and critical friends (academics and executive directors) as ways to ensure rigor in our analysis and trustworthiness of our data. Critical friends included the directors of the programs as they provided a soundboard to enhance reflexivity around the data (i.e., the data reflected participants’ experiences in SCI peer mentorship) [10]. These indicators enhanced the credibility of our data through multivocality [13].

## RESULTS

Thirty-six participants ( $N = 36$ ) completed the interviews (peer mentees,  $n = 9$ ; peer mentors,  $n = 13$ ; family,  $n = 6$ ; and staff,  $n = 8$ ; see Table 1). We presented the results over two broad themes—Mentorship Mechanics and SCI Peer Mentorship Program Structures—with sub-themes highlighted in italics (Fig. 1). Additional quotes supporting the sub-themes are in Tables 2 and 3.

### Mentorship mechanics

*Mentor characteristics.* As per our participants, the *Reasons* to become mentors are to help others and be able to share their *Lived Experiences/Expertise*: “you can be a mentor in different silos, depending on your expertise, your skills”; Kenneth, mentor, complete tetraplegia). Effective mentors have various *Interpersonal Skills* (e.g., active listening, openness to others and experiences) and *Qualities* (e.g., patience, positive attitude, trustworthiness) when interacting with their mentees.

“I repeatedly had the experience of approaching someone and telling them who I was, and then get them to talk about themselves. They would walk away with the opinion that I was really a smart fellow who understood all the issues. I had just listened to them talk about themselves. We started on a relationship of trust, and that struck them often as that’s a really clever fellow [laughter]. All I had done was listen.” Kevin (Staff who is also a mentor, Incomplete Paraplegia)

These skills and qualities facilitate the *Emotional support* provided by mentors through their empathic understanding. As highlighted by our participants, the mentors engage with their mentees by *Maintaining Agency* of their mentees to help them achieve their own goals. Lastly, mentors maintain a level of *Professionalism* in their interactions with mentees.

*Mentee characteristics.* Mentees have different *Motivations* for mentorship including wanting to “change the way of my life” (Sam, mentee, incomplete paraplegia). A mentee will likely come into a mentorship experience to gain *Control/Agency* because “we live for that control. The more and more that you desire that control, the more and more you push yourself to do these things.” (Susan, mentor, incomplete tetraplegia).

*Mentor/mentee relationships.* The peer mentor–mentee relationship often starts on *Common Ground* because “When they [mentors] come wheeling into your room, that speaks volumes as opposed to somebody comes walking into the room. You don’t even have to say it, you’re living it and they’re seeing it.” (Charles, staff, no SCI). However, it is important to *Clear Objectives* regarding the mentor/mentee relationship and program expectations. Ultimately, the mentorship relationship should be focused on the mentees’ needs and interests as they change over time and with different stages of life (*Mentee Focused Mentorship Provision*).

*Readiness* of the mentee are also key elements for the mentor/mentee relationship because the “mentee’s got to be in the right

**Table 1.** Participant demographic and SCI-relevant information.

Category	Sub-category	Number of participants	Mean
Organization	SCI Ontario	6	
	SCI Alberta	10	
	SCI British Columbia	12	
	Ability New Brunswick	8	
Roles	Mentors (with SCI)	13 (13)	
	Mentees (with SCI)	9 (9)	
	Family/Friend (with SCI)	6 (0)	
	Organization staff (with SCI)	8 (4)	
Interview method	Skype/Appear.in	15	
	Telephone	21	
Age			47.4
Gender	Men	20	
	Women	16	
Ethnicity	White	31	
	Black/Indigenous/Asian	5	
Marital status	Common law/married	19	
	Single/Divorced/Separated	17	
Education (highest level)	High school	5	
	College	10	
	University	12	
	Post-Graduate	9	
Years in program (Mentees/Mentors)	1–2	10	7.1
	3–4	5	
	5+	7	
Number of PM interactions (Mentees)	1–5	3	8.3
	6–10	2	
	11+	4	
Number of mentees (Mentors)	1–9	5	
	10–19	2	
	20–100	4	
	100+	2	
SCI type	Paraplegia	10	
	Tetraplegia	16	
SCI completeness	Complete	12	
	Incomplete	14	
Mode of mobility	Walking (with walker)	1 (1)	
	Manual Wheelchair	16	
	Power Chair	8	
Asia classification	A	10	
	B	6	
	C	7	
	D	3	

Spinal cord injury descriptive data are presented for mentors, mentees, and staff who self-identified as having a SCI and provided the data. Numbers may vary from total sample size.

frame of mind and want it. And then the mentor's got to be—they got to be the right fit, the right connection." (David, mentee, complete paraplegia). The mentor/mentee relationship is *Dynamic* because sometimes the mentor can become a mentee in the sense that they "...always looking to learn from each other because ultimately there's no better source of knowledge." (Donald, mentor, incomplete tetraplegia). As a result, mentors and mentees can develop *Relationships* that endure over time, however, *Boundaries* around friendship need to be clarified

because "I don't think a mentor–mentee relationship is the same as a friend relationship. Sometimes the lines are blurred." (Kenneth, mentor, complete tetraplegia).

*Content of mentorship discussion.* Participants highlighted 15 different *Life skills* that are discussed in a mentorship interaction (i.e., conversation or observation) such as skills for bladder and bowel management, sexual/intimacy, and transition into the community after rehabilitation (Table 2). *General Information/Advice* is also shared in peer interactions as well as discussions to help *Family*. Mentorship programs also introduce people to *Sports, Recreation, and Physical Activity* opportunities.

### SCI Peer Mentorship Program Structures

*Program considerations for SCI Peer Mentorship.* Organization have different venues by which *Introductions* to peer mentorship are made. Participants expressed that peer mentorship has been introduced in sports, during community events, and in rehabilitation: "rehab time now is so short and so compact. And with a community-based organization having a staff person who has a SCI, it can build that peer mentorship role right from the start." (Charles, Staff, No SCI). Once introductions are made, peer mentorship can then take on different *Formats* from formal (i.e., structured and specific) and/or informal (i.e., open, unstructured) interactions and can have a variety of *Modes of Delivery* (e.g., face-to-face, online). A staff member said: "...a more formalized structure [enables us to] create more interactions and more touchpoints with people seeking [to gain] life experience, to make choices, or learn to get past the journey to recovery and living life with spinal cord injury." (Jeffrey, staff, complete tetraplegia). By contrast, Kenneth, a mentor with complete tetraplegia who was previously a mentee discussed the power of informal interactions (see Table 3).

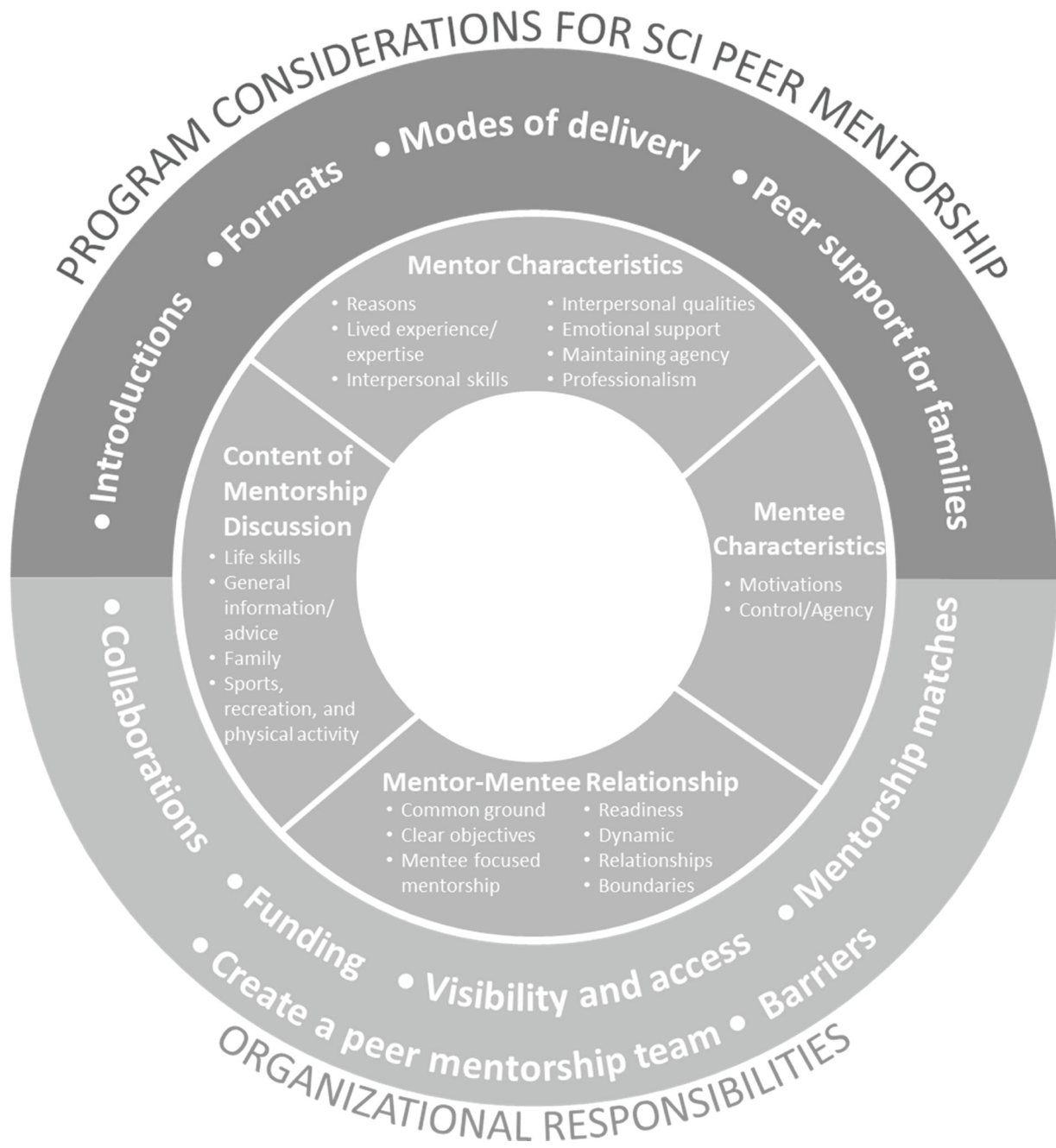
In interviewing families of people with SCI, family members discussed the need and usefulness of *Peer Support for Families*. For example, Lisa relived her experience of looking for mentorship, as a family member, while her partner was in the hospital:

I stayed at the hospital for the first few days overnight, but I was never alone, but I never felt more alone. It was *f'ing* awful... I asked the hospital...is there a list I can be put on? Can I talk to somebody who lived this? Is there some group that I can reach out to or connect with? And there wasn't one.

*Organizational Responsibilities.* SCI organizations that deliver peer mentorship programs have several responsibilities in ensuring the programs can be sustained and are delivered effectively. In maintaining peer mentorship programs, organizations must continuously build *Collaborations* with other organizations and/or the health sector. They are simultaneously applying and seeking *Funding* to support program delivery. The *Visibility and Access* of these peer mentorship programs can be achieved via promotion and by providing multiple access points. One method to promote programs is by organizing events as Charles, a staff without SCI, explains:

In [my province], we've got Jessica. She hosts different events at the hospital. They have a pizza night for the new injuries at the hospital. They have a restaurant group where they go out to various restaurants. They also have other scheduled events that might be topic specific. They've held a few peer conferences and had various speakers come out to a peer conference.

Organizations must also *Create a Peer Mentorship Team* by identifying and selecting mentors and hiring experienced staff



**Fig. 1** General structure of themes and subthemes describing the characteristics of SCI peer mentorship programs. Themes and sub-themes for Mentorship Mechanics are in blue and in gray for SCI Peer Mentorship Program Structures.

(Table 3). Mentors can either be paid or volunteers and are often identified through their previous involvement within the organizations as Michael, a staff with incomplete paraplegia, highlights: "It's more or less we know them. We've seen them at events four or five times... We sort of pull from a pool that's been developed over years of trust." Participants highlighted the importance of hiring staff that have educational backgrounds and/or experience to work within this domain because running such programs can be rewarding but demanding. It may require staff to be flexible:

When I first started working here, I'd do the work in the office, [but] now I find myself taking my work at home and working on projects... I also answer calls and emails on the road. I get emails sometimes like, "I think my son might be depressed or

borderline suicidal." I don't wait until I get back to the office... I call that person." (Michael, Staff, incomplete paraplegia).

In delivering peer mentorship programs, organizations have the responsibility of creating *Mentorship Matches* that consider the needs of the mentees including their interest, disability severity, and gender: "And obviously, being a woman and having SCI is a lot different than being a man with SCI. We just have different things that we question or want to learn about or know about that you can only learn that from another woman." (Linda, Mentor, Incomplete Tetraplegia). Mentors should also be provided with opportunities for *Training* to build their skills (Table 3).

Organizations must also be aware of and address *Barriers* that mentees face to accessing peer mentorship whether it be



**Table 2.** Themes, sub-themes, definitions, and quotes of Mentorship Mechanics.

Sub-Themes	Definitions	Quotes
<b>Mentor Characteristics</b>		
Reasons	Motivations for becoming a mentor	"I still want to be able to pass on my experiences, knowledge, and try to help people. I'm still very familiar with what it was like at the beginning, with how I felt, what I thought, and all the questions I had. As long as those feelings are still there, I still want to pass on that knowledge if I can." – Joseph (Mentor, Complete Paraplegia)
Lived expertise/experience	Drawing on a variety of lived experiences; having a broad range of expertise	"Yeah. I had zero clue as to how to do certain things and not just how to do things, but sometimes if you have these feelings and you don't tell anybody, you don't know if this is normal or not. Right? If you don't have anybody that's gone through what you're going through or if you don't have anybody around to ask if it's normal to think or feel this way, those feelings will just eat you up inside forever." – Joseph (Mentor, Complete Paraplegia)
Interpersonal skills	Being able to read social cues and relate to different people in different circumstances	"If you approached the person you were mentoring with your own issues as your first topic of conversation, it wouldn't work [laughter]. Come with the perspective that the person you're mentoring can see and connect with you, then you'll get into talking about what the issues are." – Mary (Mentee, Incomplete Paraplegia)
Interpersonal qualities	Having a positive outlook and disposition in interaction with others	"A mentor has life skills as someone with a SCI and is able to relate to someone. They're coping well with their life, overall. They have good goals. They're positive. People that I know would be a real encouragement to those who are looking for information or assistance." – Kimberly (Mentor, Complete Tetraplegia)
Emotional support	Provides emotional support to mentee through humor, empathy, acceptance	"You need to express empathy. You actually need to care. You actually need to put yourself in that family's shoes, be really empathetic and understanding of the pain and emotional challenges that that person is going through, right now." – Jeffrey (Staff, Complete Tetraplegia)
Maintaining agency	Encourages mentee to achieve personal goals	"So, coming back to what I get out of the mentor program. When I find a newly injured individual who is interested in becoming successful, that's defined as becoming a community force, however they define it themselves. It's not up to me to define what they do, but I help encourage them to want to push the envelope, whatever the envelope is." – Kenneth (Mentor, Complete Tetraplegia)
Professionalism	Professional conduct in handling interactions and difficult situations	"I hope that the mentors are skillful enough to be able to say to the person, I don't have that knowledge, but here's who I could refer you to," or, "Have you tried contacting whatever? Or "Here's what I know, but this is what I know. There may be other people who know differently." – Amy (Family)
<b>Mentee Characteristics</b>		
Motivations for Mentorship	Why mentees participate in PM	"For someone to be a mentee is just wanting to have someone with more life skills, and knowledge and so on." – Kimberly (Mentor, Complete Tetraplegia)
Control/Agency	Need for mentees to have control in their own lives	"I guess it's best and most effective when the mentees exert some kind of agency in coming to the program." – Donald (Mentor, Incomplete Tetraplegia)
<b>Mentor/Mentee Relationships</b>		
Common ground	Common understanding of life with SCI between mentor/mentee	"Trying to find some common ground. We had some common ground not just because we were in a wheelchair but because we enjoy the same sports, right? And then from there, it helps to answer a lot of questions that I had, not about hockey, but about the wheelchair." – Joseph (Mentor, Complete Paraplegia)
Clear objectives	Clear/shared objectives of PM	"And I guess the issue is what constitutes a formal mentor program. That is, for me, having clear objectives for the program that both sides buy in to. And then facilitating a match that inspires the mentee because that will, in turn, believe it or not, inspire the mentor." – Kenneth (Mentor, Complete Tetraplegia)
Mentee focused mentorship provision	Mentorship based on stated interests of mentee/emotional + physical state	If you're helping them and what you offer them is working, they're happier about it, so then I'm happy about it. And if it's not working out for them, we try something else." –Valerie (Mentee, Complete Tetraplegia)
Readiness	Timing of PM; need for mentees to be "ready"; making immediate connections	"And I would say it's absolutely a must do, but you need to do it when you feel the time is right. Don't rush into it. If you think you're ready, try it. And if you hate it, just postpone it because it needs to be done when you're in the right state of mind." – Lisa (Family)

Table 2 continued

Sub-Themes	Definitions	Quotes
Dynamic	Interactions between mentor & mentee are fluid	"You're not just there for problems. If I just needed somebody to chat about curling, or hunting, or just chat. It doesn't have to be a problem to get a hold of one of them if you just want to talk." – Richard (Mentee, Complete Paraplegia)
Relationships	PM relationships over the long term	"I think you are absolutely right, like the people that provided peer support to me 23 years ago I'm still in touch with today 23 years later." – Jeffrey (Staff, Complete Tetraplegia)
Boundaries	Mentorship and friendship can have blurred lines	"Yeah. So, I guess in a sense that's part of being a mentor, you can't – either you can be friends or a mentor. There's a fine line between the two, right? Because we've become friends and our conversations aren't just based upon me asking him questions. It's normal friendship conversation. Those questions still come up, but in a different way now, I guess. Sometimes when a friendship builds out of a mentorship, then the mentorship kind of doesn't apply with the same rules." – Joseph (Mentor, Complete Paraplegia)
Content of Mentorship Discussion		
Life skills	Mentors provide tricks various life domains including (1) General skills; (2) Transition to life after rehab; (3) Work/employment; (4) Travel; (5) Dressing/undressing; (6) Bowel; (7) Bladder/catheter; (8) Mobility/transport; (9) Housing; (10) Sexuality/ Intimacy; (11) Hair/make-up; (12) Cooking/baking; (13) Networking/socializing; (14) Wheelchair skills and maintenance; (15) Coping/ problem solving skills	"Tricks of transferring, the tricks of managing bladder, different ways to address complications in bowel care, how to put clothes on, how to do buttons, how to engage in relationships, how to maintain intimacies with your partners, how to adjust a wheelchair, how to make it faster, what new products and innovations are coming out that would meet an individual's needs based on how to have equal functioning ability and sharing." – Jeffrey (Staff, Complete Tetraplegia)
General information/advice	Provide general knowledge through information sessions and sharing experiences on various topics	"Obviously, they have limited options when you're in the hospital, right. But the educator thought that it was important to have peers involved in the education session just to hear from other people explain what it's like. Obviously, it's very different out in the community than living in a hospital setting, and people don't realize it." – Melissa (Staff, Complete Tetraplegia)
Family	Discuss ways to help family members	"So example being, we had a woman here. She was very upset because her child was just going to high school, and she didn't know how she was going to cope with that. That's where I would pull her in one-on-one and offer the chance to talk to somebody who went through that exact same situation." – Michael (Staff, Incomplete Paraplegia)
Sports, recreation, and physical activity	Discussion of opportunities for these activities and mentorship on enhancing participation in these activities	"So back in my day, I used to go with the recreational directors to the YMCA and take some patients out for a swim. They have help there for people to get in. They have floor cranes to help people into the water, teach them how to swim, do things like that. Get their mind off the crap that they're going through. And I guess that's where it would come from or stem from which avenue they want to head for. It just gets them out and makes them feel normal again. As normal as can be, I guess." – Brian (Mentor, Complete Tetraplegia)

All names are pseudonyms, including within participant quotes.

PM peer mentorship

transportation or psychological barriers. As Lisa, a family member, expressed that "they [people with SCI] are just so down in a pit and in a black hole. They cannot see how it [mentorship] would benefit them.". Participants highlighted the organizations' need to continuously adapt to the barriers and challenges related to the themes above but also to the potential growth of the program (see Table 3).

## DISCUSSION

Our results shed light on the intricacies of peer mentorship programs delivered by SCI community-based organizations. There are many layers of peer mentorship delivery that include the operational decisions (funding, formats, visibility, building a peer mentorship team) that include selecting mentors that have strong interpersonal skills and qualities. Delivering such programs is

therefore not a *simple* enterprise and requires a concerted and continuous effort by the organizations to sustain these programs over time. This study can provide some insights into the components and characteristics of peer mentorship programs that could help community-based programs who want to develop these programs.

Mentor characteristics and approaches were key features in describing the role of mentors. Our participants highlighted that mentors are seen as credible individuals [14], who are willing to help others [15], and are open to experiences [16], They also interacted with mentees using interpersonal strategies (e.g., active listening) and qualities. A growing body of research in SCI peer mentorship is finding that interpersonal strategies that align with person-centered approaches are highly valuable. For example, Shaw et al. found that mentors exhibited person-centered and leadership skills and qualities that related to the four dimensions of transformational

**Table 3.** Themes, sub-themes, definitions, and quotes for program considerations for SCI Peer Mentorship.

Sub-Themes	Definitions	Quotes
Program Considerations for SCI Peer Mentorship		
Introductions	Timing and location (sports, rehab, community) of PM introductions	"He is, yeah. And actually there's even a specific example. A woman came up to him at work and she said, "My son was just injured and is in a wheelchair. I have so many questions. Could you help me?" And she gave him her phone number and that's how they connected. He met her son and they've kept in touch ever since, and that was about two years ago." – Natalie (Family)
Formats	Formal and Informal interactions	"It happened to be this informal mentor/mentee relationship I had with a 'paraplegic'. [It] ended up being a strong bond ... He became a solid role model and mentor in my life...that was informal and that was kind of something that just gelled." – Kenneth (Mentor, Complete Tetraplegia)
Modes of delivery	Interactions can happen through a variety of modes: face-to-face, online, groups, through sports, social media, and text/email messages	"And then one-on-one is more — it's just more specific to being able to tell my experiences, give my thoughts and my help specific to that one person, right? So it's a little bit different." – Joseph (Mentor, Complete Paraplegia) "I would consider every time I get an email from Melissa, it is an interaction." – Pauline (Mentee, Incomplete Paraplegia)
Peer support for families	Need for families to be educated and connected alongside mentees	"There have been a couple of times that I've actually linked two spouses of husbands with SCIs together so that they could talk to each other on how they cope with being the spouse of an individual with a SCI and how that impacts your relationship, or sex, or intimacy, or different things like that, because it does not just impact the person, but the family as a whole." – Maria (Staff, No SCI)
Organizational Responsibilities		
Collaborations	Working with other organizations/ healthcare to provide supports to patients/ links to mentorship programming	"A big part of my job is building relationships with health professionals, especially social workers, and making sure that nobody falls through the cracks." – Michael (Staff, Incomplete Paraplegia)
Funding	Funding to support programs, staff, and resources	"[The government] agreed to nominally support our chapter but they wouldn't fund it. So, we launched a fundraising program Kenneth (Mentor, Complete Tetraplegia)
Visibility & access	Getting members informed, recruited, and engaged with the program while providing multiple access points	"And we have an information line. It's a 1–800 number, two dedicated people answer our information line. So if somebody calls it, they get the answer right away, or they get the answer looked up and then call back." – Michael (Staff, Incomplete Paraplegia)
Create a PM team	Identifying mentors and hiring experience staff who can be flexible in their roles.	"So I knew growing up that I wanted to work with persons with a disability. I wasn't exactly sure in what capacity, but I ended up taking psychology in university and kind of fell into this role shortly after. Rehabilitation counselors here within the organization either have a social work background or a psychology background." – Maria (Staff, No SCI)
Mentorship matches	Organizations must consider mentee's needs when matching a mentor.	"I believe, whoever's coordinating the peer program understands that strengths and capacity of the mentee first, not the mentor. You find the mentor based on the driver, which is the mentee." – Kenneth (Mentor, Complete Tetraplegia)
Training	Providing opportunities for mentors seeking training	"Here we'd have to do some things like online tests. And learn the boundaries and nature – they go through all that and they're 100% comfortable with all those situations, the questions that they're going to be asked, the situations they're going to be put in, and know the guidelines, and what lines not to cross." – Joseph (Mentor, Complete Paraplegia)
Barriers	Barriers to accessing and delivering PM	"When I started with the organization, we were three people, three counselors, that covered the entire province. Since then, we are [more] counselors or frontline staff that cover the entire province. We certainly could use quite a few more. For instance, I cover [a large area], which kind of stretches me a little thin sometimes because I'm basically taking the whole east side of the province." Maria (Staff, No SCI).

All names are pseudonyms, including within participant quotes.  
PM peer mentorship.

leadership. Specifically, they were open and honest (idealized influence), enthusiastic and encouraged achievements (inspirational motivation), responsive and caring to mentees' needs (individualized considerations), and promoted independent thinking (intellectual stimulation) [17]. Similarly, Chemtob et al. demonstrated that mentors involved mentees in the decision-making process, provided positive encouragement/feedback, and had an empathic

understanding which, respectively, link to autonomy, competence, and relatedness supportive interpersonal behaviors within self-determination theory [18]. Our results therefore align with these studies and person-centered theories such as transformational leadership and self-determination theory.

However, support systems in SCI (including mentorship) need to be "vigilant for the thresholds of readiness for choice and control" (p.

9) of the person being supported, especially where power dynamics could be in play [19]. Peer mentors may want to promote choice and control by having mentees engage in a reflective process, self-express, find purposely goals/activities, and be open to new realities, roles, and activities with living with SCI [19]. Such action could help mentees establish a mindset of being an active agent in their peer mentorship. There appears to be a convergence that peer mentorship should be delivered using person-centered approaches. However, data on the specific techniques used by peer mentors are only now emerging [20]. These emerging results and findings from this study can help optimize peer mentorship training to promote mentors to use person-centered approaches in their practice.

From a practical standpoint, community-based organizations may want to measure mentees' perception of the quality of their interactions with their mentors to understand the interpersonal behaviors and approaches of their mentors. Despite the high-quality mentor characteristics identified in this study, low quality mentor characteristics such as low motivation, judgmental, and uncaring have been reported in the literature [21]. Questionnaire such as the Interpersonal Behavioral Questionnaire can provide information on mentees' perception of their mentors' approach (example items: provide valuable feedback, encourage them to make their own decisions, take time to get to know them) [22]. Such assessments could help understand mentee's perception on the quality of the mentors. Knowing the extent to which mentors are delivering high-quality, person-centered mentorship may help to inform other organizational decisions such as selecting and training mentors and establishing criteria for mentor–mentee matches.

Community-based organizations that provide peer mentorship continuously seek funding for the programs, and typically have little human resources. As a result, a select few dedicated (and likely overstretched) staff need to wear multiple hats [23] to run such programs and rely on volunteers. Further, Gibson and O'Donnell [24] discussed that project-based funding for community organizations adds strain on the organization as they need to dedicate more hours for writing funding applications and reports and may require staff to work over and above logged hours. Continuous guaranteed funding for these programs would reduce the burden on these organizations. It would allow staff within these organizations to dedicate more time on other important organizational responsibilities. For example, organizations could work to foster strong collaborations with new hospital, health care providers, researchers, and community organization to help increase the visibility and access of peer mentorship. They could also create new training modules for mentors and/or develop new modes of peer mentorship delivery. Transferring staffs' time and effort from funding application to building collaborations and optimizing peer mentorship delivery could increase the current SCI peer mentorship adoption rate of 2% in Canada [1].

Participants mentioned the importance of providing mentorship for family members. This appears to be a growing need across disability and health domains. In the SCI context, Haas et al. [25] reported on the benefits of peer mentorship for families because they appreciated the psychological support and having someone who understood. Therefore, identifying how to best support the role of family members and "caregivers" need to be further investigated [26].

### Limitations

There are some limitations of this study that should be addressed. First, we did not differentiate the participants by province, mentorship role, and time since received or provided mentorship. Also, this study was solely conducted on Canadian SCI community-based peer mentorship programs. Future studies should examine the similar SCI programs across the world to gain a broader perspective of how these programs are structured and delivered [27].

### CONCLUSION

This study describes the many aspects involved in SCI peer mentorship programs delivered by community-based organizations. Organizations could use the information from this study to understand the various elements that need to be considered when designing a peer mentorship program for people with SCI (e.g., format of program, mode of delivery, funding considerations) and identifying and selecting mentors. These results also put in perspective the dedication of directors, staff, and mentors who successfully manage the complexity of programs and ensure their success.

### DATA AVAILABILITY

Upon request, the datasets of this study can be made available from the corresponding author.

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## AUTHOR CONTRIBUTIONS

The study was co-conceptualized and co-designed by the community directors (TC and HF) and academic researchers (SS, LS, and HG). All these members were also involved in co-construction of the interview guides. LH interviewed participants and led the data analysis with SS and SH. All authors were involved in the final writing and editing of this manuscript.

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## ETHICS

Ethics was approved from the Research Ethics Board at both McGill University and the University of British Columbia Okanagan. All applicable institutional and government regulations concerning the ethical use of human volunteers were complied to in this study.

## COMPETING INTERESTS

The authors declare no competing interests.

## ADDITIONAL INFORMATION

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