Are Peer Specialists Happy? How Training and Role Clarity affect Job Satisfaction

By

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Abstract

Peer support has come a long way since its induction into the mental health field in the 18th century and its attempts to design peer organizations in the early 20th century to where it is today as a mental health service reimbursed by Medicaid in 34 states. Since peer specialists are vital to recovery oriented care, it is important to understand job satisfaction among peer specialists. The purpose of this study was to examine the impact of job training and role clarity on job satisfaction. A three part, 77-item electronic survey was administered to 195 peer specialists. Results suggest a significant negative correlation between job satisfaction and training involving self-study. Results also show a significant positive correlation between job satisfaction and the availability of a peer mentor to shadow during on-the-job training. These findings have important implications for the development of peer specialist training curricula.

CHAPTER 1

Introduction

Statement of the problem

Peer support is a newly revived field that utilizes people with a mental health and/or substance use diagnosis successfully living in recovery to provide hope and guidance to those currently dealing with similar challenges. The workers providing peer support are known as peer specialists. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), a peer specialist is "a person who has experienced a life altering mental health or addiction condition, taken an active role in regaining mental health and wellness, and is willing to share those experiences to inspire, educate, and guide others with similar conditions" (Barker, 2015, 0:31). Note that the term "peers" in this definition replaces the terms "clients" or "patients" traditionally used in mental health settings. Peer specialists work in mental health environments to include, but not limited to inpatient psychiatric units, inpatient drug and alcohol rehabilitation treatment programs, outpatient behavioral health clinics, and anywhere else services are provided to people with mental health and/or substance use challenges. Peer specialists often have their own caseload of peers with whom they work on a daily, weekly, or monthly basis. Peer specialists help traditional mental health service providers by acting as role models living in recovery, allowing for rapport to build quickly (Walker & Bryant, 2013). Peer specialists are often instrumental to breaking down barriers and mental health stigma, thus improving therapy outcomes. For these reasons, peer specialists are considered an asset to mental health and substance use communities. Some of the daily activities of peer specialists include advocating for peers, connecting peers to resources, sharing lived experiences, building

community, building relationships, facilitating groups, building skills, mentoring, setting goals, and socializing (Jacobson, Trojanowski, & Dewa, 2012).

Currently, it is estimated there are over 10,000 certified peer specialists working in the US alone, and the number of peer specialists working in the US and internationally continues to rise (Davidson et al., 2012). Today, Medicaid reimburses programs with peer support services in 34 states, including the District of Columbia, and peer support services are expected to help with the implementation of the Affordable Care Act where mental health services are covered similarly to medical health care services (Open Minds, 2014). Despite an increasing demand for peer specialists, little is known about the training they receive, role clarity within mental health organizations, or job satisfaction. In one quantitative study researching the role of peer specialists, Cabral, Strother, Muhr, Sefton, and Savageau, (2014) found an absence of expectations. Both peer specialists and non-peer staff reported that the role of the peer specialist was not very clear. Further, there was a substantial lack of training with many supervisors unsure of what exactly the peer specialist was supposed to do. Indeed, many supervisors find it hard to effectively supervise peer specialists in the absence of clearly defined roles and job training. Thus, these factors are important for thinking about how to maximize the use of peer specialists with the goal of improving mental health outcomes for the populations they serve.

Research Questions

The purpose of this exploratory study was to examine the impact of job training and role clarity on job satisfaction among peer specialists. Research questions were:

[1] What are the demographic characteristics of peer specialists?

[2] How do job satisfaction, job training satisfaction, role clarity, and supervisor role clarification differ based on gender, ethnicity, and education level?

[3] What do peer specialists believe is the most effective training method?

[4] What type of job training do peer specialists receive?

[5] How does job training type influence job satisfaction, job training satisfaction, role clarity, and supervisor role clarification?

[6] Do job training satisfaction, role clarity, and supervisor role clarification predict job satisfaction among peer specialists?

[7] What do peer specialists add to the field that is unique to their role?

Definitions

Peer support – The practice of using people successfully living in recovery to deliver person-centered mental health services based on an individual's strengths, hope, and recovery

Peer specialist – "a person who has experienced a life altering mental health or addiction condition, taken an active role in regaining mental health and wellness, and is willing to share those experiences to inspire, educate, and guide others with similar conditions" (Barker, 2015, 0:31)

Recovery model – Model of mental health services that are strength-based, person-centered and focus on an individual's recovery

Consumers – Persons utilizing mental health services

Peers – Individual working with peer specialists, usually called "client" or "patient" in the traditional medical model

CHAPTER 2

Review of the Literature

Overview

Peer support is gaining wide acceptance in the United States and around the globe. The peer support movement started in the 18th century and has gained momentum recently. There is plentiful research showing the effectiveness of peer support in working with people with mental health and substance use diagnoses. The inclusion of peer specialists in mental health agencies has resulted in positive outcomes to include a reduction in the rates of admittance to crisis stabilization units among high-risk populations and a reduction in relapse rates.

History of Peer Support Movement

Peer specialists have not always been widely accepted in the healthcare system. The idea of peer support was first introduced in the 18th century when Pussin and Pinel fought to address the abuse (e.g., being shackled) suffered by patients in mental health hospitals (Davidson, Bellamy, Guy & Miller, 2012). Since then, there have been multiple attempts to organize peer support, primarily in Europe. Across various movements in the mental health field, peer support has never really disappeared (SAMHSA, 2011). In the early 20th century, an ex-patient by the name of Clifford Beers developed the Mental Hygiene Movement, which was created to encourage mental health awareness and challenge mental illness stigma while improving the treatment of individuals needing mental health care in psychiatric hospitals (Parry, 2010; SAMSHA, 2011). Unfortunately, Beers did not trust other former patients to advocate for themselves and, as a result, the movement lost ground. In 1935, in Ohio, Alcoholics Anonymous (AA) was formed with the idea that people living in recovery from alcoholism can provide support and help others battling the same addiction (Gross, 2010). AA helped organize peer

support services and influenced the activities of peer specialists today in various substance use and mental health programs (e.g., Depression Bipolar Support Alliance [DBSA], National Alliance on Mental Illness [NAMI], and Celebrate Recovery). Since one of the main principles of AA is to keep the recovery focus inside of AA and is based on anonymity, it seldom does much for reducing stigma, unlike modern peer support which focuses on advocacy and spreading awareness to reduce stigma. Recovery, Inc. in Chicago also influenced the field of peer support. This organization was formed by a group of former patients two years after AA began. The purpose of the organization was to help transform the way the state of Illinois handled commitment to mental health hospitals. Although the organization dissolved in 1940, it laid the groundwork for the field of peer support we know today (SAMHSA, 2011).

The state of Georgia truly pioneered the entry of peer support into the mental health field as a streamlined, certified addition to traditional mental health services. When Georgia began closing their state hospitals in 1999, the people of Georgia devised a plan to train those who previously lived in the hospitals and were successfully living in recovery to deliver peer support services (Landers & Mei, 2011). The state of Georgia began to focus on recovery oriented care making way for the recovery movement and the recovery model seen today. Once trained and certified, these former patients became certified peer specialists who not only provided excellent role models for people with substance use or mental health obstacles, but also provided hope. Georgia had such great success with peer specialists that they fought to get peer support services reimbursed by Medicaid. Once Medicaid began reimbursing peer support services in 2001, the idea of peer support exploded (Landers & Mei, 2011). Today peer support services are reimbursed by Medicaid in 34 states including the District of Columbia, and there are over 10,000 certified peer specialists in the US, a number that continues to grow despite economic

instability (Salzer, 2010). There is considerable research showing that peer specialists are an important part of the recovery model because they are able to build rapport quickly, break down barriers to treatment services, and reduce stigma on all sides of the mental health field (see Salzer, 2010, Davidson, Chinman, Sells, & Rowe, 2012, Reif, et al., 2014, Simpson, et al., 2014). Available research showcases the many positive outcomes of including peer specialists in the mental health field, but there is little research examining how role clarity and job training affect job satisfaction among peer specialists.

Effectiveness of Peer Specialists

As described above, peer support specialists are in high and increasing demand in mental health organizations. The purpose and effectiveness of peer support in the mental health field has been studied extensively. Effective peer support has been associated with increased resilience, coping behaviors, community living, and social support quality, while reducing stigma and psychopathology severity (Ahmed, Birgenheir, Buckley, & Mabe, 2013). Through a randomized controlled trial, Simpson and colleagues (2014) found that peer support helped decrease levels of hopelessness and improve quality of life, making peer support effective when working with suicidal populations. When studying peer specialists' effectiveness with substance use populations, Reif and colleagues (2014) found those receiving peer support experienced improved relationships with providers and social supports, reduced rates of relapse, increased retention in treatment, and increased satisfaction with treatment overall. Peer specialists help those they serve stand up for their rights and advocate for themselves (Cabral et al., 2014). An important part of peer support is the strong bond created between peer specialists and their peers through sharing similar life experiences, educating co-workers on peer viewpoints, and reminding mental health staff that recovery is possible for everyone.

Walker and Bryan (2013) completed a quantitative review and mestasynthesis of 27 published studies looking at the experiences of peer specialists. Results suggest peer specialists experience discrimination and prejudice from co-workers, low pay and minimal hours, and difficulty transitioning from "patient" to peer support worker (Walker & Bryant, 2013). These findings highlight the importance of sufficient training, supervision, adequate pay, and positive relationships with staff as necessary factors for the peer specialist position.

Job Satisfaction among Peer Specialists

Grant, Reinhart, Wituk, and Meissen (2012) studied job satisfaction among 59 working, certified peer specialists using a 32-item questionnaire designed to specifically measure job satisfaction among employees with mental illness. The researchers found that peer specialists showed high levels of communal orientation, job satisfaction, workplace integration, and organizational support. The researchers also found that peer specialists are well respected and accepted in the mental health centers where they work. Unfortunately, the generalizability of these findings is limited by a small and geographically limited sample lacking diversity. Cabral and colleagues (2014) did a similar qualitative study interviewing 44 working peer specialists, 14 of their supervisors, and 10 clients who worked with peer specialists to better understand the peer specialist role in Massachusetts. Results provide support for the value of working with peer specialists on the self-confidence and mental health of the peers with whom they work.

Role Clarity among Peer Specialists

In an attempt to comprise a job description, Jacobson, Trojanowski, and Dewa (2012) collected data about what peer specialists do. The main types of direct work that peer specialists engage in are connecting people with mental health and/or substance use diagnoses to resources, sharing experiences, building community, advocating for peers, facilitating groups,

building/setting goals, and socializing/self-esteem building (Jacobson, et al., 2012). However, much is still unknown regarding what peer support providers do, specifically, with their lived experiences and for whom, under what circumstances, and to what effects (Davidson, Bellamy, Guy, & Miller, 2012). Shared experience of mental health experience is a key aspect of the peer specialist role. However, there is a lot of ambiguity surrounding the peer specialist's role, and this uncertainty is apparent to peer specialists, as well as their supervisors (Cabral et al., 2014). Again, the use of small and geographically limited sample makes it difficult to generalize findings from existing studies.

According to Davidson, Chinman, Sells, and Rowe (2012), a variety of conditions are needed to implement peer support programs: a clear job description and role clarification, involvement of non-peer staff and organizational leaders, identification of and value for peer specialists' unique contributions, assignment of a senior administrator in charge of peer support relations, provision of training for peer and non-peer staff, supervision for peer staff, and peer support dissemination of success stories to the peers they serve to inspire hope and persistence. Davidson, Bellamy, Guy and Miller (2012) found that any organization hiring peer specialists for the first time should hire at least two peer specialists so they can share tasks and experiences as well as provide support to one another. Input from team leaders and providers also have been found to be critical when establishing new peer specialist services (Chinman, Shoai, & Cohen, 2010). In a recent study, Hamilton, Chinman, Cohen, Oberman, and Young (2015) explored how the Veteran's Administration (VA) is effectively hiring peer specialists and implementing the new role of peer specialists into the VA mental health community. Some important aspects that helped facilitate implementation of peer specialists into their new roles were site preparation, external facilitation, and positive, reinforcing experiences. Some of the challenges with

implementation were role definitions and deficiencies in peer specialists' technical knowledge. As indicated by these findings, implementing peers into the workforce is an ongoing process that needs continued research and understanding in order to keep the peer specialist position thriving in the mental health and substance use field.

Positive Outcomes for Peer Specialists

In addition to the positive outcomes for the consumers they serve, peer specialists entering the workforce experience positive outcomes. Salzer (2010) points out that the rising number of peer specialists is a significant improvement for a population of people who have historically experienced high unemployment rates. Many training programs in the US specializing in training and certifying peer specialists are able to place newly certified peer specialists into jobs easily. In separate study, Salzer and colleagues (2013) surveyed a group of certified peer specialists in Pennsylvania and found that 122 of the participants were working while receiving outpatient services. They also found there are many direct benefits for peer specialists providing peer support services, such as lower relapse rates. In the same research, among 15 peer specialists with extensive psychiatric histories, to include frequent hospitalization, the researchers reported that, on average, peer specialists experienced only two days of hospitalization over a two year period, a significant finding compared to the average length of stay in a psychiatric crisis stabilization unit, which is estimated to be about five or six days (Glick, Sharfstein, & Schwartz, 2011). Of those who were receiving outpatient services, 59.1% experienced a decrease in outpatient therapy usage, 69.1% experienced a decrease in case management services, 83.7% experienced a decrease in having to use a crisis stabilization unit, and 83.3% of those who had been previously hospitalized experienced a decrease in the number of hospitalizations. The certified peer specialists in this study explained that working in the field

helping others assisted them with their own recovery, strengthened hope for their future, and increased their confidence. This study demonstrates the positive impact of peer support on peer specialists themselves in addition to the positive impact on the populations they serve.

Purpose of Study

In summary, research suggests that peer specialists are vital to the healthcare field, particularly with regard to building rapport, improving treatment outcomes, and improving recovery for those who work as peer specialists. Research also suggests that role clarity and job training, among other factors, are necessary for the continuation of the peer specialist role in the mental healthcare field (Walker & Bryant, 2013). To date, there is no known research examining the relationship between role clarity, job training, and job satisfaction among peer specialists. This study aims to address this gap in the literature.

CHAPTER 3

Methods

Participants

Participants included peer specialists who were 18 years or older and members of the International Association of Peer Supporters (iNAPS), whose membership at the time of this study exceeded 3500.

Procedures

After obtaining IRB approval, participants were recruited by advertising the study in the iNAPS monthly newsletter (distributed via email and US post) as well as posting a study flyer on the iNAPS website (http://inaops.org). A link to the survey was included in all recruitment materials. The survey was administered via Qualtrics online survey software.

Measures

Job training and job satisfaction. Job training and job satisfaction were measured using Schmidt's Job Training and Job Satisfaction Survey (JTJSS) (Schmidt, 2007). To maintain the reliability and validity of the original scale, all items were used according to the JTJSS Technical Manual (Schmidt, 2004). The JTJSS is a 43-item scale that measures six subscales: opportunities and rewards, nature of the work, supervision, benefits, operating conditions, and co-workers. Schmidt (2007) modeled his survey after Spector's Job Satisfaction Survey (JSS) (Spector, 1985). The JTJSS uses a six-point Likert scale where 1=disagree very much and 6=agree very much. The scale includes items such as "Overall, I am satisfied with the amount of training I receive on the job." The measure also includes six items that measure the amount of training, such as "Think about the types of formal training you have participated in within the past year and rank on a scale of 1-5 which types of on-the-job training situations you have participated in the most". Schmidt (2007) used face validity to analyze the data and to make sure all of the items

were clear on the measurement scale. The JTJSS scale was compared with other job satisfaction scales in use to enhance the construct validity by making sure items on this scale were similar to other scales (Schmidt, 2004). Cronbach's alpha was used to determine the reliability of the JTJSS. The overall job training scale had an alpha of .83, and the overall job satisfaction scale had an alpha of .89. (Schmidt, 2007).

Job training and job satisfaction items were taken from the JTJSS scale (Schmidt, 2007). The reliability for each subscale was determined using Cronbach's alpha. The job training satisfaction subscale consisted of the following items and alpha levels: organizational support for training had an alpha of .77, employee feelings about training had an alpha of .61, and employee satisfaction with training had an alpha of .85. The job satisfaction subscale consisted of the following items and alpha levels: satisfaction with opportunities for rewards had an alpha of .90, employee satisfaction with coworkers had an alpha of .77, employee satisfaction with supervision had an alpha of .86, employee satisfaction with fringe benefits had an alpha of .78, employee satisfaction with operating conditions had an alpha of .68, and employee satisfaction with nature of work had an alpha of .81 (Schmidt, 2007). To confirm the reliability of this measure in the current study, reliability statistics were computed again using Cronbach's alpha. See Table 1 and Table 2 for current reliability statistics, which were slightly higher than Schmidt's original reliability computations. The complete survey is included in the Appendix.

Role clarity. Role clarity was measured using a 9-item scale created by Hassan (2013). Participants responded to items on a six-point Likert scale with 1=strongly disagree and 6=strongly agree. The scale includes items such as "My supervisor keeps me 'in the loop' about issues that affect my work." On this measure, *role clarity* is defined as the extent to which the peer specialist is clear about his/her own role whereas *role clarification* describes the extent to

which the supervisor clearly explains the peer specialist role to the peer specialist. Thus, "role clarification" actually means "supervisor role clarification". The latter term is used hereafter to differentiate between the two terms (i.e., role clarity and role clarification). According to Hassan (2013), the three items measuring role clarity were clearly written with the intention to measure how much an employee is clear about what s/he is supposed to do in the job. The role clarity items also measure the extent to which employees understand which of their job duties take precedence over others. The role clarity items were developed using the Task-Goal Attribute Scale with a Cronbach Alpha of .73. The four items measuring supervisor role clarification look at how the supervisor expresses job expectations, instructs employees to perform their job duties, communicates to their employees about structural problems, and expresses positive feedback when employees are doing a good job. The supervisor role clarification items had a Cronbach's Alpha of .84. Both subscales are considered reliable measures of role clarity and supervisor role clarification, respectively (Hassan, 2013). To confirm the reliability of scales in the current study, reliability statistics were computed again using Cronbach's alpha. See Tables 1 and 2 for reliability estimates, which were slightly higher than Hassan's (2013) original reliability computations

Qualitative findings. Current literature suggests the need to understand what peer specialists contribute to the mental health field that is unique to their role (Davidson, Chinman, Sellers, & Rowe, 2006). At the end of the survey, peer specialists were given the opportunity to answer questions the following questions: "What do you contribute to the mental health field that is unique to your role?" and "What else do you want to learn about peer support?". These questions were designed to better understand what peer specialists contribute to the field and what else they want to learn.

Data Analysis

Descriptive statistics were used to describe the sample and average ratings on each measure. Bivariate normal model two-tail correlations were computed to examine the relationship between role clarity, job training, and job satisfaction. A multiple linear regression was computed to predict job satisfaction based on various subscales of role clarity and job training. Independent samples t-tests were used to examine differences in job satisfaction and role clarity based on gender and ethnicity. A one-way between subjects ANOVA was used to analyze the difference between ethnic groups (e.g., Hispanic, African American, and Caucasian) on the following dependent variables: job satisfaction, job training satisfaction, role clarity and supervisor role clarification. A one-way ANOVA was used to analyze the differences between job training type that peer specialists found most effective with job training satisfaction, job satisfaction, role clarity, and supervisor role clarification. Pearson correlations were computed to understand relationships between demographic variables of education and age with job training satisfaction, role clarity, and supervisor role clarification.

CHAPTER 4

Results

Research Question 1: What are the demographic characteristics of peer specialists?

The first research question of this study was intended to identify the most common characteristics of a sample of peer specialists. Out of 238 participants who completed the online survey, 43 participants were removed due to missing data. Of the remaining 195, 68 were male, 125 were female, one was transgender, and one did not select a gender.

Ethnicity. Out of 193 participants who answered the race/ethnicity item, 25 peer specialists were Black or African American, 17 were Hispanic or Latino, 147 were White or Caucasian, and four identified as other. The four peer specialists who identified as other were excluded from data analysis because the small sample size did not provide enough variance for a significant comparison. See Figure 1 for more information about the ethnicity of the sample.

Participants by region. Participants entered the city, state, and country for where they live. States were then coded into United States regions: West (WA, OR, CA, MT, ID, NV, WY, UT, CO, AZ, NM, AK, HI), Midwest (ND, SD, NE, KS, MN, IA, MO, WI, IL, MI, IN, OH) Northeast (PA, NY, ME, VT, MA, NH, RI, CT, NJ) and South (OK, DC, TX, AR, LA, KY, TN, MS, AL, WV, MD, DE, VA, NC. SC, GA, FL). All regions of the United States were represented in the sample of participants. Out of 195 participants, there were a total of eight participants who did not enter data for where they lived, and one participant was from Australia and, therefore, was not included in the sample. Of the remaining 186 participants, 13 participants resided in the Midwest, 24 in the Northeast, 54 in the Southeast, 64 in the Southwest and 31 in the West. See Figure 2 of more information about the regions represented in the sample.

Distribution of age. Participants were instructed to select their age bracket (e.g., 26-35, 36-45). One participant did not respond to this item. Among the remaining 194 participants, all age brackets were represented in the sample. The majority of participants were between the ages 46 – 55. See Figure 3 for more detailed information about the age range of the sample.

Level of education. Participants were instructed to choose their education level ranging from "some high school" to "graduate degree." All levels of education were represented in the sample. Of the 194 peer specialists who answered this item, the majority of participants had "some college." See Figure 4 for more detailed information about the education level of participants in this sample.

Specialization. Participants were given the option to choose their specialization between mental illness, substance use, or both mental illness and substance use. All specializations were represented in the sample. Of the 188 peer specialists who responded to this item, the majority selected "both mental illness and substance use." See Figure 5 more detailed information about specialization.

Research Question 2: How do job satisfaction, job training satisfaction, role clarity, and supervisor role clarification differ based on gender, ethnicity, and education level?

Differences based on Gender.

An independent samples t-test was conducted to analyze differences in job satisfaction, job training satisfaction, role clarity and supervisor role clarification (dependent variables) based on gender (independent variable). There was no significant difference in job satisfaction between males (M=190.73, SD=8.25) and females (M=183.43, SD=35.90), $t(187)=1.4331.13$, $p=.077$ nor was there a significant difference in role clarity between males (M=14.21, SD=3.29) and females (M=13.86, SD=3.71), $t(187)=.642$, $p=.408$. There was a significant difference in

supervisor role clarification between males (M=18.52, SD=4.58) and females (M=17.84, SD=5.87), *t* (187) =.818, *p*=.009, in which males felt they received greater clarification from their supervisors than females.

Differences based on ethnicity. A one-way between subjects ANOVA was conducted to analyze differences in job satisfaction, job training satisfaction, role clarity and supervisor role clarification (dependent variables) based on ethnicity (independent variable) (e.g., Hispanic, African American, and Caucasian). There was not a main effect for overall job satisfaction**,** *F*(2,184) = .905, *p* =.406. There was a significant main effect for job training satisfaction, *F(*2, 184) = 3.766, *p* = .025. LSD post hoc analyses were conducted to compare the three ethnic groups. Job training satisfaction was significantly lower among Caucasians (M = 56.59, SD = 10.24) compared to Hispanics (M = 62.58, SD = 7.28), *p*=.017. There were no significant differences between Caucasians and African Americans (M = 60.00, SD = 7.30), *p*=.113 or Hispanics and African Americans, *p* =.401. There was a significant main effect for supervisor role clarification, F(2,184)=3.20, *p* =.043. LSD post hoc analyses revealed that Caucasians have less role clarification from their supervisors than Hispanics, *p* =.036. There were no significant differences between African Americans and Caucasians, *p* = .104, or African Americans and Hispanics, p = .567. There was not a main effect for role clarity, *F*(2,184) = 1.154, *p* =.318. See Table 3 for the mean differences based on ethnicity.

Differences based on level of education. To analyze relationships between job satisfaction, job training satisfaction, role clarity and supervisor role clarification based on education level, Pearson correlations were computed. Results suggest peer specialists with higher education levels were less clear about their roles, r = -.294, *p* < .001 and the less their supervisors were clear about their roles, r = -.325, *p* < .001. Results revealed a negative correlation between

education level and job satisfaction. As education level increased, job satisfaction decreased, r = -.183, p =.010 and job training satisfaction decreased, r = -.199, p =.005.

Differences based on age. Pearson correlations were computed to analyze relationships between age and job satisfaction, job training satisfaction, role clarity and supervisor role clarification. There were no significant correlations. See Table 4 for more detailed information about age.

Research Question 3: What do peer specialists believe is the most effective training method?

Peer specialists were instructed to select the most effective job training among five possible options: instructor led classroom, one-on-one training, self-study, job shadowing, and online computer-based training. The majority (40%) of peer specialists chose the most effective training method to be instructor led classroom training, followed by job shadowing. See Figure 6 for more detailed information about the most effective training methods. A between groups ANOVA was conducted to analyze differences in job satisfaction, job training satisfaction, role clarity and supervisor role clarification (dependent variables) based on the training type peer specialists found to be most effective (independent variable). There were no significant differences between the training type that was most effective and the dependent variables. See Table 5 for more detailed information about effective training methods.

Research Question 4: What type of job training do peer specialists receive?

Peer specialists were instructed to rank order five job training options (i.e., instructor led classroom, one-on-one training, self-study, job shadowing, and online computer-based training) from least time spent to most time spent within the past year. The majority (45%) of peer specialists spent most of their time training in an instructor led classroom. See Figures 7 and 8

for more information on where peer specialists spent the most and the least of their time training in the past year. The majority (36%) of peer specialists spent the least amount of time in job shadowing. Participants were also asked to rank order the following types of on-the-job training they have received within the past year: technical or job specific, general business skills, and personal development training. The majority (54%) of peer specialists spent most of their time in technical or job-specific skill training. See Figures 9, 10, and 11 for more information about job training among peer specialists.

Research Question 5: How does job training type influence job satisfaction, job training satisfaction, role clarity, and supervisor role clarification?

To analyze the correlation between types of job training and job satisfaction, job training satisfaction, role clarity, and supervisor role clarification, Spearman's correlation were computed. The most significant finding was a negative correlation between job training satisfaction and training spent in self-study or independent study, including video-based training, r_s= -.302, $p < .001$. Results reveal a strong negative relationship between self-study and supervisor role clarification, r_s = -.234, p=.003 and a negative correlation with on-line or computer-based training and supervisor role clarification, r_s = -.175, p =.025. Role clarity increased as the time spent job shadowing increased, r_s=.176, p =.025. There was a positive correlation between supervisor role clarification and one-on-one training, r_s = .197, p = -.012 and job-shadowing, r_s=.172, p=.028. There was a significant finding when correlating personal development training in the past year with supervisor role clarification, r_s=.168, p=.042. See Table 6 and Table 7 for more detailed information about the relationship between job training delivery method, job satisfaction, job training satisfaction, role clarity, and supervisor role clarification.

Research Question 6: Do job training, role clarity and supervisor role clarification predict job satisfaction among peer specialists?

Pearson correlation coefficient was used to analyze the relationship between peer specialists' overall job satisfaction and satisfaction with job training. There was a significant correlation between job training satisfaction and overall job satisfaction, and supervisor role clarification and role clarity. The correlations were all positive and ranged between r =.523, $p <$ .001 and r=.690, $p < .001$. See Table 8 for more detailed information, and see Figures 12, 13, 14 and 15 for the distribution of means for job satisfaction, job training satisfaction, role clarity, and supervisor role clarification. A multiple linear regression was conducted to predict job satisfaction based on job training satisfaction, role clarity, and supervisor role clarification. The R^2 for the model was .56, which is significant, $F(3,194) = 82.837$, $p < .001$. See Table 9 for the beta weights.

Research Question 7: What do peer specialists add to the field that is unique to their role?

Qualitative analyses were used to categorize responses (n=177) to the following question: *"What do you contribute to the mental health field that is unique to your role?"* Responses were coded to find common themes among responses. Results revealed the following themes: lived experience, empathy, versatility, hope, and advocacy. The most prevalent theme, reflected in 51% of the responses, was "lived experience." Responses were coded as lived experience if "lived experience" was explicitly mentioned in the participant's response or they described the fact that their personal experience with mental health or substance use challenges is what is unique to their role as a peer specialist. For example, one participant said *"I am someone who has been through the journey of a mental health crisis and recovery."* Empathy was the second most prevalent theme. Empathy was categorized when peer specialists explicitly mentioned

empathy or described their unique role of being able to understand what their peer is going through. For example, one participant said "*Compassion, putting the needs of the member first.*" The third most common theme was "versatility." This theme included responses that described the ability to where many hats and take on many different roles. Some respondents saw this as a problem feeling that peer support would lose its importance if it was morphed into different roles, but many peer specialist's felt their ability to take on new roles and new challenges was what made them unique as a peer specialist. As an example of a response coded as "versatility", one participant said "*I am bilingual; I have a bachelor degree in digital design and graphics."* Hope was coded for responses that described the ability to show positive change through the actions or experiences of the peer specialist. For example, one participant noted "*My recovery story and a strong belief in the possibility of recovery."* For the theme of advocacy, many peer specialists find their ability to advocate for the peers they serve and for change in the mental health system is a major and unique part of their role and as a peer specialist. For example, one participant said "*I am able to be a living example of recovery from a mental illness while advocating for improved services."* See Table 10 for more detailed information on perceptions of the unique contributions of peer specialists to the mental health field.

CHAPTER 5

Discussion

Demographic Characteristics of Peer Specialists Differences in Job Satisfaction, Job Training Satisfaction, Role Clarity and Supervisor's Role Clarity Based on Demographic Variables

While the majority of participants were female, results suggest there is a significant difference between males and females with regard to supervisor role clarification. Among this sample, males believed their supervisors more clearly defined their roles than did their female counterparts. However, because there were few males in this sample, it is difficult to draw conclusions about this finding. Nonetheless, gender differences in task orientation may explain the perceived differences in supervisor role clarification. Research suggests males tend to be more task oriented as opposed to females who tend to focus more on relationships (Karatepe, Yavas, Babakus, & Avci, 2006). If females rely more on relationships than males do, then self-study and online training, which are the most common training methods employed based on our findings, may be more negatively affecting females than males. This may result in females feeling their roles are less clear from their supervisor. There was no difference in job satisfaction, job training satisfaction, and role clarity between males and females. This contradicts findings by Karatepe and colleagues (2006) who found that males typically score higher than females on role clarity scales.

Results suggest that peer specialists' ambiguity around role clarity and supervisory explanation of role clarification is greatly affected by their education level with higher education associated with greater ambiguity. This may be due to the lack of opportunities for advancement among peer specialists. It may also be that when a peer specialist has a higher education they are

expected to take on more roles, making their role as the peer specialist more unclear. Since education level is negatively correlated with role clarity, supervisor role clarification and job satisfaction, it may be beneficial for employers to offer opportunities for advancement, management, or leadership in the peer specialist role. Allowing peer specialists to advance in the field will further enhance the peer specialist position and encourage growth in the position.

Effective Training Methods

According to the peer specialists in this sample, the most effective type of training was the instructor-led classroom (40%), followed closely by job shadowing (30%) and one-on-one training (15%). This suggests that peer specialists prefer trainings that allow them to interact with others. Taking into consideration these preferences is important. Current findings suggest the least effective training are those that force peer specialists into isolation. Both self-study (11%) and on-line or computer-based training (4%) require peer specialists to work alone to learn about their role. Walker and Bryant (2013) pointed out the importance of adequate training for implementing peer specialists into the workforce. In their metasysnthesis, 44% of the research papers analyzed described this as one of the most important factors, along with proper supervision. Mitchell and Pistrang (2010) contend that social exclusion and isolation can be detrimental to those with mental health challenges. Acquiring and maintaining social relationships is an important aspect of recovery for those with mental health and substance use diagnoses, therefore vital for all peer specialists.

Job Training Experiences

The types of training peer specialists participated in the most in the past year were instructor led classroom, (45%) followed by on-line or computer based training (23%), and self-study (16 %). While the time spent in instructor led classroom training is on par with the types of

trainings that peer specialists found most effective, the rest of the findings contradict the types of trainings peer specialists find most effective (see discussion above). Considering 27% of peer specialists are the only peer specialist on their team and 22% only work with one or two other peer specialists on their teams, the limited number of peer specialists in the workforce may limit the availability of other peer specialists available for job shadowing. Funding and the availability of efficient training programs may force employers to utilize self-study and computer based training more frequently than other more effective types of training.

Relationship between Job Training and Job Satisfaction, Job Training Satisfaction, Role Clarity, and Supervisor Role Clarification

Findings suggest a clear relationship between job satisfaction and role clarity and job training. Current findings also highlight the importance of supervisors providing organizational support for training, as well as clearly defining roles for peer specialists for the peer specialist to feel satisfied with their job training and feel their job training was effective. Findings suggest training for peer specialist supervisors may also be important to enhance the capacity of supervisors to support peer specialists in their positions.

Predictors of Job Satisfaction among Peer Specialists

Research has demonstrated the importance of clearly defined roles for overall job performance and the welfare of workers in establishments (Hassan, 2013). Hassan found that role ambiguity created stressful environments for employees, which in turn created anxiety. When there were high levels of role uncertainty and conflict within roles, workers were more likely to have persistent absenteeism or to ultimately quit their job. The current study had similar findings. In this study, role clarity was closely related to overall job satisfaction. As role clarity and supervisor role clarification increased, job satisfaction and job training satisfaction also

increased. Consistent with Hassan's findings, if peer specialists have low levels of role clarity, they also have low levels of job satisfaction, possibly leading to chronic absenteeism or influencing them to leave their jobs.

Current findings also suggest job training is an important predictor of job satisfaction. According to the data, the more time a peer specialist spends in self-study or independent study, including video-based training, the less satisfied they are with their job training and the less they feel their role is clearly defined by their supervisor. This may be because self-study and independent study encourage isolation, which negatively affects job satisfaction. Because research has indicated that isolation can lead to increased substance use (Niño, Cai, & Ignatow, 2016), avoiding isolation and developing positive social support is a key component for those with substance use and mental health diagnoses living in recovery. Thus, job training types that encourage isolation are discouraged (Chronister et al., 2015). Those hiring peer specialists and integrating peer specialists into the workforce should employ more interactive training methods as opposed to relying on self-study techniques. Current findings suggest job-shadowing is an effective training method as it allows for an increase in role clarity. Having a mentor for the peer specialist to shadow will provide opportunities for one-on-one interactions that will allow the peer specialist to connect with a coworker, at the same time provide on-the-job training while learning their new role.

Current findings also suggest supervisor role clarification is an important predictor of job satisfaction among working peer specialists. These findings are similar to Hassan's (2013) findings which showed work places with higher levels of supervisor role clarification and more clearly defined career objectives had higher levels of job satisfaction. This research confirms the

impact supervisors have on job satisfaction and reiterates the importance of supervisors clearly understanding the peer specialist's role before disseminating responsibilities.

Peer Specialist's Unique Contributions to the Field of Mental Health

Davidson, Chinman, Sellers, and Rowe (2006) suggest that not enough is known about what peer specialists contribute that is unique to their role. Findings from this study contribute to this gap in the literature. Current results suggest that "lived experience" is a unique contribution of peer specialists. Peer specialists described the importance of their experience with a mental health or substance use diagnosis when interacting with clients. Although other mental healthcare workers may also have experience with mental health or substance use challenges, they typically are discouraged from personal self-disclosures unlike peer specialists whose disclosures not only are acceptable but encouraged. Traditional healthcare workers are expected to listen, ask questions, and give guidance, but not to disclose negative life experiences (Audet, 2011). Current findings suggest empathy is another unique contribution of peer specialists. While traditional mental healthcare workers also experience empathy, peer specialists are more readily able to express empathy within the context of their lived experiences and have their self-disclosure be seen as a positive experience whereas therapist self-disclosure may be perceived adversely (Audet, 2011).

Limitations

This study did not employ an experimental design, which limits the ability to draw conclusions about a cause-effect relationship between job satisfaction and other factors. The sample also was racially/ethnically restricted, which may limit the generalizability of findings. Finally, data upon which conclusions were drawn was based on a small sample relative to the population of interest. Given that the response rate was low, it is possible that participants in this

study differed in appreciable ways from peer specialists who chose not to participate in this study. Again, this limits the generalizability of findings.

Implications

These findings have important implications for thinking about how to enhance job satisfaction among peer specialists. Given that job training is an important predictor of job satisfaction, mental health agencies employing peer specialists are encouraged to use job shadowing and other interactive training methods as opposed to self-study methods. Not only are these methods more satisfying, but they also are thought to increase role clarity, another important predictor of job satisfaction among peer specialists. Findings also suggest the need for training among supervisors given that supervisor role clarity was another predictor of job satisfaction.

Future Directions

Studies with larger, more diverse and representative samples are needed to expand upon current findings. Also, experimental research is needed to further examine the impact of job training, role clarity, and supervisor role clarity on job satisfaction. Future research also is needed to further explore effective job training methods given that job training appears to be associated with job satisfaction among peer specialists.

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Appendix

Peer Support Job Training, Job Satisfaction, and Role Clarity Survey

Job Training and Job Satisfaction Survey (JTJSS)[1]

1. The JTJSS consists of 43 statements regarding various aspects of your job followed by a series of demographic questions about the on-the-job training you receive. It should take between five and 10 minutes to complete.
2. When completing the first 43 questions on the survey, think about your own job and rank each item based on the degree you agree or disagree with the statement.

1. I feel I am being paid a fair amount for the work I do.					
☐	☐	☐	☐	☐	☐
Disagree Very Much	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Agree Very Much
2. There is really too little chance for promotion on my job.					
☐	☐	☐	☐	☐	☐
Disagree Very Much	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Agree Very Much
3. My supervisor is quite competent in doing his/her job.					
☐	☐	☐	☐	☐	☐
Disagree Very Much	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Agree Very Much
4. I am not satisfied with the benefits I receive.					
☐	☐	☐	☐	☐	☐
Disagree Very Much	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Agree Very Much
5. When I do a good job, I receive the recognition for it that I should receive.					
☐	☐	☐	☐	☐	☐
Disagree Very Much	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Agree Very Much
6. Many of our rules and procedures make doing a good job difficult.					
☐	☐	☐	☐	☐	☐
Disagree Very Much	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Agree Very Much
7. My department provides learning/training opportunities to meet the changing needs of my workplace.					
☐	☐	☐	☐	☐	☐
Disagree Very Much	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Agree Very Much
8. I sometimes feel my job is meaningless.					

[1] Schmidt, S. *W.* (2007). The Relationship between Satisfaction with Workplace Training and Overall Job Satisfaction. *Human Resource Development Quarterly*, 18(4), 481-498.

☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
9. Raises are too few and far between.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
10. Those who do well on the job stand a fair chance of being promoted.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
11. I view my education on-the-job as a continuous, lifelong endeavor.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
12. The benefits we receive are as good as most other organizations offer.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
13. I do not feel that the work I do is appreciated.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
14. My efforts to do a good job are seldom blocked by red tape.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
15. I like doing the things I do at work.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
16. In my department, learning is planned and purposeful rather than accidental.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
17. I feel unappreciated by the organization when I think about what they pay me.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
18. People get ahead as fast here as they do in other places.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
19. My supervisor shows too little interest in the feelings of subordinates.					

☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
20. The benefit package we have is equitable.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
21. There are few rewards for those who work here.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
22. I have too much to do at work.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
23. I enjoy my coworkers.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
24. Overall, the on-the-job training I receive is applicable to my job.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
25. I feel a sense of pride in doing my job.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
26. Overall, the training I receive on the job meets my needs.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
27. There are benefits we do not have which we should have.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
28. In my department, people are interested in both personal and professional development.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
29. I have too much paperwork.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
30. I don’t feel my efforts are rewarded the way they should be.					

☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
31. I am satisfied with my chances for promotion.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
32. I am proactive in seeking ways to improve what I do.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
33. My job is enjoyable.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
34. I like the people I work with.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
35. Training and development are encouraged and rewarded in my department.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
36. I like my supervisor.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
37. I deliberately seek out learning opportunities rather than waiting to be sent to training.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
38. My supervisor is unfair to me.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
39. I have learning goals designed to enhance my current work assignment and to prepare me for future positions.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much
40. There is too much bickering and fighting at work.					
☐ Disagree Very Much	☐ Disagree Moderately	☐ Disagree Slightly	☐ Agree Slightly	☐ Agree Moderately	☐ Agree Very Much

41. Overall, I am satisfied with the amount of training I receive on the job.

☐	☐	☐	☐	☐	☐
Disagree Very Much	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Agree Very Much

42. I am generally able to use what I learn in on-the-job training in my job.

☐	☐	☐	☐	☐	☐
Disagree Very Much	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Agree Very Much

43. I feel satisfied with my chances for salary increases.

☐	☐	☐	☐	☐	☐
Disagree Very Much	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Agree Very Much

44. Think about the types of formal training you have participated in within the past year, and rank on a scale of 1-5 which types of on-the-job training situations you have participated in the most. (1=most time spent in this type of training situation; 5=least time spent in this type of training situation)
Choose an item. Instructor-led classroom training
Choose an item. One-on-one training
Choose an item. On-line or computer-based training
Choose an item. Job shadowing or observing experienced employees
Choose an item. Self-study or independent study (including video-based training)

45. Of all the training methods listed in question 44 (above), select the **one** that you believe is most effective in helping you learn.
☐ Instructor-led classroom training
☐ One-on-one training
☐ On-line or computer-based training
☐ Job shadowing or observing experienced employees
☐ Self-study or independent study (including video-based training)

46.In the past year, rank on a scale of 1-3 the types of on-the-job training that you have received in order of most to least (1=most time spent in this type of training; 3=least amount of time spent in this type of training).
Choose an item. Technical or job-specific skill training
Choose an item. General business skill training (example: computer classes)
Choose an item. Personal development training

47. How many years have you been in your current position: (only select one)
☐ Less than one
☐ 1-3 years
☐ 4-6 years
☐ 7-9 years
☐ 10-12 years

☐ Over 13 years
48. If you have been in your current position for less than a year, how many days have you spent in formal on-the-job training _____. (skip to question 50)
49. If you have been in your current position for more than a year, how many days in the past year have you spent in formal on-the-job training _____.
50. My age is: ☐ under 20 ☐ 20-25 ☐ 26-30 ☐ 31-35 ☐ 36-40 ☐ 41-45 ☐ 46-50 ☐ 51-55 ☐ 56-60 ☐ 61-65 ☐ over 66
51. My level of education is: ☐ Some High School ☐ High School Diploma ☐ Some College ☐ Bachelor's Degree ☐ Some Graduate Study ☐ Graduate Degree

Role Clarity Survey2

When completing the next 9 items think about your own job and rank each item based on the degree to which you agree or disagree with each statement. Read each question carefully before selecting your answer.

1. I know exactly what I am supposed to do on my job.					
☐	☐	☐	☐	☐	☐
Strongly Disagree	Generally Disagree	Disagree a Little	Agree a Little	Generally Agree	Strongly Agree
2. My supervisor keeps me "in the loop" about issues that affect my work.					
☐	☐	☐	☐	☐	☐
Strongly Disagree	Generally Disagree	Disagree a Little	Agree a Little	Generally Agree	Strongly Agree
3. My responsibilities at work are very clear and specific.					
☐	☐	☐	☐	☐	☐
Strongly Disagree	Generally Disagree	Disagree a Little	Agree a Little	Generally Agree	Strongly Agree
4. I am very satisfied with the kind of work that I do.					
☐	☐	☐	☐	☐	☐
Strongly Disagree	Generally Disagree	Disagree a Little	Agree a Little	Generally Agree	Strongly Agree
5. My supervisor clearly expresses work expectations to me.					
☐	☐	☐	☐	☐	☐
Strongly Disagree	Generally Disagree	Disagree a Little	Agree a Little	Generally Agree	Strongly Agree
6. I understand fully which of my job duties are more important than others.					
☐	☐	☐	☐	☐	☐
Strongly Disagree	Generally Disagree	Disagree a Little	Agree a Little	Generally Agree	Strongly Agree
7. I am told by my immediate supervisor when I do a good job.					
☐	☐	☐	☐	☐	☐
Strongly Disagree	Generally Disagree	Disagree a Little	Agree a Little	Generally Agree	Strongly Agree
8. At the end of the day, I feel good about the work that I do here.					
☐	☐	☐	☐	☐	☐
Strongly Disagree	Generally Disagree	Disagree a Little	Agree a Little	Generally Agree	Strongly Agree
9. My supervisor properly instructs me regarding how to do my job.					
☐	☐	☐	☐	☐	☐
Strongly Disagree	Generally Disagree	Disagree a Little	Agree a Little	Generally Agree	Strongly Agree

[2] Hassan, S. (2013). The Importance of Role Clarification in Workgroups: Effects on Perceived Role Clarity, Work Satisfaction, and Turnover Rates. *Public Administration Review*, *73*(5), 716-725.

Demographics		
City, State, and Country where you work.		
City: Click here to enter text.	State: Click here to enter text.	Country: Click here to enter text.
Age: Click here to enter text.	Gender: Choose an item.	Race/Ethnicity: Choose an item.
How many other peer specialists work with you on your team?		Choose an item.
How many other peer specialists work in your agency?		Choose an item.
Mental health agency where you work: Choose an item.		
If other, please tell us the kind of agency where you work. Click here to enter text.		
As a peer specialist, which specialization do you identify with? (check one) ☐ Substance Use ☐ Mental Illness ☐ Both Substance Use & Mental Illness		
What do you contribute to the mental health field that is unique to your role? Click here to enter text.		
What else do you want to learn about peer support? Click here to enter text.		

Table 1

Reliability of Survey (n=195)

	Cronbach's Alpha	Number of items
Job Training Satisfaction Scale	.86	12
Job Satisfaction Scale	.92	31
Role Clarity	.83	3
Supervisor Role Clarification	.91	4

Table 2

Reliability of Job Satisfaction Subscales (n=195)

	Cronbach's Alpha	Number of items
Opportunities and rewards	.90	12
Supervision	.90	4
Fringe benefits	.84	4
Operating rules and procedures	.66	4
Coworkers	.80	3
The nature of work performed	.71	4
Organizational Support for Training	.80	4
Employee feelings about training and development	.54	4
Employee satisfaction with training	.89	4

Table 3

Ethnicity (n=187)

	African American		Caucasian		Hispanic	
	Mean	SD	Mean	SD	Mean	SD
Job Training Satisfaction	60.00	7.29	56.60	10.25	62.59	7.28
Job Satisfaction	192.33	28.81	184.06	34.69	191.59	28.78
Role Clarity	14.50	3.48	13.84	3.58	15.06	3.21
Supervisor Role Clarification	19.50	4.46	17.58	5.50	20.47	5.00

Table 4

Age (n=194)

	Age	
	Pearson Correlation	P value
Job Training Satisfaction	-.073	.314
Job Satisfaction	.033	.647
Role Clarity	-.055	.449
Supervisor Role Clarification	-.047	.511

Table 5

Training Methods (n=190)

	Instructor-led classroom		One-on-One Training		On-line computer-based training		Job shadowing or observing employees		Self-study or independent study (including video-based training)	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Job Training Satisfaction	58.04	9.05	57.57	8.69	55.43	7.16	58.89	11.48	52.45	10.48
Job Satisfaction	127.06	24.14	128.89	27.63	133.86	33.11	131.53	28.33	25.00	5.59
Role Clarity	14.10	2.99	14.29	3.70	2.65	1.00	13.67	4.16	4.15	.93
Supervisor Role Clarification	17.71	5.35	18.89	5.12	17.86	7.08	18.79	5.57	16.15	5.37

Table 6

Relationship between Job Training Satisfaction, Job Satisfaction, Role Clarity and Supervisor Role Clarification with Job Training Delivery Method Used the Most in the Past Year Using Spearman Correlation (n=163)

	Instructor-led Classroom Training	One-on-One Training	On-line, computer-based Training	Job shadowing or observing experienced employees	Self-study or independent study (including video-based training)
Job Training Satisfaction Scale	.122 (.121)	.090 (.253)	-.071 (.368)	**.179 (.022)**	**-.302 (< .001)**
Supervisor's Role Clarification	-.050 (.527)	.089 (.256)	-.032 (.688)	.114 (.148)	-.099 (.210)
Role Clarity	-.104 (.187)	.049 (.535)	-.007 (.926)	**.176 (.025)**	-.122 (.122)
Supervisor's Role Clarification	.044 (.575)	**.197 (.012)**	**-.175 (.025)**	**.172 (.028)**	**-.234 (.003)**

Table 7

Relationship Between Job Satisfaction and Most Time Spent in Type of Job Training in the Past Year Using Spearman Correlation (n=163)

	Instructor-led Classroom Training	One-on-One Training	On-line, computer-based Training	Job shadowing or observing experienced employees	Self-study or independent study (including video-based training)
Opportunities and Rewards	-.082 (.299)	.031 (.696)	.007 (.927)	.092(.243)	-.026 (.742)
Supervision	.004 (.955)	.150 (.057)	-.115 (.143)	.085 (.279)	-.116 (.139)
Fringe Benefits	-.067 (.392)	-.027 (.734)	.098 (.215)	.032 (.681)	-.021 (.789)
Operating Rules and Procedures	-.052 (.512)	.-.010 (.897)	.030 (.703)	.131 (.097)	-.024 (.759)
Coworker	.-.003 (.967)	**.155 (.049)**	.-.101 (.198)	.151 (.055)	**-.206 (.008)**
Nature of Work Performed	-.005 (.950)	.127 (.106)	-.114 (.146)	.133 (.091)	**-.173 (.027)**
Organizational Support for Training	.121 (.123)	.100 (.202)	-.102 (.194)	**.177 (.024)**	**-.267 (< .001)**
Employee Feelings about Training and Development	.020 (.802)	-.073 (.353)	-.058 (.462)	.117 (.139)	-.063 (.427)
Employee Satisfaction with Training	.109 (.168)	.122 (.122)	-.036 (.646)	.144 (.067)	**-.314 (< .001)**

Table 8

Relationship Between Job Satisfaction, Role Clarity, and Supervisor Role Clarification Using Pearson Correlation (n=195)

	Job Satisfaction Scale	Supervisor Role Clarification	Role Clarity
Job Training Satisfaction Scale	**.682 (<.001)**	**.668 (< .001)**	**.560 (< .001)**
Job Satisfaction Scale		**.690 (< .001)**	**.523 (< .001)**
Supervisor Role Clarification			**.649 (<.001)**

Table 9

Does Supervisor Role Clarification, Role Clarity, and Job Training Satisfaction Predict Overall Job Satisfaction?(n=194)

	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
Constant	29.227	7.498		3.898	< .001
Supervisor Role Clarification	1.958	.349	.402	5.613	< .001
Role Clarity	.332	.478	.045	.695	.488
Job Training Satisfaction	1.017	.172	.388	5.903	<. 001

Table 10

What Peer Specialists Contribute to the Mental Health Field That is Unique to Their Role (n=173)

	Example	n	%
Lived experience	*"I am someone who has been through the journey of a mental health crisis and recovery."*	88	51%
Empathy	*"Compassion, putting the needs of the member first.*"	30	17%
Versatility	*"I am bilingual; I have a bachelor degree in digital design and graphics."*	28	16%
Hope	"*My recovery story and a strong belief in the possibility of recovery."*	15	9%
Advocacy	"*I am able to be a living example of recovery from a mental illness while advocating for improved services."*	12	7%

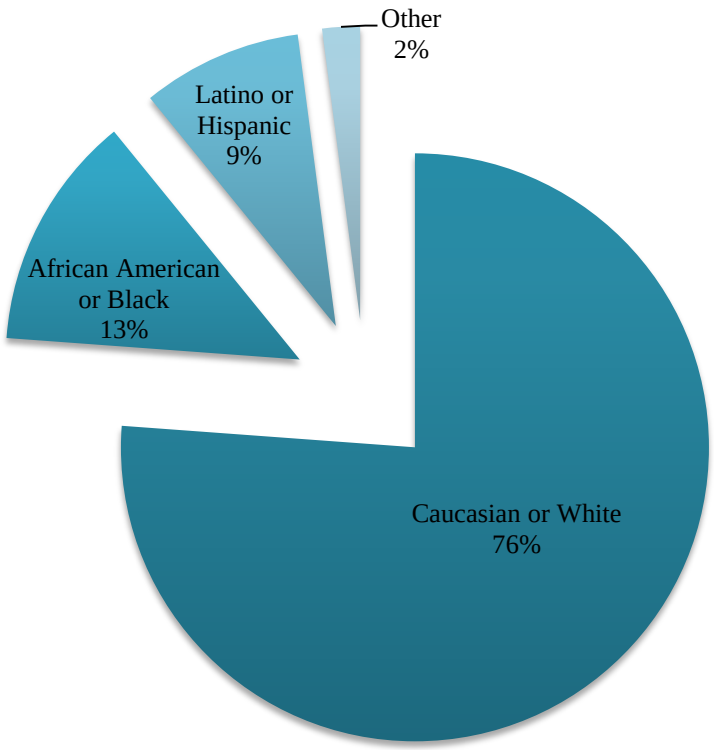

Figure 1. Ethnicity of sample (n=193).

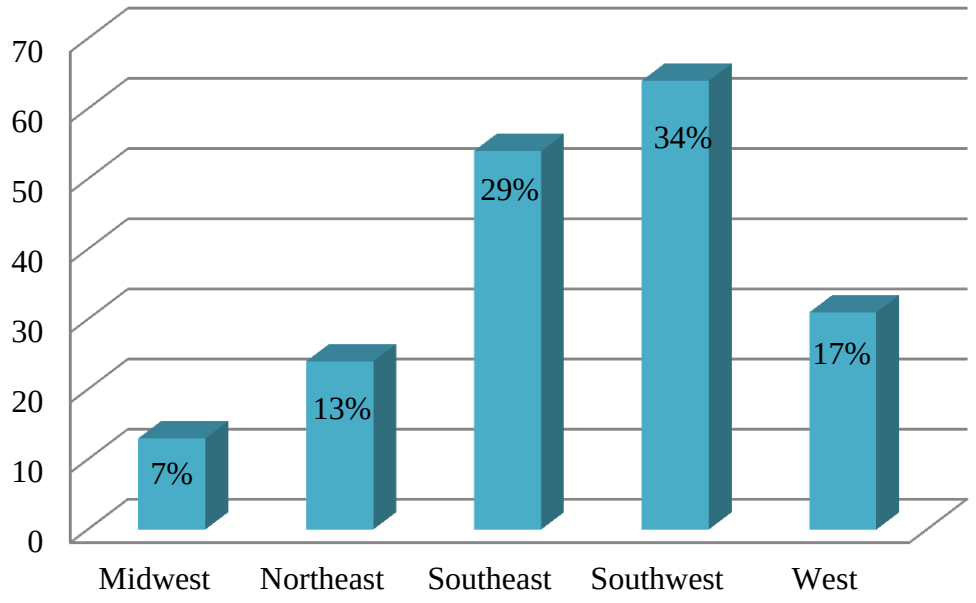

Figure 2. Participants by region (n=186).

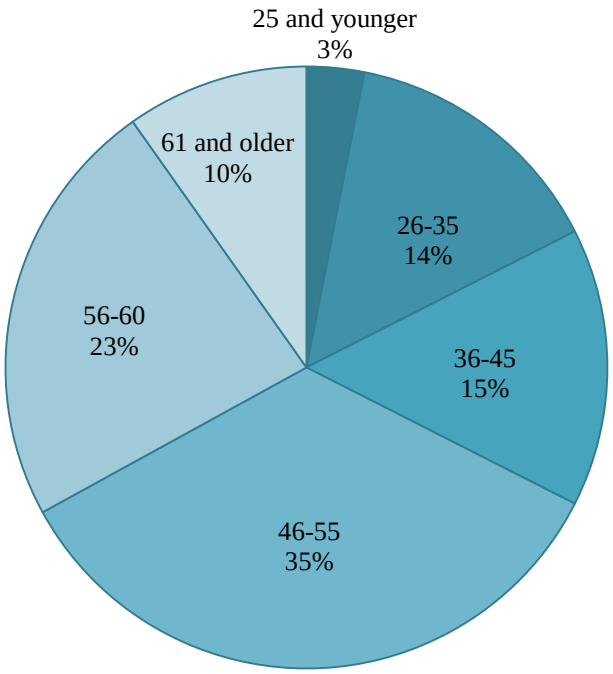

Figure 3. Age of participants (n=194).

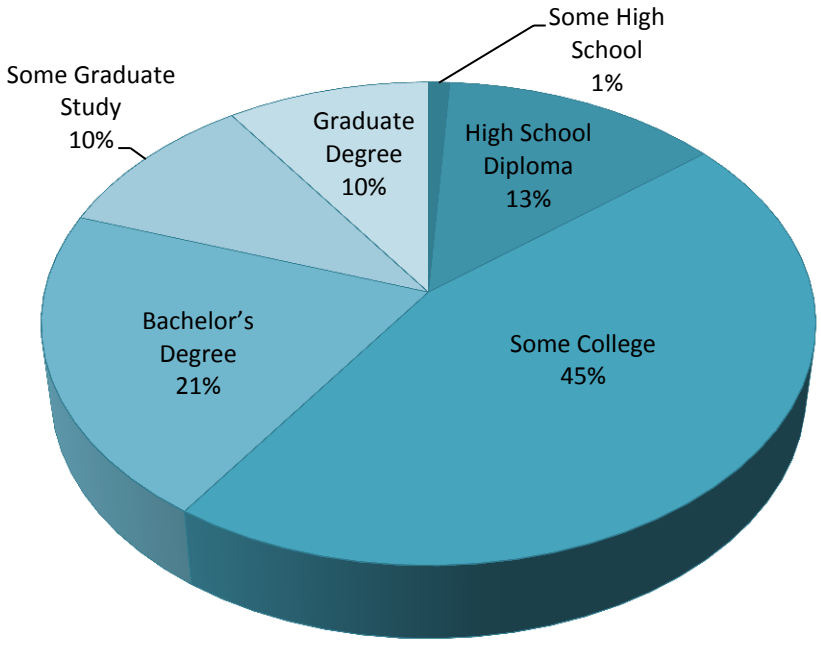

Figure 4. Participants' level of education (n=198).

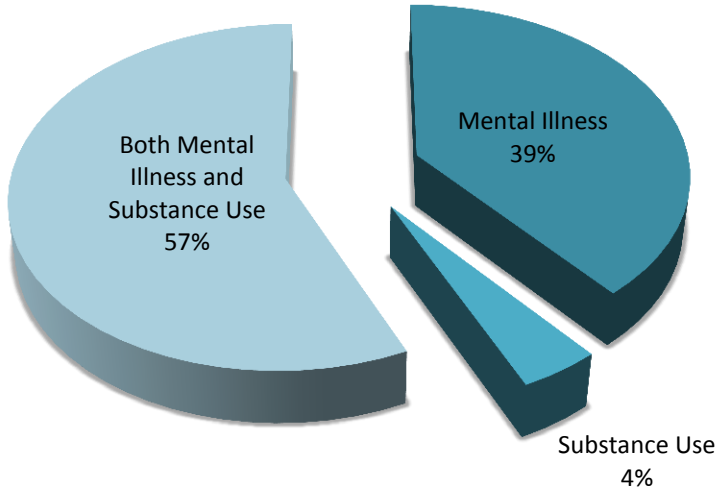

Figure 5. Specializations peer specialists identify with (n=188).

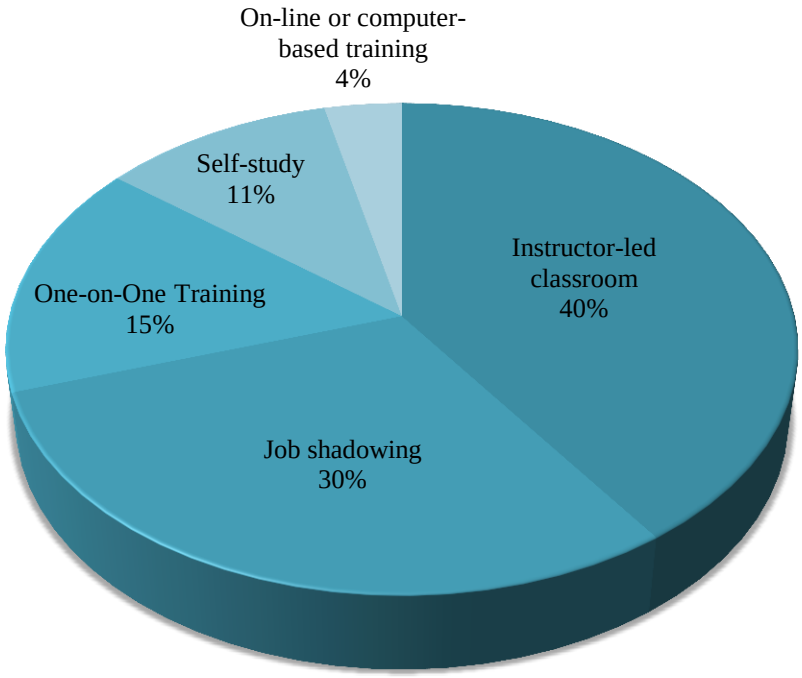

Figure 6. Training methods most effective in helping peer specialists learn (n=190).

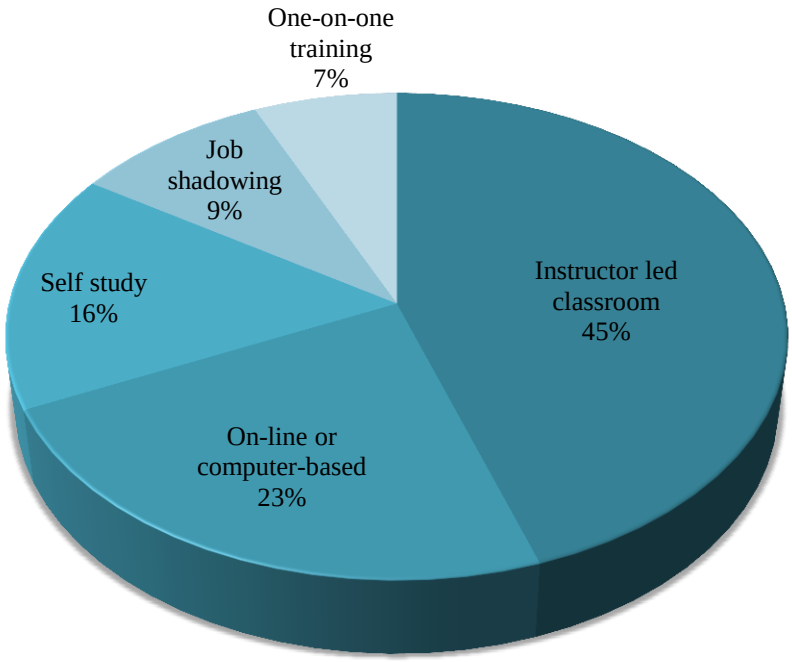

Figure 7. Training situations where peer specialists spent the most amount of time in the past year (n=163).

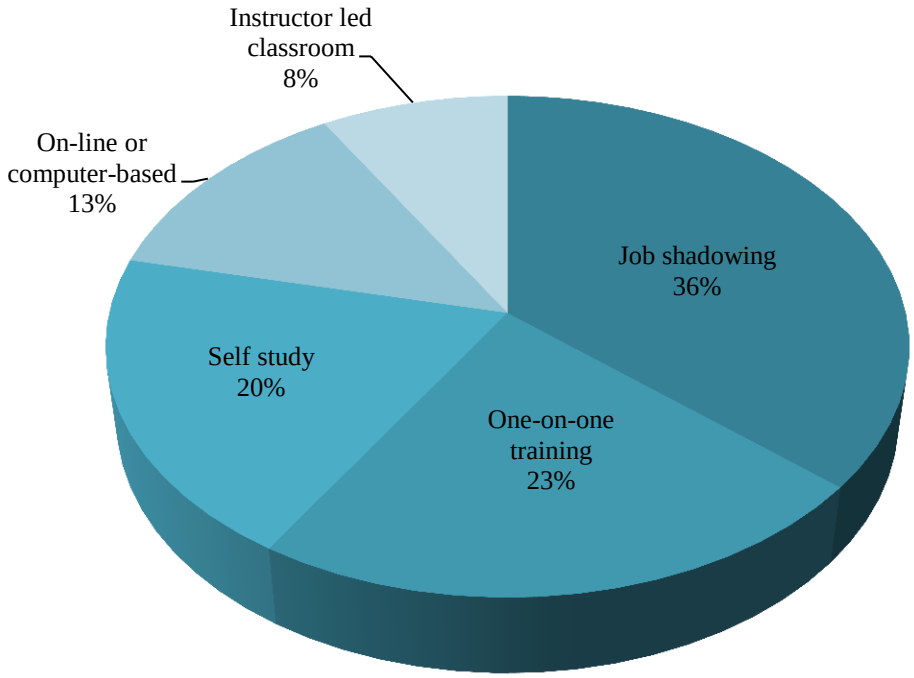

Figure 8. Training situations where peer specialists spent the least amount of time in the past year (n=163)

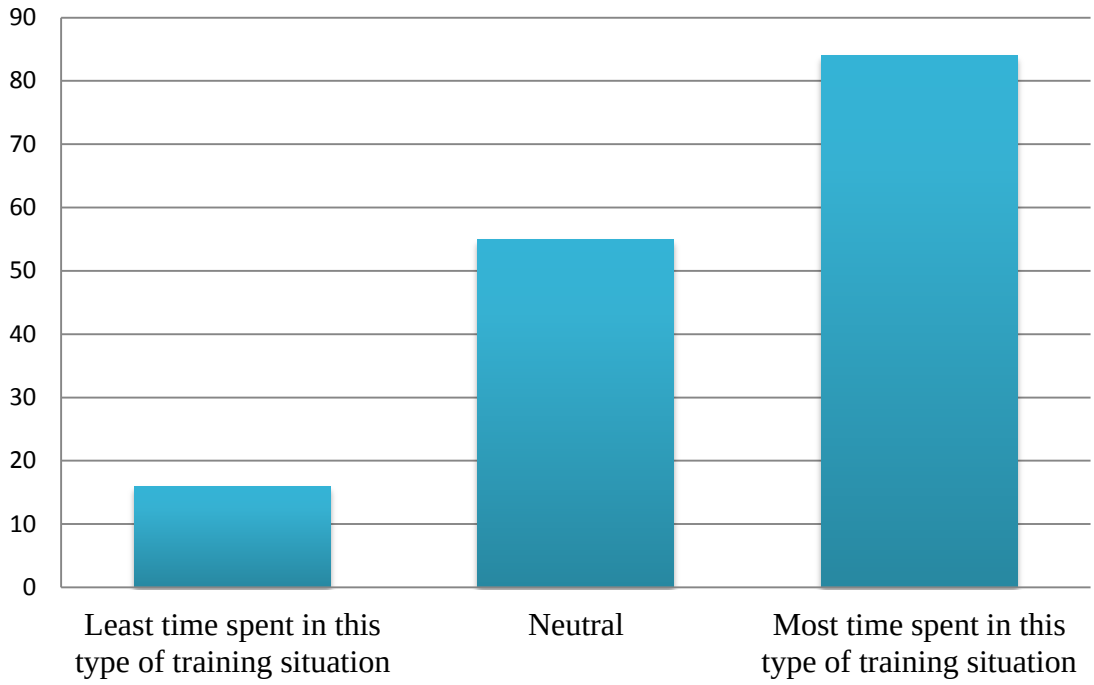

Figure 9. Technical or job-specific on-the-job training in the past year.

Note. Peer specialists spent the most time in technical or job-specific on-the-job training. (n=155).

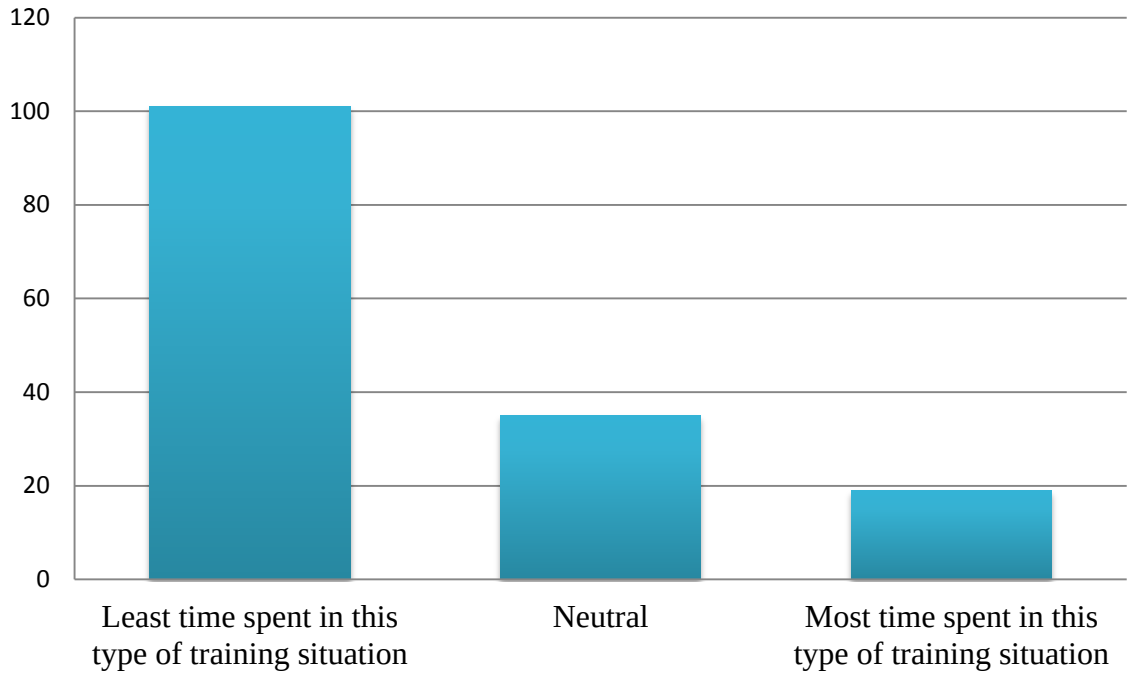

Figure 10. General business skill training on-the-job training in the past year.

Note. Peer specialists spent the least amount of time in general business skill training (n=155).

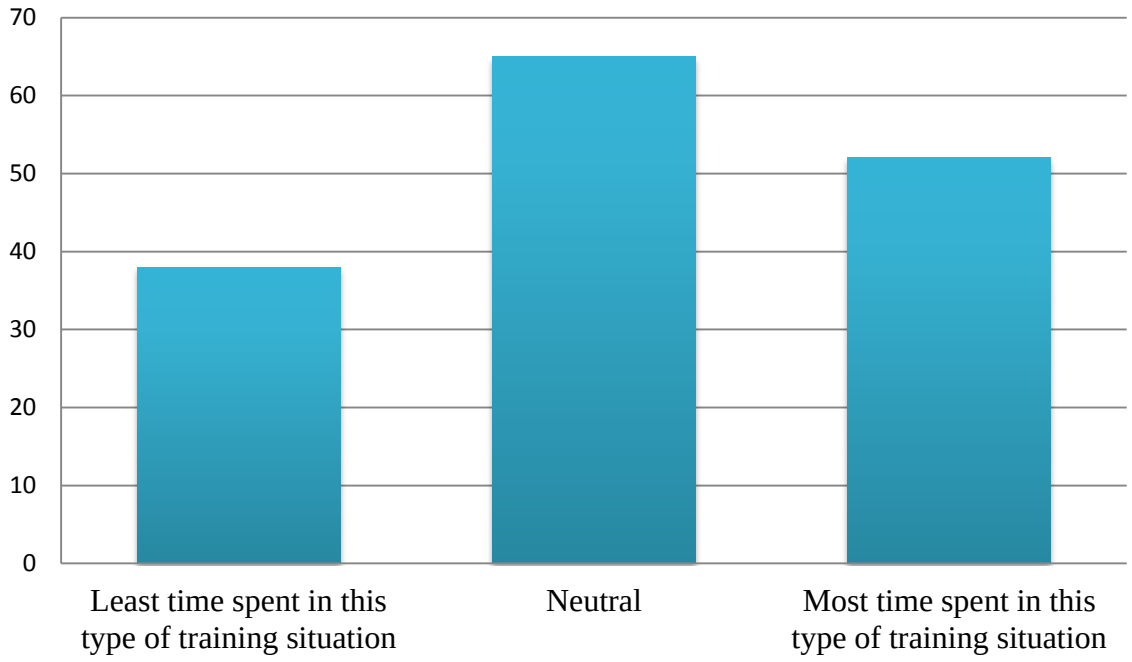

Figure 11. Personal development training in the past year (n=155).

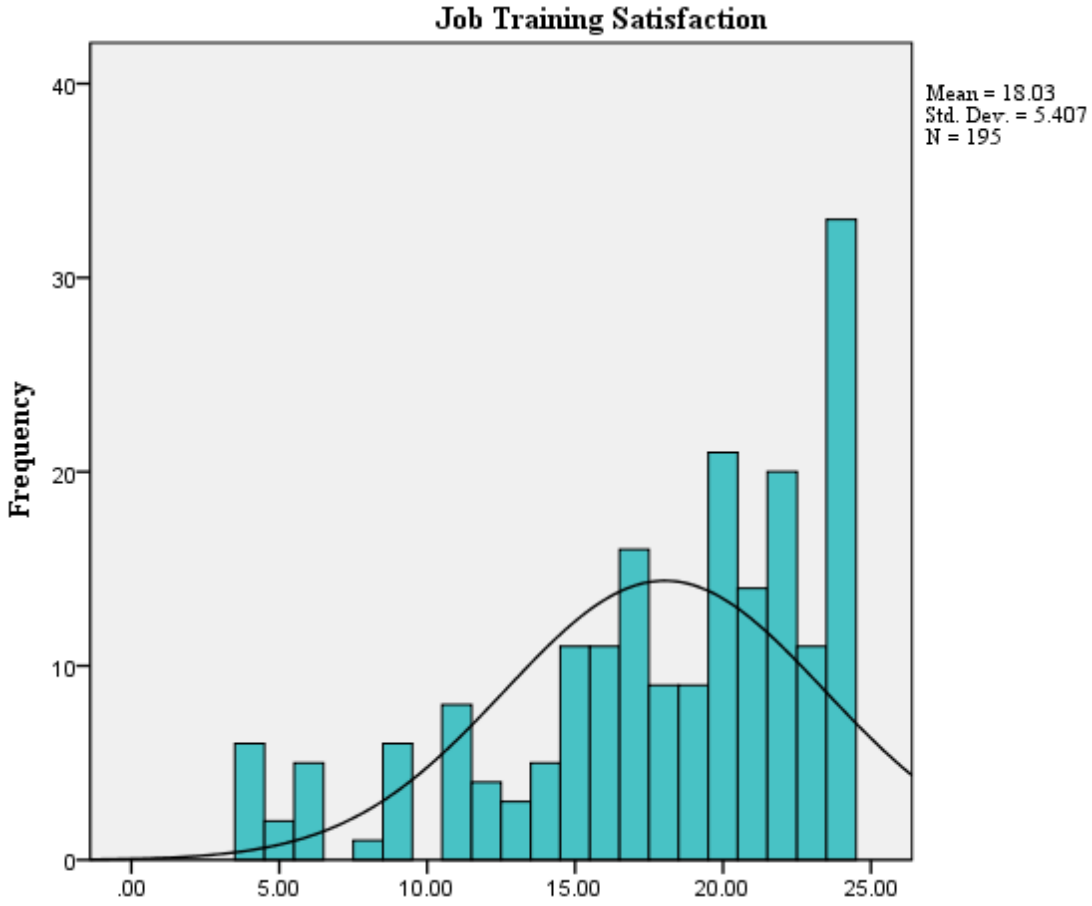

Figure 12. Job training satisfaction scores (n=195).

Note. Higher numbers indicate higher levels of job training satisfaction and the average rating was 4.11 out of 6.

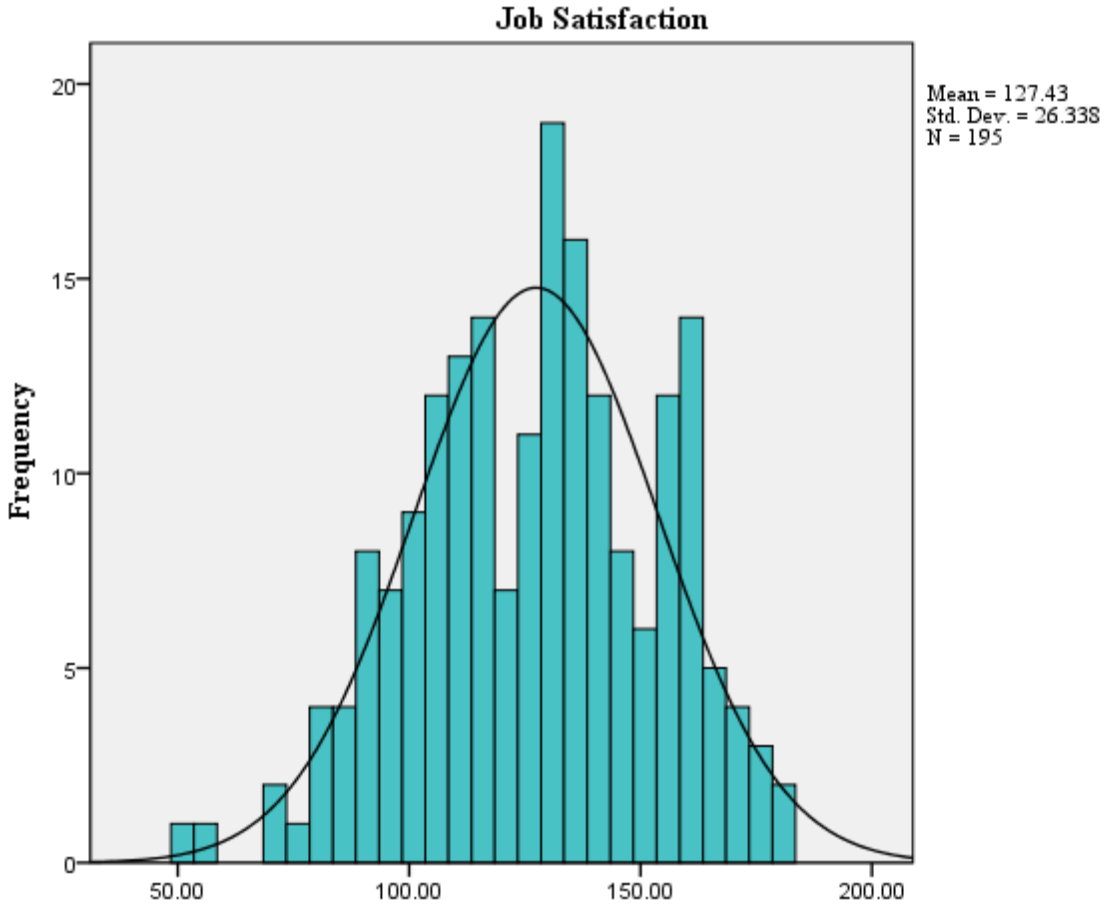

Figure 13. Job satisfaction scores (n=195).

Note. Higher numbers indicate higher levels of job satisfaction and the average rating was 4.77 out of 6.

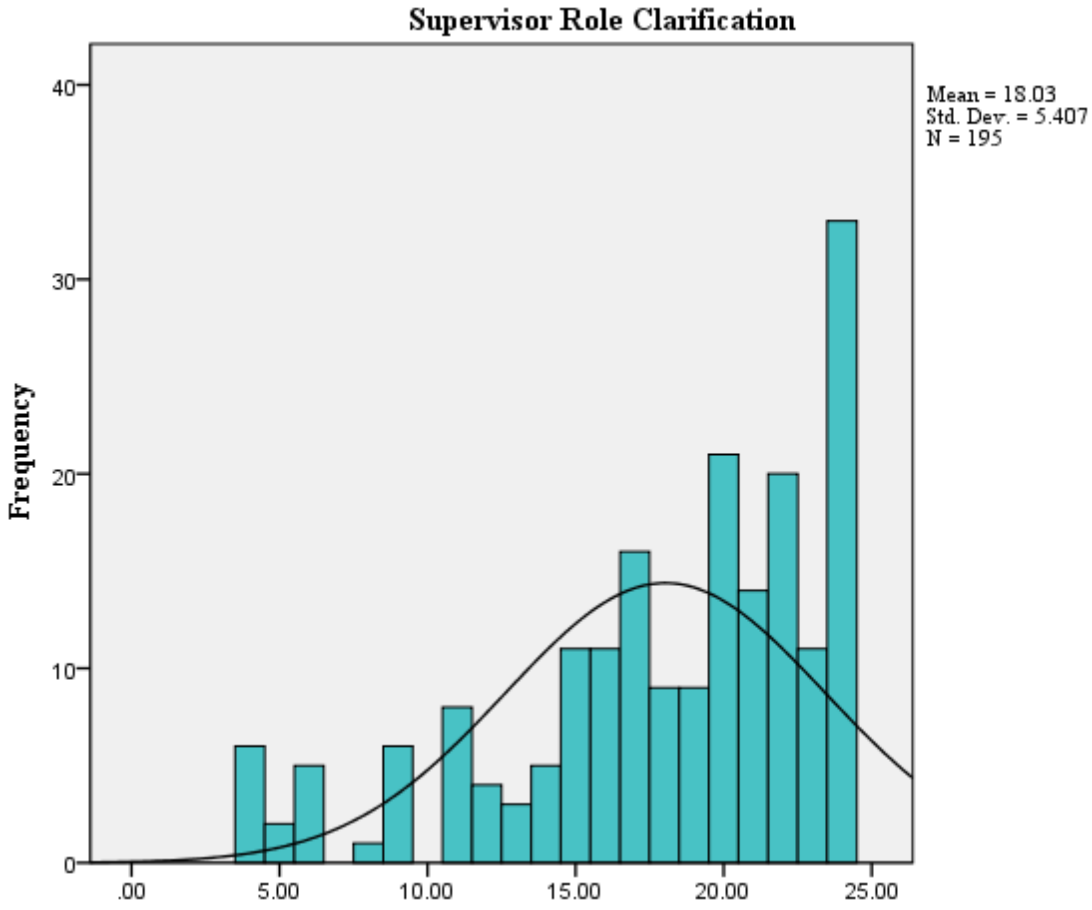

Figure 14. Supervisor role clarification scores (n=195).

Note. Higher numbers indicate higher perception of supervisors clearly defining their role and the average rating was 4.65 out of 6.

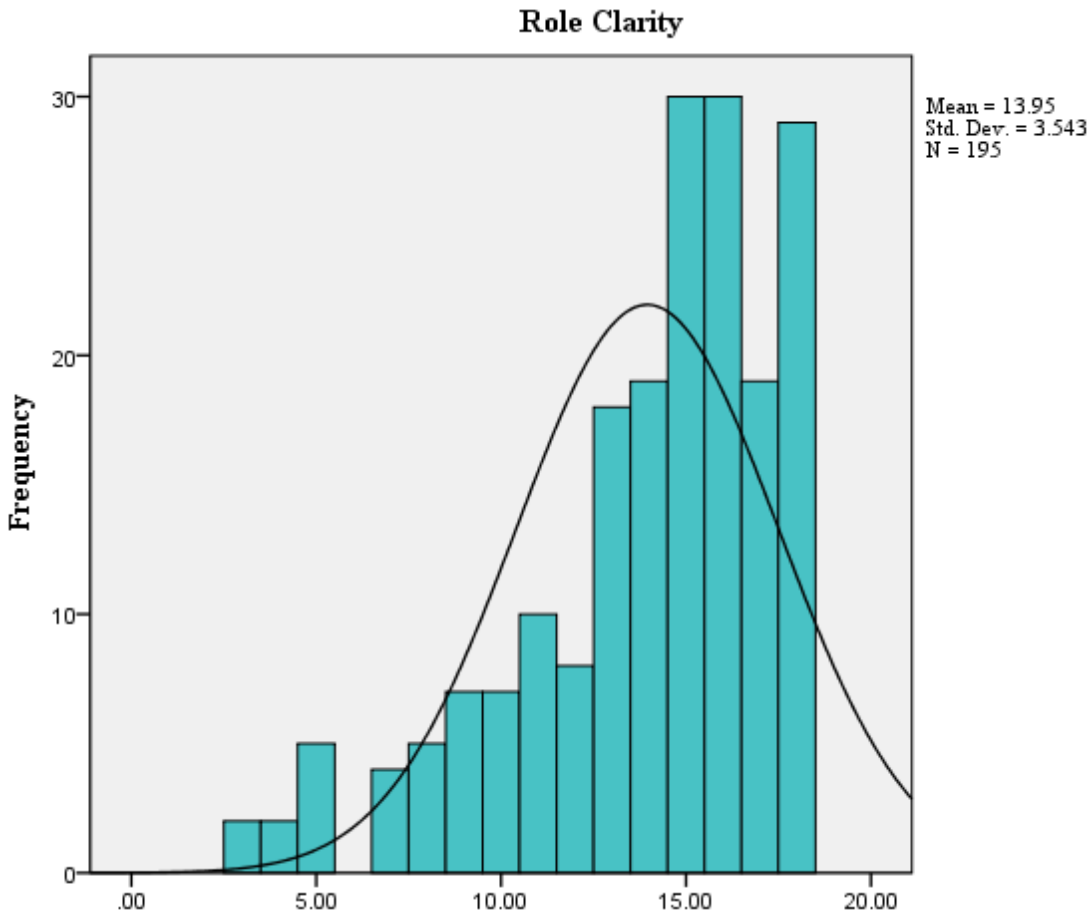

Figure 15. Role clarity scores (n=195).

Note. Higher numbers indicate higher perception of role clarity and the average rating was 4.5 out of 6.