

RUNNING HEAD: Spinal Cord Injury Peer Mentoring

Peer Mentoring of Adults with Spinal Cord Injury: A Transformational Leadership Perspective

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Abstract

Purpose: Drawing from the tenets of transformational leadership theory [1], the purpose of this study was to examine the nature of effective peer mentoring of adults with a spinal cord injury (SCI) from the perspective of mentees.

Methods: The study utilized a qualitative methodology (informed by a social constructionist approach), involving fifteen adult mentees with a SCI (Mean age = 47.2; Mean time since injury = 14.5 years), in which data were obtained via semi-structured interviews.

Results: The results revealed that effective mentoring, as used by mentors with SCIs, closely aligns with the core components of transformational leadership. Specifically, all four dimensions of transformational leadership (idealized influence, inspirational motivation, individualized consideration, intellectual stimulation) as displayed by mentors with a SCI were evident in their interactions with mentees. Participants who perceived their mentors to use transformational leadership behaviours reported increases in motivation, self-confidence, hope and overall well-being,

relatedness with their mentor, greater comfort/acceptance of their situation, a redefined sense of their limitations, as well as greater engagement in various life pursuits.

Conclusions: Displays of transformational leadership by peer mentors (i.e., transformational mentoring) were reported by mentees to be associated with a range of adaptive psychological and behavioural outcomes. The results have the potential to inform the development and dissemination of peer mentor-based interventions and initiatives.

Key Words: Spinal Cord Injury, Peer Mentoring, Transformational Leadership, Well-Being, Engagement, Leadership

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Every year, worldwide, between 250,000 and 500,000 people incur a spinal cord injury (SCI) [2]. In light of recent survival data that those with a SCI now tend to live almost as long as those without [3,4] a growing body of research has sought to understand some of the social challenges associated with living with a SCI, as well as the means by which *social participation* can be supported among this population. Avison and colleagues defined social participation as “the extent to which an individual participates in a broad range of social roles and relationships” [5, p. 333], and in essence corresponds to the quality and extent of a person’s engagement within his or her society (e.g., involvement in employment, recreation) as well as his or her fulfillment of social roles (e.g., parent, spouse, community volunteer) [6,7]. Unfortunately, the accumulated evidence to date points to the fact that those with a SCI experience diminished participation in employment, recreation, and quality of inter-personal relationships in general [8,9].

In addition to increased societal efforts to improve the built environment for people with a SCI (to minimize *physical barriers* to participation), there has been an increased awareness in recent years of the importance of providing social/psychological support for this population. One promising approach that has the potential to empower adults living with a SCI and support greater social participation across life domains corresponds to the use of peer mentoring programs. These mentoring programs have demonstrated notable utility in a range of contexts including medical education [10], business organizations [11], engineering [12], and positive youth development [13].

Peer mentoring typically involves individuals who have gone through a similar experience to that of the mentee, and as a result of their distinct life experiences are well positioned to provide emotional (listening support, empathy provision), informational (advice, counsel, guidance), esteem (bolstering self-worth and self-efficacy), and tangible (providing physical assistance) support to the

mentee [14]. There is some evidence within the SCI context that peer mentors are able to help people to adjust to life after a SCI [15], bolster perceived competencies [16], facilitate participation [17, 18], and promote life satisfaction [19]. For example, Sherman and colleagues [18] employed a retrospective case-control design involving 62 adults that were surveyed at an average of 12 years post-injury. The results revealed that individuals who received peer mentoring within a year of injury reported greater occupational participation than those who had no mentoring. These findings suggest that engaging with a peer mentor soon after injury can have potent, long-lasting effects on social participation within different life contexts (e.g., employment). A more recent population-based study with over 1500 Canadians with a SCI supports these findings. In that study, the extent to which one's peer support needs were fulfilled were positively associated with various aspects of social participation (health, work/education and autonomous outdoors participation) as well as life satisfaction [19].

In spite of the potential utility and effectiveness of peer mentoring programs for adults with a SCI, research has yet to substantively identify the key behaviours or qualities, exemplified by effective peer mentoring within this context. With a greater understanding of which mentoring behaviours are most likely to empower and foster social participation among those with a SCI, this research has the potential to inform evidence-based initiatives concerned with supporting greater engagement and social participation among this population.

One framework that has the potential to inform a greater understanding of effective mentoring within a SCI context corresponds to transformational leadership theory [1]. Originally conceptualized within the field of organizational psychology, transformational leadership occurs when leaders go beyond their own self-interest with the purpose of empowering and inspiring others to achieve higher levels of functioning [1]. On the basis that leadership is broadly concerned with

processes implicated in influencing others to achieve a desired set of objectives in a social context [20], we contend that effective leadership is directly comparable with effective mentoring, and that transformational leadership is particularly relevant for understanding peer mentoring within a SCI context.

According to Bass and Riggio, transformational leadership is comprised of four broad behavioural dimensions that include idealized influence, inspirational motivation, individualized consideration, and intellectual stimulation [1]. Idealized influence involves behaviours in which leaders exert influence by exemplifying their own personally held values and beliefs, and act as role models. Inspirational motivation takes place when leaders articulate a compelling vision for the future, hold high expectations of what others can accomplish, and display enthusiasm and optimism with regard to others' efforts. Individualized consideration takes place when leaders display an acute understanding of others' physical and psychological needs and act to personally support those needs. Finally, intellectual stimulation involves engaging the rationality of others by encouraging them to think about old problems in new ways and question prevailing assumptions [1].

In a diverse range of achievement contexts, including organizational, sports, and educational settings, transformational leadership has consistently been found to be related to a range of adaptive outcomes among those being led such as improvements in attitudes, motivation, well-being, as well as achievement [21,22]. With this in mind, the overall purpose of this study was to examine the peer mentoring experiences of adults with a SCI, and the extent to which (a) the peer mentoring behaviours used by mentors align with the transformational leadership behaviours conceptualized by Bass and Riggio [1], and (b) transformational leadership by mentors is associated with adaptive psychological and behavioural outcomes among mentees with a SCI.

Methods

Participants

Participants were 15 mentees with a SCI between the ages of 25 and 69 (mean = 47.2 years, SD = 12.9 years), with 7 women and 8 men taking part. The average age of participants at the time of their injury was 33.7 years (SD = 16.7), and were on average 14.5 years post-injury (SD = 16.0) at the time of conducting the interviews. Participants were recruited through two of the largest providers of SCI peer support in Canada, namely SCI British Columbia and SCI Ontario (formerly BC Paraplegic Association and Canadian Paraplegic Association Ontario, respectively). SCI British Columbia and SCI Ontario are independent, provincial, non-governmental organizations that assist people with SCI within rehabilitation and community settings to achieve independence, self-reliance and full community participation. Both organizations have formal, structured peer mentoring/peer support programs. The programs connect people with SCI to trained peer mentor volunteers who share their knowledge and experience of living with a SCI. Peer Mentor Training consists of teaching potential mentors about the mentor's volunteer role and scope, confidentiality/privacy, and referrals to other programs and services, but it does not include any formal training on how to use transformational leadership or other leadership behaviours. People with SCI who request a peer mentor are matched with an individual who has a similar background. Mentors provide information and support on a wide range of topics regarding living with SCI (e.g., returning to work, managing family roles and responsibilities, self-care). The peer mentor-mentee relationship may be very short (one or two meetings) or it can last a year or longer.

Procedures

After obtaining institutional ethics approval from the first author's university, SCI British Columbia and SCI Ontario sent a flyer about the study to mentees within their peer mentoring

programs and invited them to participate in the study. Interested participants were invited to contact a researcher unconnected with either agency, who subsequently sent an information letter to the mentee that outlined the objectives and requirements of the study, along with a consent form. The researcher subsequently arranged to meet with interested mentees via Skype, at which point the researcher read over the consent form with the mentee, who provided his or her consent to participate (orally). The researcher then proceeded with the semi-structured interview with the respective participant, which was recorded and transcribed verbatim. The interviews started with background and demographic information, and then transitioned into questions related to participants' experiences with receiving peer mentoring, and in particular the range of behaviours used by peer mentors, and the effects of those mentor behaviours. Interviews lasted, on average, 45-55 minutes. Upon completion of the interview, participants were provided with a \$20 honorarium and were offered the opportunity to follow up with the interviewer at a further date if they had any further questions or concerns.

Data Analysis. In this study we drew from a social constructionist paradigmatic basis [23], as the primary objective of the study was to understand, using participants' own words, their experiences with SCI peer mentoring. Consistent with this perspective, we used a combination of inductive and deductive data analytic procedures based on methodology advanced by Strauss and Corbin [24], and as used by Morton and colleagues [25] in their investigation of transformational leadership by school teachers. All interviews were transcribed verbatim and data management was facilitated using the NVivo 10.0 software program (QSR International). In the first step, the data were deductively analyzed (using a directed content analytic approach [26]) in which meaning units that reflected transformational leadership behaviours were coded with specific reference to the four leadership behaviours conceptualized within Bass and Riggio's [1] transformational leadership

framework. Tesch [27] defined a meaning unit as a “segment of text that is comprehensible by itself and contains one idea, episode or piece of information” (p. 116). In addition to this deductive coding (aligning meaning units within the four higher-order themes related to idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration), we also allowed for sub-themes to inductively emerge that represented specific sub-facets of each transformational leadership dimension. In the second step, outcomes that participants identified as stemming from these behaviours were inductively coded (using conventional content analysis [26]) and collated into common themes, which were subjected to a constant comparative iterative approach [24] to maximize awareness of similarities and differences between themes, and to ensure that meaning units were optimally coded. In each instance, themes were created when a category was represented across two or more participants. This was done to provide an overall representation of the most salient themes. This approach is consistent with Miles and Huberman [28] who recommended that researchers identify recurring themes and “lay aside the more tenuous ones until other informants and observations give them better empirical grounding” (p. 70). Two authors independently analyzed the data to determine the alignment of the meaning units with the four higher-order and lower-order themes (related to transformational leadership behaviours) and then met to compare findings and discuss discrepancies. They subsequently worked as a coding team to identify and organize the emergent themes that reflected the ‘consequences’ of effective peer mentoring behaviours, and after this point, a process of peer examination was also employed where two additional authors independently reviewed and verified the meaning units and themes [29, 30].

Results

The data analytic procedures resulted in the emergence of four higher-order themes (that corresponded to the four a priori dimensions of transformational leadership): inspirational

motivation, idealized influence, individualized consideration, and intellectual stimulation. Ten lower-order themes were subsumed within these higher-order themes (See Figure 1). The analyses also highlighted the emergence of seven themes that reflected a range of psychological and behavioural responses (i.e., consequences) among mentees that were associated with their experiences of transformational leadership by their peer mentors. These findings are described below (See also Table 1 for matrix of participants' responses), with exemplar quotes used to illustrate the representative themes (in each instance, pseudonyms are used).

Inspirational Motivation

Twelve participants reported instances whereby mentors were reported to display inspirational motivation, and they did so through (1) *encouragement and promoting achievement*, (2) *demonstrating optimism and enthusiasm* towards mentees' accomplishments, (3) and *setting high expectations*. Seven participants reported instances whereby their mentors *encouraged and promoted achievement*. For example, Jacob stated his mentor "empowered me ... to be able to know that I could... handle some of these situations that other people did. That there was [sic] creative ways of doing it". Ten participants gave examples of how mentors displayed *optimism and enthusiasm*. Of these ten, six participants referred to optimism and enthusiasm as typically described within the transformational leadership literature [1]. For example, one participant, Susan, reported that her mentor gave her "a positive outlook, [and showed them] no matter what the barriers are, you can try to overcome it". Within participants' reports of optimism, a unique sub-theme emerged which was subsequently described as *realistic optimism*. The importance of realistic optimism was identified by eight participants. Realistic optimism was described as not giving participants a sense of "false hope" (Michael) and being "grounded in reality" (Laurie) in order to assist participants to be "realistic in understanding what you have, and how you're going to work with what you have". (Benjamin).

Finally, three participants identified the utility of mentors setting *high expectations* for mentees. These behaviours were reflected through quotes such as “sets the bar pretty high”(Jacob), and by insisting “no question you can’t, you’ve gotta try [regarding physiotherapy]”. (Susan)

Idealized Influence

Nine participants described a range of behaviours that involved mentors demonstrating idealized influence. These behaviours were further subdivided into two lower order themes that included (1) *acting as a role model*, and (2) *fostering trust and respect*. Nine participants described instances whereby their mentor acted as a role model. For example, one participant, Tom, described his mentor by stating “It’s just setting an example, and it’s helpful to others, because you’re faced with a similar predicament, and it helps you to realize well, a lot of it is going to be about your choices from here on in, and how you go about things”. Three mentees suggested that their mentors *fostered a sense of trust and respect*, with Jacob describing his mentor by stating “he’s really well-liked, and respected, and approachable, and I’ve never heard anybody say a bad word about him... This is somebody who is the same, he’s like I am, who I am, no matter who I’m with”.

Individualized Consideration

Individualized consideration was identified by 13 participants. This dimension was further subdivided into three lower-order themes; (1) displaying *empathy and understanding*, (2) displaying *responsive and caring behaviour*, and (3) *recognizing individual needs*. *Empathy and understanding* was identified by eight participants. As an example, one mentee, Ashley, identified the inherent value of in “this level of understanding from somebody else using a wheelchair that I, I didn’t get from friends or family, or any professionals”. Nine participants identified the importance of *responsive and caring behaviour*, as illustrated by Anne’s comment, “he will answer back right away...even if he’s busy, he’s gonna take the time... because he can probably tell that you’re having

a problem or... just need advice”. The final sub-theme that emerged was *recognizing individual needs*, which was identified by four different participants. As an example, Taylor noted, “I think he knew that ... I would need to have some time to, to be able to learn to cope with my new condition in my life, you know with my age and so on”.

Intellectual Stimulation

Intellectual stimulation was identified by nine participants who described behaviours that fell under two sub-themes related to (1) *changing perspectives*, (2) and *reframing problems*. Seven participants identified instances where mentors helped individuals change their perspective related to a given issue. For example, Laurie described how her mentorship helped her by stating “I had begun with thinking that, oh this is the worst thing ever, I see that... other people have had worse things and come out of it... it just changes your perspective on things”. Six participants also described mentor behaviours associated with *reframing problems*. Reframing problems by the mentors was exemplified in the following participant (Jacob) experience whereby “he had made a few modifications to it [an improvised sports sock] so he could independently deal with his leg bag all day... [so then] I could go out in the community, go to school, go to work, and whatever, and be able to take a leak when I needed to and not have to have a caregiver follow you around, or [require] 24 hour support”.

Perceived Mentee Outcomes of Transformational Mentoring

In addition to describing the transformational leadership behaviours of their mentors, participants also commented on a range of perceived psychological and/or behavioural effects of those peer mentor behaviours. Eight mentees referred to improvements in their *motivation* as a result of their mentor’s actions. As an example, Ashley recalled the consequences of mentor role modeling whereby “seeing somebody in the same shoes doing it, was what made it for me. That was... it was

proof, it was right there. I couldn't deny it, and I couldn't, I couldn't very well just sit around on my butt and collect welfare for the rest of my life. I had to be them. I had to do it, you know? I had to prove myself". In a similar regard, Benjamin emphasized the importance of his mentor displaying optimism and enthusiasm, by stating "it's really, it's a little contagious, right? When somebody is that motivated, it makes you... you wanna be there, you wanna keep, you know, doing stuff".

A second theme identified by five participants corresponded to elevated *self-confidence*. As an example of the effects of role modeling Ashley related that "I'm a quad, so ... holy crap if somebody else can do it, I could probably do it to". With regard to the confidence-enhancing effects of encouragement and promoting achievement John mentioned "one of the, you know, basic things that he taught me was, if you can do it once, it'll get easier. Keep doin' it and you'll be able to do it without thinking about it. And he was right". In a related, but distinct, theme six participants referred to the ability of their mentors to help them *redefine their limitations*. As an example, by encouraging Anne to change perspectives her mentor "opens up your mind to all the things you can do and the way that you can get around it". In a similar regard, in response to involvement in the mentor's social network and activities (i.e., displaying responsive and caring behaviour) Richard emphasized "they [the mentor] would be like a big safety net for us, and create just a comfortable place to, uh explore from and test our limits from".

In terms of affective responses, four participants commented about the extent to which the behaviours of their mentors fostered improvements in *hope and overall well-being*. For example, Ashley commented that seeing her mentor display effective role modeling (idealized influence) by "working, and contributing, and you know, essentially being normal, which is a horrible word, but it's true, it gave that sort of constant hope". Five mentees commented that the actions of the mentor were able to foster greater *relatedness* (with the mentor) with Ashley recalling of the mentor's

empathy and understanding that “I could talk to him, and he wasn’t pushy, and he didn’t ask too many questions, and he, he really was able to connect with where I was at that moment.” Seven participants made reference to feeling a greater sense of *comfort and acceptance* of their situation through the contributions of their mentor. For example, through demonstrating optimism and enthusiasm about what the mentee could accomplish Jacob stated that he “empowered me ... [and helped me realize that] that it’s ok to be upset and all that type of stuff, but it’s still... you know, life really did go on”. As a final theme, with regard to behavioural *engagement* seven participants reported that the behaviours of their mentors were able to support greater social participation in various life pursuits, with Jim reflecting that through effective role modeling his mentor introduced him to new activities and “when I did it, it was like, oh I need to keep doing this... I just bought my own [hand] bike and I’m just biking ... every day trying to take out the bike with my wife and son”. In a similar regard, Ashley commented on the effects of her mentor, whereby “I made the step to go back to school and ... that was because of the peer support I received.”

Discussion

The overall purpose of this study was to examine peer leadership behaviours of mentors with a SCI, and the extent to which those behaviours might be associated with adaptive functioning among mentees. A first broad finding of this study is that effective peer mentoring behaviours, as identified by mentees with a SCI, closely align with the four behavioural dimensions subsumed by transformational leadership theory [1], namely inspirational motivation, idealized influence, individualized consideration and intellectual stimulation. In synthesizing the literature on transformational leadership, Bass [31] provided empirical support for the pervasiveness of transformational leadership (both in terms of its universally applicable conceptualization as well as consistent effects in relation to outcomes of interest) across continents, cultural boundaries and

contexts. In the context of this study, the results revealed that peer mentors within the SCI context (in supporting other adults with a SCI) make use of a similar range of behaviours as lauded leaders in other life contexts such as business, sports, and education [31]. The results also pointed to the emergence of specific behavioural components within each dimension, with inspirational motivation captured by examples of ‘encouragement and promoting achievement’, ‘demonstrating optimism and enthusiasm’ towards mentees’ accomplishments, as well as ‘setting high expectations’. Similarly, idealized influence was reported to be displayed by mentors ‘acting as a role model’ and ‘fostering trust and respect’. Intellectual stimulation was reported to occur by mentors helping mentees ‘changing perspectives’ and ‘reframing problems’. Lastly, individualized consideration was reported to take place through displaying ‘empathy and understanding’, ‘responsive and caring behaviour’, and ‘recognizing individual needs’. When taken together, these findings provide insight into the specific actions and behavioural strategies that peer mentors might be able to harness to improve the quality of their interactions with their mentees within the SCI context.

In addition to suggesting an alignment of mentors’ behaviours with those subsumed by transformational leadership theory, mentees also reported a range of adaptive responses associated with those behaviours. These included greater mentee motivation, self-confidence, hope and overall well-being, as well as helping mentees to redefine their limitations, accept their current situation, and support engagement in various life pursuits. While causality cannot be inferred given the qualitative nature of the study, these results are consistent with those from organizational and educational settings [21, 32], and point to the potential utility of examining the prospective effects of these peer mentoring behaviours through both longitudinal and experimental designs. Previous research suggests that transformational leadership behaviours can be developed through intervention and have substantive effects on those being led [22,33]. In a similar regard it would appear worthwhile in

future research to examine the extent to which (transformational) peer mentoring behaviours might be developed through intervention and, thereafter, affect the quality of the mentor-mentee relationship, as well as social participation on the part of the mentee.

While the results of this study provide preliminary evidence for the application of transformational leadership behaviours to the peer mentoring context involving adults with a SCI, the results also point to some unique considerations for this specific population. In particular, while a number of the mentees described the value of their mentor displaying optimism and enthusiasm with regard to what they are capable of achieving, a notable sub-group of participants emphasized the importance of ensuring that any displays of optimism are *qualified* by also being realistic and avoid creating a sense of false hope. Indeed, the utility of realistic optimism appeared to represent a noteworthy subcomponent of inspirational motivation for mentees, and is one that has yet to be articulated within the broader transformational leadership literature.

Balanced against the unique insights provided by this study, some limitations should also be acknowledged. First, given the retrospective design of the study, and qualitative methodologies employed, it is impossible to draw any causal inferences with regard to the effects of the mentors' use of transformational leadership behaviours, on mentees. Second, we recognize that the participants sampled within this study displayed considerable variety/heterogeneity in the time-since-injury ($M = 14.5$ years, $SD = 16.0$), and as such we were precluded from making any speculations with regard to the utility of different mentoring approaches with newly injured versus those injured further back in time. Future research would appear warranted to examine the utility of different mentoring strategies with these different sub-groups of mentees.

Peer mentoring has become ubiquitous in recent years in supporting human growth and development [10-13]. In light of the increased use of peer mentoring programs for adults with a SCI,

the tenets of transformational leadership theory appear to have the potential to inform the development and dissemination of peer mentoring programs for this population. Previous SCI peer mentoring initiatives have largely been implemented on an ad hoc/theoretical basis; in light of the utility of transformational leadership theory in informing evidence-based interventions [33], a logical next step would be to develop and test the efficacy of peer mentoring training programs that are guided by the tenets of transformational leadership theory in relation to (a) improved displays of transformational leadership by mentors, and thereafter (b) supporting improved quality of life outcomes and social participation among adults with a SCI.

IMPLICATIONS FOR REHABILITATION

- Within the context of spinal cord injury (SCI) rehabilitation, positive peer mentorship is reflected in mentors' use of transformational leadership behaviours (idealized influence, inspirational motivation, individualized consideration, and intellectual stimulation).
- When SCI peer mentors use transformational leadership behaviours, mentees report a redefined sense of their limitations, and increased self-confidence, hope, motivation, acceptance, participation and overall well-being.
- The results of this study have the potential to inform future longitudinal and experimental research concerning the (causal) effects of peer mentoring on mentee outcomes. In particular, research should examine the effects of peer-mentorship training, informed by the tenets of transformational leadership theory, in relation to the mentee outcomes assessed in this qualitative study.

Declaration of Interest

The authors report no conflicts of interest

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Pseudonym	Age	Gender	Mentorship Experience	Inspirational Motivation			Idealized Influence		Individualized Consideration			Intellectual Stimulation	
				Encourages & Promotes Achievement	Optimistic & Enthusiastic	Sets High Expectations	Acts as a Role Model	Fosters Trust & Respect	Empathy & Understanding	Responsive & Caring Behaviour	Recognizing Individual Needs	Changing Perspectives	Reframing Problems
Benjamin	50	M	Ongoing, met once a week for 3-5 hours for 5 years (since injury).	✓	✓	✓	✓		✓	✓	✓	✓	✓
Jacob	39	M	Immediately after injury, 6 months inpatient meeting once a week, then 5 months outpatient on a more informal/ casual basis.	✓	✓	✓	✓	✓	✓	✓		✓	✓
Laurie	66	F	Outpatient (after rehab) once every 6 months for 2 years post-injury, and then new mentor 20 years post injury meet once a month for 10 years, ongoing.		✓				✓			✓	✓
Tom	54	M	Inpatient met three times during a five month period immediately post injury, combination of email, phone and in-person support		✓		✓		✓	✓	✓		

ongoing on a casual
basis.

1 Table 1. Matrix of participants' responses.

Georgina	53	F	Inpatient support immediately post injury (~30 years ago), and now peer support group once every 3-4 months.							✓
Kevin	25	M	Inpatient immediately post injury spoke to someone once or twice.		✓					
Richard	28	M	Inpatient received between 3 – 8 months post injury, met once a week. Informal/casual outpatient support ongoing.	✓	✓	✓	✓		✓	✓
Anne	47	F	Sporadic inpatient and outpatient support for 2.5 years immediately post-injury, then resumed casual/informal support for past 10- 14 years.	✓	✓	✓	✓	✓	✓	✓
Jillian	57	F	Born with SCI, started seeking outpatient support 10 – 15 years ago, met once a week for 2-3 months then transitioned to once a month for 1.5 years.						✓	
Susan	55	F	Inpatient support for 3 months following injury, frequency not specified.	✓	✓	✓				✓

Jim	34	M	Outpatient, 3 nights at a peer support camp one year following the injury.	✓		✓			✓	
Taylor	69	F	Inpatient immediately post-injury, duration and frequency of support not specified. Sporadic phone calls with same mentor since.			✓		✓	✓	
Michael	40	M	Inpatient met 2-3 times and then met with same individual on a sporadic/ informal basis as an outpatient for 2 years following the injury		✓			✓	✓	
John	53	M	Inpatient met twice during three months immediately post-injury, and outpatient for 2 years post-injury, frequency not specified.		✓	✓			✓	✓
Ashley	38	F	Continually for two to three years immediately following injury, both inpatient and outpatient, and then again sporadically/ informally 7-8 years following injury.	✓		✓	✓	✓	✓	✓

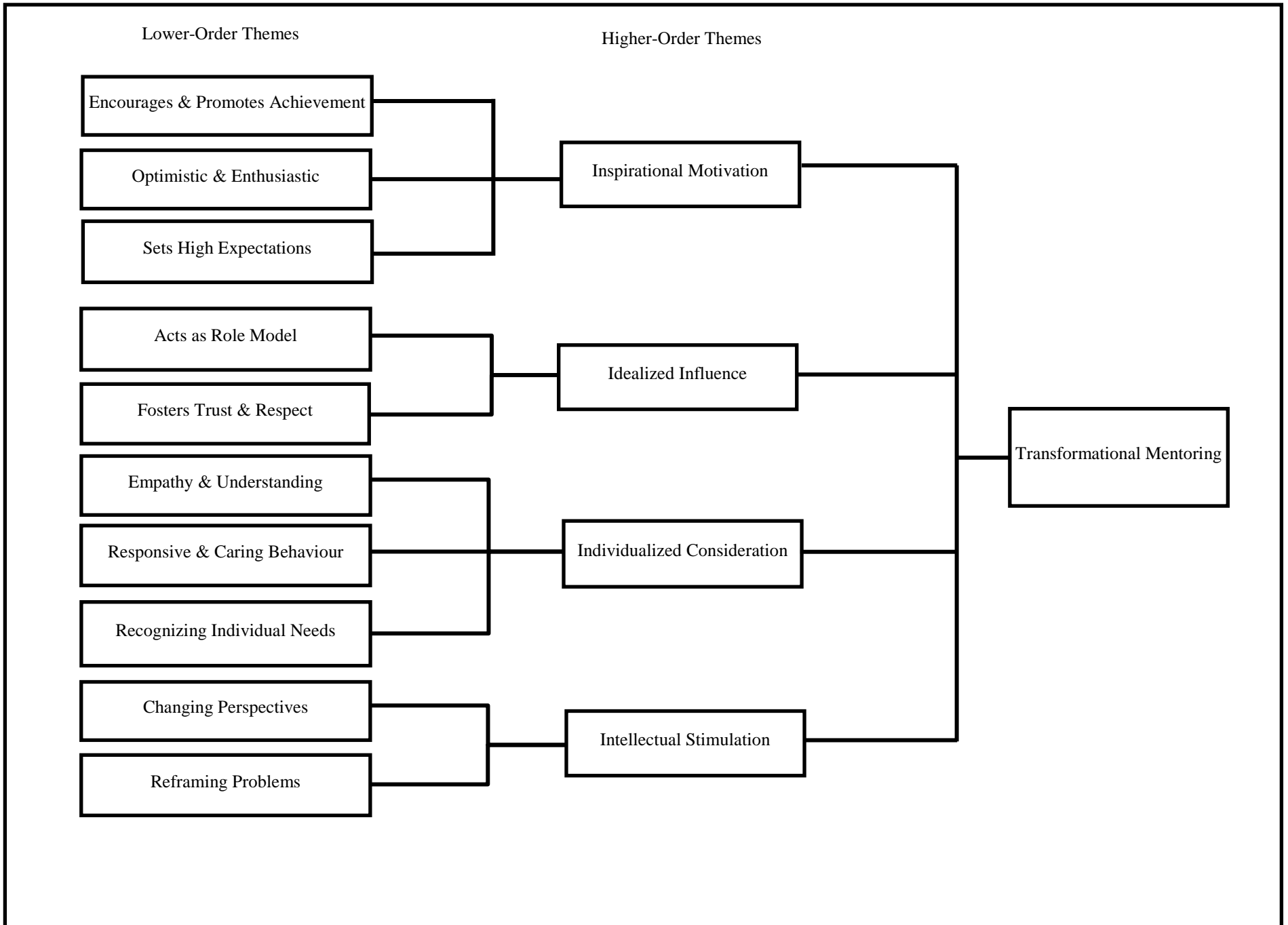


Figure 1. Relationship among emergent lower- and higher order themes.