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# How can older peer leaders best support motivation for walking in physically inactive older adults? A self-determination theory perspective

Kritz, Marlene; Thogersen-Ntoumani, C; Mullan, Barbara; Stathi, Afroditi; Ntoumanis, Nikos

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- 1 How Can Older Peer Leaders Best Support Motivation for Walking in
- 2 **Physically Inactive Older Adults? A Self-Determination Theory**
- 3 **Perspective**
- 4
- 5 Marlene Kritz, PhD<sup>1,2</sup>
- 6 Cecilie Thøgersen-Ntoumani, PhD<sup>1,2</sup>
- 7 Barbara Mullan, CPsych (BPS) MA, PhD<sup>1</sup>
- 8 Afroditi Stathi, PhD<sup>3</sup>
- 9 Nikos Ntoumanis, CPsych (BPS), PhD<sup>1,2</sup>
- <sup>1</sup> Health Psychology and Behavioral Medicine Research Group, Curtin School of
- 11 Population Health, Curtin University, Perth, Western Australia
- 12 <sup>2</sup> Physical Activity and Wellbeing Research Group, Curtin School of Population Health,
- 13 Curtin University, Perth, Western Australia
- <sup>3</sup> Department of Sports Science and Clinical Biomechanics, University of Southern
- 15 Denmark
- <sup>4</sup> School of Sport, Exercise and Rehabilitation Sciences, University of Birmingham,
   United Kingdom
- 18
- 19 Address correspondence to:
- 20 Cecilie Thøgersen-Ntoumani
- 21 Department of Sports Science and Clinical Biomechanics
- 22 University of Southern Denmark
- 23 Denmark
- 24 E-Mail: <u>cthogersen@health.sdu.dk</u>
- 25

# Abstract

3	OBJECTIVE: We aimed to determine what older adults perceive to be need-
4	supportive behaviours of peer walk leaders, drawing primarily from Self-Determination
5	Theory (SDT). DESIGN: Experienced peer leaders ( $n = 13$ ; $Mage = 73.23$ , $SD = 6.55$ )
6	and walkers ( $n = 17$ ; Mage = 72.88, SD = 5.79) were recruited from existing walking
7	groups. Individuals who expressed an interest in becoming a peer leader ( $n = 18$ ; Mage
8	= 72.72, $SD$ = 4.99) or walker ( $n$ = 20; $M$ age = 78.90, $SD$ = 10.45) were recruited from
9	retirement villages. MAIN OUTCOME MEASURES: We conducted semi-structured
10	interviews to identify leader behaviours that support autonomy, competence, and
11	relatedness and analyzed the data using framework analysis. RESULTS: We identified
12	eight main themes: eliciting walker interest, acknowledging and adapting to walkers'
13	requirements, ensuring walkers feel comfortable, cared for, and socially integrated,
14	supporting walker confidence, and promoting success experiences. Inexperienced
15	leaders differed from other sub-groups in what they perceived to be supportive
16	behaviours. CONCLUSION: Future peer leaders could use the identified behaviours to
17	help older adults feel motivated during group walks. New peer leaders can be educated
18	about potential differences between what they describe as supportive and what walkers
19	and experienced leaders perceive as need-supportive behaviours.

1

Walking is popular among older adults and is an effective and safe way to meet
physical activity recommendations (Amireault et al., 2019). Older adults who walk
regularly have better physical health and more social contact than their physically
inactive peers (Bertera, 2003; Diehr & Hirsch, 2010; Ji et al., 2017). However, it is still
unclear how older people can be best supported to increase and sustain their physical
activity behaviour.

8 Older adults, who are insufficiently active, often lack the interest, social support, 9 or confidence to be physically active (Gellert et al., 2015; Kosteli et al., 2016; Ory et al., 10 2016). Many older adults prefer doing physical activity in a group setting (Chong et al., 11 2014) or benefit from an exercise partner (Zubala et al., 2017). Group walks offer a safe 12 environment for older adults to become physically active (Morris et al., 2019), socially 13 integrated (Farrance et al., 2015), and can benefit confidence, walking motivation, and 14 functional fitness (Kritz et al., 2020b). However, many older adults do not join or 15 remain in such programs (Stiggelbout et al., 2006; Thøgersen-Ntoumani et al., 2019). 16 Physical activity behaviour in older adults may be driven by motives that extend beyond 17 health benefits, such as the desire to experience a sense of purpose and feel connected to 18 others (Morgan et al., 2019). However, it is unknown how peer leaders can support 19 such motives to promote walking behaviour in older adults. For older volunteer walk 20 leaders, feeling effective at motivating and supporting their peers is crucial for helping 21 these leaders persist in their role (Kritz et al., 2020c). Therefore, it is important to 22 understand how older volunteer leaders can effectively motivate and encourage their 23 peers to participate and maintain involvement in group walks.

Self-Determination Theory (SDT; Ryan & Deci, 2017) provides a useful
framework to understand adoption and sustained engagement in health-promoting

activities such as group walks (Ntoumanis et al., 2020). According to SDT, human 1 2 behaviour is determined by the extent to which an individual exhibits self-determined 3 motivation towards the behaviour. Self-determined motivation is defined as engaging in a behaviour because it is fun, useful, or an integral part of one's identity. The theory 4 5 proposes that self-determined motivation requires the satisfaction of three basic psychological needs for competence, relatedness, and autonomy (Deci & Ryan, 1987; 6 7 Ryan & Deci, 2017). The need for competence refers to an individual's need to feel 8 capable of achieving the desired outcome. In the context of a walking group, examples 9 include feeling able to keep up with the group and being confident in completing the 10 full walk. The need for relatedness captures an individual's desire to experience a sense 11 of belonging and connectedness with others (Ryan & Deci, 2017). In a walking group, 12 this may involve the desire to feel part of the group and experience meaningful relations 13 with other group members. The need for autonomy pertains to an individual's desire to 14 experience a sense of choice and feel in control of their behavior. For example, an 15 individual may want to walk at their own pace and have the opportunity to stop or take a 16 break when feeling tired. The satisfaction of the basic psychological needs has been 17 linked to self-determined and higher levels of physical activity behavior across the 18 lifespan. (Dacey et al., 2008; Ntoumanis et al., 2020)

SDT suggests that by engaging in a need-supportive communication style, individuals in positions of authority (e.g., teachers, exercise professionals) can foster the satisfaction of the three basic psychological needs in an individual, thereby promoting the individual's self-determined motivation (Ntoumanis et al., 2018; Teixeira et al., 2020). Autonomy can be supported by acknowledging the feelings and perspectives of group members, providing them with choice, and minimizing pressure (Reeve et al., 2004). Relatedness can be supported by providing group members with unconditional

positive regard, affection, and warmth (Ng et al., 2012; Ntoumanis et al., 2020).
Competence can be supported by the provision of structure, clear guidance, realistic
goals, and timely and informative feedback (Reeve, 2002, Hancox et al., 2015). In
contrast, a leader who tries to induce behavioral compliance by applying pressure or
using extrinsic contingencies (e.g., rewards) is considered to be need-thwarting (Hancox
et al., 2015).

7 In the physical activity domain, there is evidence suggesting that exercise 8 instructors can be trained to be need-supportive and that this can be effective in 9 promoting self-determined motivation and behavioral engagement (Ntoumanis et al., 10 2017; Perez-Gonzalez et al., 2019). Research suggests that volunteer peer leaders-11 individuals- who share similar age and circumstances and choose to take on a leadership 12 role without formal qualifications- offer a low-cost alternative to professional 13 instructors for delivering such programs (Ginis et al., 2013; Stathi et al., 2021). Two 14 recent intervention studies have trained peer volunteers in need-supportive 15 communication strategies to promote physical activity behavior in older adults (Stathi et 16 al., 2019; Thøgersen-Ntoumani et al., 2019). Peer-led walking programs provide an 17 opportunity to use need-supportive social interaction to increase self-determined 18 motivation, promote physical activity and encourage sustained behavior change in older 19 adults (Thøgersen-Ntoumani et al., 2019). 20 Intervention studies have relied on training volunteers in need-supportive 21 strategies that were largely defined from research conducted with younger adults and 22 professional instructors (e.g., Perez-Gonzales et al., 2019). However, evidence suggests 23 that older adults are likely to differ from younger adults in how they respond to

- 24 interventions (French et al., 2014). Older adults may, therefore, have age-specific
- 25 requirements not addressed by previously defined strategies. Only one study has

specifically explored perceptions of an autonomy-supportive environment for older adults (Souesme & Ferrand, 2019). Souesme and colleagues (2019) found that health professionals working in a geriatric setting perceive trust-building, encouraging older adults to express themselves, and supporting their treatment progress as critical to an autonomy-supportive environment. However, these findings did not provide information on the perceptions of older adults and may not generalize to a peer-led physical activity setting.

8 In a recent review, researchers concluded that future studies could advance the 9 delivery and effectiveness of peer-led interventions by identifying salient 10 behaviors/strategies that peer leaders can use to promote behavior change in the specific 11 target population (Hulteen et al., 2019). SDT offers a useful framework for identifying 12 such behaviors as it conceptualizes how different dimensions of support can affect 13 motivation, physical activity, and health behavior. Among the few studies that have 14 applied the concept of autonomy support to an older population, none have explored 15 what older walkers and peer leaders perceive to be autonomy-supportive strategies. One 16 study described the use and efficacy of previously defined strategies to an older walking 17 cohort (Thøgersen-Ntoumani et al., 2019). However, it did not explore additional age-18 specific strategies that can be provided by peer leaders (Thøgersen-Ntoumani et al., 19 2019).

The present study aimed to identify specific peer leader behaviors that can help older adults feel connected, autonomous, and confident when engaging in group walks. To achieve this, we examined perceptions of need-supportive peer leader behaviors, as reported by a heterogeneous sample of older adults (peer leaders and walkers with varying levels of group walking experience). Examining the views of both leaders and walkers allowed us to obtain comprehensive insight and identify potential discrepancies

between these groups in what is perceived as motivationally supportive peer leadership.
 Our findings can help understand how self-determination theory can be best put into
 practice in interventions using peer leaders to motivate older adults to adopt and sustain
 walking.

#### 5 Methods

#### 6 Research Design

7 Semi-structured interviews were conducted to obtain an in-depth understanding 8 of the behaviors perceived as important for supporting relatedness, competence, and 9 autonomy in an older population. We used framework analysis to analyze the data, as it 10 is comprehensive, flexible, and at the same time, allowed us to explore thematic 11 categories that are shaped by the dimensions of the Self Determination Theory (Gale et 12 al., 2013). Rather than being purely descriptive, the framework approach enables a 13 conceptual explanation of the data (Furber, 2013). Another advantage of this method is 14 that it allowed us to analyze a large, heterogenous (i.e., leaders and walkers) sample and 15 balance breadth with depth (Ritchie & Spencer, 1994).

#### 16 Participants

17 Participants were derived from a mixed-methods study on perceptions of ideal 18 older peer leader attributes (Kritz et al., 2020a). Further details are provided in the 19 supplementary file. In brief, 101 participants (walkers, n = 61; peer leaders, n = 40) 20 aged between 60 and 93 years were purposively recruited from mall walking groups and 21 retirement villages in and around Perth, Western Australia. Participants had to be at 22 least 60 years old and show interest or experience in group walking either as a walker or 23 peer leader. Experienced peer leaders and walkers who had participated in a regular (at least once per week) group walk for a minimum of six months were recruited from mall 24

1	walking groups in Perth. Inexperienced group walkers (i.e., retirement village residents
2	who had not participated in a group walk within the last six month) and inexperienced
3	peer walk leaders (i.e., residents who never led a walking group before), who had
4	expressed interest in being part of a walking group, either as a group leader or as a
5	walker were recruited as part of the Residents in Action trial (RiAT). RiAT was a quasi-
6	experimental trial that explored the feasibility and efficacy of a physical activity
7	intervention to promote walking behavior in older adults living in retirement villages
8	(Thøgersen-Ntoumani et al., 2019; Thøgersen-Ntoumani et al., 2017). Participants who
9	agreed to be interviewed were included in the present study $(n = 68)$ .
10	Measures and procedure
11	The study received ethical approval from the Human Research Ethics
12	Committee of an Australian university. All participants were informed about the nature
13	of the study. Written informed consent was obtained before all interviews.
14	The first author conducted semi-structured interviews and made a note of initial
15	reflections after each interview. Interviews lasted 19-28 minutes. Most interviews
16	(60/68) were conducted on an individual, face-to-face basis. Eight participants,
17	inexperienced group walkers residing in retirement villages, preferred to be interviewed
18	in groups. All interviews were audio-recorded using a voice recorder, transcribed
19	verbatim by the first author, and stored using pseudonyms to ensure anonymity.
20	Participants were then provided with a questionnaire measuring demographic
21	characteristics.
22	The interview guide was informed by principles of SDT to identify which
23	specific behaviors were perceived effective in supporting feelings of relatedness,
24	competence, and autonomy (Ryan & Deci, 2017). Each need was first explained to the

participants. For example, relatedness was explained as the "the desire to feel part of the 1 2 group and connect with other members of the group". Initial questions asked 3 participants to indicate the perceived importance of each respective need for determining a walker's motivation to join and remain in a walking group. Participants 4 5 were then asked about the extent to which they thought a peer leader could support each need. Participants who perceived the role of the peer leader as relevant were then asked 6 7 to list peer leader behaviors that they perceived important for supporting the relevant 8 need. For example, for relatedness, participants were asked: "Can you provide examples 9 of things that a peer leader could say or do to help group members feel connected or 10 part of the group?". The complete interview schedule is provided in the supplementary 11 section of the manuscript.

#### 12 Analysis

Socio-demographic data were analyzed using SPSS for Mac (Version 25) and presented as means and standard deviations (*M*, *SD*). The transcribed text was analyzed using NVivo for Mac (version 11.4.2). Data were extracted and synthesized. We used an abductive analytical approach. SDT was used as a theoretical framework to match the need-supportive behaviours to the psychological needs proposed by SDT. However, the nature of the specific themes and sub-themes were inductively derived.

We followed the five stages of framework analysis as outlined in previous papers (Gale et al., 2013). During the familiarization stage, the first author reviewed a subsample (22/68 interviews) of the raw data in detail, read transcripts several times, and took notes of emerging patterns. In the second stage, notes were used to identify key issues, concepts, and themes and develop the pre-existing thematic framework (Ritchie & Spencer, 1994). Some codes were imposed upon the data based on the aims

of the study (and the SDT framework), and some codes were generated based on themes 1 2 emerging from the data itself. The resulting structure was then assessed, discussed, and 3 agreed upon within the research team. Subsequently, the first author used NVivo to index the remaining data, identifying which sections of the data corresponded to 4 5 identified themes. After this, the thematic framework was reviewed again, sub-themes were identified, and a hierarchy of themes was established (charting). This was 6 7 achieved by rearranging summaries of the data according to the thematic framework. To 8 increase the trustworthiness of the findings, identified themes were discussed with the 9 research team and revised as necessary. In the final stage, "mapping and interpretation", 10 key characteristics as laid out in the chart were analyzed, and a schematic diagram of 11 identified need-supportive behaviors was created (a simplified version is presented as 12 Figure S1 in the supplementary section). This process has been recommended to help 13 guide the interpretation of the data (Srivastava & Thomson, 2009). To maintain 14 analytical transparency, and ensure rigor, the first author, recorded all methodological 15 decisions and their reasons and reflected on potential biases during the interpretation 16 process (Barry et al., 1999). The framework approach allowed us to compare 17 perceptions across different participant groups. The findings from the group interviews 18 were compared with the findings of the individual interviews, and no differences were 19 observed. It has previously been argued that the combination of group interviews and 20 individual interviews can enhance data richness, and enhances trustworthiness of the 21 findings (e.g., Lambert & Loiselle, 2008). We, therefore, decided to include both sets of 22 data.

#### 1 Results

#### 2 **Participant characteristics**

Thirty-one volunteer peer leaders and 37 walkers were interviewed and included in the overall analysis. Socio-demographic characteristics of the overall sample and across the four different sub-groups are presented in Table 1 [Table 1 near here]. Participants were predominantly white, Australian-born, female, retirees in their 70s (36/68), and almost a quarter (15/68) were aged 80 and above.

#### 8 Need-supportive behaviors

9 We identified eight themes and eighteen sub-themes of need-supportive peer leader
10 behaviors. The organization of themes and sub-themes is illustrated in Figure 1. [Figure
11 1 near here]

12 A description and an illustrative quote for each theme is provided in Table 2. Illustrative

13 quotes for each sub-theme are provided in the supplementary section (Tables S1-S3).

14 Further details on the number and percentage of participants mentioning each theme and

15 sub-theme are provided in the supplementary section, Table S4. [Table 2 near here]

#### 16 Autonomy supportive behaviors

The majority (62/68) of participants said it was important for a peer leader to support autonomy among their group members. Participants suggested that volunteer peer leaders could offer opportunities perceived as meaningful and stimulating (attracting interest from walkers), enquire about individual requirements and preferences (acknowledging preferences and perspectives of walkers), and provide group members with choice and a structure that allows self-initiative (adapting to walker's requirements).

## 1 Autonomy theme 1: Attracting interest from walkers

About a quarter (19/68) of participants mentioned behaviors that attracted an interest
from walkers.

4 Combines walking with fun and positive stimulation. Twelve participants 5 described it as important for the peer leader to combine the walk with experiences or an 6 environment considered as enjoyable or stimulating. Some participants stated that they perceived walking on its own as "boring" or "painful", which de-motivated them from 7 8 taking part in a walk that was only about walking (e.g., "Once you are our age, you 9 choose to do things you enjoy." Experienced group walker, male, 75 years old). Several 10 inexperienced group walkers expressed interest in a walk that was not "only about 11 walking", but that also integrated other aspects. This included doing activities that 12 walkers perceive as enjoyable but cannot do on their own due to a lack of confidence, 13 motivation or resources.

14 Participants differed in what they considered as fun or stimulating. Some people 15 considered social stimulation as fun. Others preferred not to talk while walking and 16 emphasized the importance of being offered a stimulating environment and encouraged 17 to walk mindfully (e.g., "They (peer leader) can say 'look at the beautiful birds" 18 Inexperienced peer leader, female, 79 years old). Participants also highlighted the 19 importance of experiencing intellectual stimulation (e.g., opportunity to use existing 20 skills such as good orientation) and receiving other forms of entertainment (e.g., making 21 jokes). A peer leader who established what walkers enjoy and then integrated relevant 22 aspects into the walk, was perceived as ideal for supporting walker autonomy.

*Emphasizes intrinsic benefits.* Nine participants described behaviors that
 pertained to the peer leader providing them with a meaningful rationale for walking as
 part of a group. This included emphasizing the benefits of walking (e.g., mental and

physical health benefits) and the advantages of walking as part of a group (e.g., social interaction, safety). Several inexperienced group walkers expressed concerns about whether they would enjoy a group walk (e.g., due to variations in pace among older people, fear of competition). A peer leader who promoted the walk as an interesting activity by highlighting the enjoyable aspects (rather than the walking per se) was perceived to support people's willingness to *want to* partake.

*Provides variety.* Five participants suggested that a peer leader could attract
interest by providing opportunities for new experiences. Suggestions included varying
walk routes, adding themes (e.g., walking in a specific setting or to a designated
destination) to walks, and providing opportunities to learn about new places. For
example, a peer leader who explained the history of new places or taught walkers about
different bird species could trigger interest.

# Autonomy theme 2: Acknowledging requirements and perspectives ofwalkers

Many (31/68) participants described a leader who acknowledged the requirements and
 perspectives of group members.

17 *Elicits individual input.* Twenty participants emphasized the importance of the 18 peer leader asking individual group members to provide input as some may be 19 embarrassed to express their perspective in the group setting. Other important behaviors 20 included asking participants to notify the peer leaders about any medical conditions that 21 leaders need to be aware of, as well as specifying individual requirements, for example, 22 if they can only walk on flat surfaces due to using a walking aid or if they suffer from 23 high blood pressure. An experienced walk leader explained that older people are often 24 embarrassed or forget to express their medical requirements. A peer leader who

acknowledged requirements was perceived as helping walkers feel in control of the
 situation.

3 Consensus driven leadership style. Twenty participants described behaviors that related to ideal peer leaders following a consensus driven leadership style. This included 4 5 the leader asking the group to state preferences, providing walkers with an opportunity 6 to make suggestions and contribute to group decisions. Four participants suggested that 7 taking things "to a vote" would work best for them when making group decisions. One 8 volunteer explained that it is important for a leader to have a plan but: "If I hear from 9 the group that they are feeling that my plan is absolutely right-shit, then throw that out 10 the door, take up something else. Have a basic plan and have flexibility." 11 (Inexperienced peer leader female, 73 years old) 12 Autonomy theme 3: Adapting to walker's preferences and requirements 13 Preserving walker independence was perceived as important. Most participants 14 (51/68) mentioned a leader who adapted to the preferences and requirements of group 15 members. Provides choice and structure. Of particular importance was the peer leader providing 16 17 walkers with choice as opposed to controlling their walking behavior: 18 You cannot have regimentation. They are all at different stages so some of them 19 can't walk so fast. Have a disability or something, and most of these people have a 20 very high level of education. Some are doctors, retired doctors. You don't tell 21 people what they must do. (Experienced peer leader, female, 75 years old) 22 This also included flexibility in attendance as often participants cannot commit to a full 23 program due to conflicting appointments (e.g., medical appointments, caring for 24 grandchildren). Several participants mentioned that older adults often find it hard to

1	adapt to a group setting as they are limited by an underlying health issue, as explained
2	by a participant who expressed interest in volunteering as a peer leader:
3	One of the worst things older people face is loss of autonomy. If I choose to walk
4	in the rain, I can do it, if I want to. but if you have some sort of health issue then
5	you can't do it (Inexperienced peer leader, female, 72 years old).
6	Within a group setting, participants often emphasized the importance of choice:
7	Let them know that you are prepared to do it at their pace or their choice. To me
8	that's important. A lot of older people that aren't as fit are losing choices.
9	(Inexperienced group walker, female, 85 years old)
10	
11	However, several inexperienced peer leaders mentioned that they anticipate challenges if
12	too much choice is provided in a diverse group, as explained by a retirement village
13	resident:
14	
15	Everybody has got different levels. So, I think if you have got Mr. Brown saying,
16	"Well I don't want to walk up that way, and I want to go down that way" That can
17	create problems. Well, I'd say "How about we go this way or" we got two
18	choices. We go this way of we go that way. No more than two choices because you
19	get too many voices and you lose too much time. (Inexperienced peer leader,
20	female, 79 years old)
21	Supports self-initiative and exploration. Thirty-three participants described a
22	peer leader who encouraged walkers to be aware of their body and walk within their
23	limitations (e.g., at their own pace and stopping if needed). Several walkers mentioned
24	that being old meant that they needed to be prepared for the "unexpected" and having
25	the choice to stop anytime and listen to their body was important. Several inexperienced
26	leaders emphasized that promoting self-initiative in a group with differing capabilities
27	could be challenging as a peer leader (e.g., "I think the issue is that whoever is walking
28	further ahead doesn't sort of disappear out of view. It's important not to leave anybody

1 behind who may just turn back or may not even wish to come the next time"

2 inexperienced peer leader, female, 63 years old).

An experienced group walker (Female, 68 years old) mentioned how walking in a circle as part of a mall walking group works for her and stated *that "If we (as individual walkers) can do a lap and a half, we do a lap and a half. But if we can only do one, we do one.*" Further suggestions to deal with different capabilities included the peer leader leading from behind and letting walkers determine the pace, to having more than one leader to cater for the faster and slower walkers or splitting up the group into smaller groups (of different paces) with a common end point.

#### 10 Autonomy supportive behaviors. - Comparison across sub-groups.

11 Walkers. Most walkers (31/37) felt it was important for a peer leader to support 12 the autonomy of walkers. Salient themes related to the peer leader adapting to walker 13 limitations and providing options for different levels. Inexperienced walkers (13/20)14 primarily described a peer leader who provided them with different options (e.g., long 15 walk vs. short walk). The majority (13/17) of experienced walkers additionally 16 recognized the importance of a leader who encouraged them to walk at their own pace. 17 Behaviors pertaining to a consensus driven leadership style (i.e., taking decisions to a 18 vote) were less prominent among walkers. Behaviors relating to a peer leader that 19 attracted the interest (e.g., made a walk fun) of walkers were primarily mentioned by 20 inexperienced group walkers.

Leaders. Most leaders (30/31) said it was important for a peer leader to provide autonomy support. Most (16/18) inexperienced peer leaders mentioned behaviors that referred to a consensus driven leadership style. In contrast, experienced leaders (13/13) primarily emphasized that walkers should be encouraged to walk at their own pace.

1	Promoting self-initiative was less prominent (4/18) among inexperienced leaders with
2	some mentioning the challenge of managing a group with diverse capabilities. However,
3	most (12/18) inexperienced leaders suggested providing walkers with options.
4	Relatedness promoting behaviors
5	The majority (56/68) of participants, in particular group leaders, said that the
6	peer leader could improve a sense of belonging in walkers by engaging in supportive
7	behaviors. The importance of socialization is illustrated by a walk leader in the
8	following quote:
9	A lot of people do prefer to go for a walk and walk on their own, but I think most
10 11	people like to walk with someone and talk and have a conversation. So, I think in a group it's good. (Inexperienced peer leader, female, 75 years old)
11	group it's good. (mexperienced peer leader, remaie, 75 years old)
12	Three themes of relatedness-supportive behaviors, labelled as comforting,
13	connecting, and caring, were identified (See Table 2).
14	Relatedness theme 1: Comforting
15	More than half (38/68) of the interviewed participants perceived peer leader behaviors
16	pertaining to <i>comfort</i> as important to experience a sense of belonging/relatedness.
17	Welcomes and informs walkers. Twenty-five participants described behaviors
18	that involved the peer leader ensuring that walkers felt welcome and informed about all
19	aspects of the walk (e.g., "give them a run down on the what's going to happen, so they
20	don't come in cold" Experienced peer leader, male, 75 years old). Suggestions included
21	smiling at participants and encouraging them to join.
22	Includes all walkers. Nineteen participants described a peer leader that
23	proactively made walkers feel part of the group, included, and accepted. Suggestions

pertained to ensuring that everyone is attended to and peer leaders devoting special
 attention to vulnerable group members (e.g., who are slower or less confident).
 In contrast, a negative behavior included asking too many personal questions or
 embarrassing walkers (e.g., "*If you make comments about their look or their weight or something. If they are too heavy or too slim or whatever. We don't come here to judge anybody.*" Experienced peer leader, female, 66 years old)

7

8	Relatedness theme 2: Connecting with walkers
9	A positive social atmosphere where people talked to each other and were
10	sociable was considered important by the majority. Most (41/68) of the participants
11	mentioned behaviors that related to the peer leader proactively connecting with walkers
12	and helping them connect with each other to promote a sense of belonging and group
13	cohesion. A volunteer peer leader describes the importance of experiencing meaningful
14	connection when walking as part of a group:
15 16 17 18	It's silly to be in a group where you are on your own you know. You have to mix and match and find a compatible person to walk with or sit and rest with if you need to rest or just get along with. (Inexperienced peer leader, female, 70 years old)
19	Socializes with walkers. Twenty-two participants described a leader who
20	socialized with walkers by showing interest in them and proactively initiating
21	conversation during and after the walk. Social encouragement, for example encouraging
22	walkers to return for a future walk (e.g., "Say to them "I look forward to seeing you next
23	week." Experienced peer leader, female, 75 years old) or reminding them of the walk,
24	was frequently mentioned to induce a sense of belonging and social purpose. A few

participants added it was particular important for the peer leader to talk loud and clear to
 be understood by walkers with hearing problems.

3 Promotes connection between group members. Twenty-eight participants described a peer leader who supported socialization among group members. For 4 5 example, introducing people to each other, creating opportunities for socialization (e.g., 6 going for a coffee with group members after the walks) and providing help to those 7 struggling to feel connected (e.g., "They can try and start a conversation between 8 different people in the group by telling them things maybe, one about the other like 9 "Did you know that so and so...". You know things they think they might have in 10 common." Inexperienced group walker, female, 60 years old). However, some walkers 11 preferred to walk by themselves or disliked talking while they walked but enjoyed 12 socializing after the walks.

13 A new volunteer suggested that a group leader could promote communication 14 between group members by taking breaks during the walk and explained that: "It's nice 15 to stop and have a chat. So, you are communicating, not just walking." (Inexperienced 16 peer leader, female, 79 years old). Several participants mentioned the importance of the 17 peer leader organizing a social event after each walk (e.g., going for coffee after the 18 walk). Additional suggestions included a peer leader who assigned tasks to individual 19 members of the group to support group cohesion despite different walking speeds 20 within the group (e.g., "If you have got someone or a couple of people who are really 21 slow. Maybe ones who are more active could sort of just stay alongside them and make 22 sure they are ok." Inexperienced peer leader, female, 75 years old).

## 23 Relatedness theme 3: Caring

Almost a third (21/68) of participants described behaviors that illustrated the

1 peer leader expressing genuine care during the walks.

2	Checks on walkers' wellbeing. Fifteen participants suggested routinely checking
3	on group members and ensuring that no one feels left behind. This included checking on
4	their well-being (e.g., "I like when people come and say, 'Are you ok?" Experienced
5	group walker, female, 79 years old)
6	Listens and shows compassion. Ten participants emphasized the importance of a
7	peer leader ensuring that walkers felt cared for by showing compassion, and listening to
8	walkers, and proactively approaching walkers. Behaviors relating to care were most
9	frequently mentioned by walkers who reported living alone.
4.0	
10	Relatedness-supportive behaviors- Comparison across sub-groups
11	Leaders. All leaders perceived relatedness-supportive peer leader behaviors as
12	important. Frequently mentioned behaviors pertained to the peer leader being inclusive
13	and welcoming (mentioned by 23/31) and promoting socialization among group
14	members (mentioned by 22/31). Eleven leaders described caring behaviors, of which
15	most related to the leader ensuring that walkers felt good during the walk. Experienced
16	peer leaders primarily described a leader who promoted connection between group
17	members and made walkers feel welcome, cared for, and included. Inexperienced
18	leaders primarily mentioned a leader who socializes with walkers.
19	Walkers. About two thirds of the interviewed walkers (25/37) perceived it
20	important for the leader to engage in relatedness supportive behaviors. Similar to
21	leaders, many walkers mentioned behaviors relating to comfort (15/37) and connection
22	(19/37). Among walkers who mentioned connecting behaviors most (15/19) described a
23	peer leader who provided group members with an opportunity to socialize after the

1 walk. Caring behaviors were mentioned by ten walkers of whom most (n = 8) were 2 experienced group walkers.

3

#### **Competence promoting behaviors**

4 The majority (48/68) of participants, described how a peer leader could support 5 walkers in feeling mentally and physically more competent at walking. Table 2 illustrates themes and sub-themes that were identified as competence supportive. 6

#### 7 **Competence theme 1: Supporting walker confidence**

8 Several participants mentioned confidence-related barriers to participating in a 9 group walk, such as the fear of falling, being worried about not being able to keep up 10 and being left behind, and dependence on walking aids. The majority of participants 11 (42/68) mentioned behaviors relating to the theme "supporting walker confidence". 12 Sub-themes describe how a peer leader can help walkers have a safe walking 13 experience, overcome confidence-related barriers, and feel secure at walking in a group 14 setting.

15 Safeguards walkers. Twenty-nine participants suggested that a peer leader 16 would need to ensure that walkers remained safe during the walk. For example, a 17 volunteer explaining the importance of safety precautions to prevent falls, stated that: 18 "Falls are the last thing aged people need. They are too dangerous. Many people don't 19 recover from falls when they are old" (Inexperienced peer leader, female, 79 years old). 20 Suggestions included a peer leader that ensured walkers are prepared for the walk, use 21 appropriate aids (e.g., informing walkers of safety precautions, and ensuring they take 22 their medication and stay hydrated). Further suggestions described a peer leader who 23 made walkers aware of hazards, and who ensured that the walk takes place in a safe 24 environment and suited the walking requirements of group members. For example, if

1 walkers used walking frames, flatter surfaces needed to be chosen. It also included the 2 peer leader ensuring that walks take place in good weather, during suitable hours, and in 3 a safe area (e.g., "Safe from attacks from the people outside and from magpies." Inexperienced peer leader, female, 77 years old). 4 Helps walkers overcome psychological barriers. Twenty-three participants 5 6 mentioned that the peer leader could help walkers overcome psychological barriers 7 (e.g., fear of falling). Suggestions included using positive encouragement and 8 distraction. For example, a participant recommended that a peer leader could use 9 positive encouragement by saying "do what you can and, if you can't or are tired just 10 sit down." (Experienced group walker, female, 71 years old). It was also suggested that 11 the peer leader could proactively distract walkers from negative thoughts and anxieties 12 (e.g., boredom, fear of experiencing pain) by for example using social interaction and 13 humor (See Supplementary Section, Table S2 for an illustrative quote). 14 Provides help and a sense of security. Eleven participants emphasized that a 15 peer leader could promote walking confidence by being observant and proactively 16 supportive. An experienced group walker explained how an observant peer leader can 17 convey confidence: 18 There is always a risk. You fall over or something like that. And of course, they 19 (peer leaders) keep their eye on you while we are here, that makes me feel more 20 confident and more secure. (Experienced group walker, female, 70 years old) 21 Being supportive primarily entailed the peer leader being helpful when they 22 notice a walker is struggling, and ensuring they stick to their limitations. Walking close 23 to fearful walkers was another common strategy mentioned. 24 Several walkers emphasized that any form of pressure can reduce perceptions of confidence, as it can be dangerous (e.g., lead to falls) and de-motivating (e.g., being

22

discouraged because of over-exhaustion). For example, one resident who expressed
interest in joining a walking group emphasized that *"It has to be established from the start- it's a not a competition. If you complete the walk you are as good as the person who has done it in 20 minutes earlier than me"* Inexperienced group walker, female, 71
years old.

#### 6 Competence theme 2.- Success promoting

Just over a third (36/68) of the interviewed participants explained that
competence could be supported by a peer leader who helped walkers have a successful
experience.

10 Provides guidance and opportunities for success. Twenty-four participants 11 described a leader who provided guidance and opportunities for experiencing success. 12 Helping walkers set realistic goals/length of walks, included setting a slow pace, and 13 discouraging scenarios that were perceived as being over exhausting and overwhelming 14 (e.g., walking beyond limitations, not taking breaks). It also involved providing 15 guidance and direction (e.g., "If you are struggling, the leader might suggest doing 16 something differently. Slow down a bit." Experienced group walker, female, 71 years 17 old).

*Provides specific and non-conditional praise*. Seven participants mentioned a
leader who provided participants with specific and non-conditional praise.

20 Congratulating walkers for achieving mini goals, including attending the walk, was

21 encouraged. On the other hand, providing praise for speed or walking performance was

discouraged (e.g., "You are not setting out who comes first. Too bad if a person comes

23 first. You don't reward them for coming first. "Inexperienced group walker, female, 71

24 years old.)

#### 1 Competence-supportive behaviors- Comparison across subgroups.

2 Leaders. Most leaders (27/31) perceived it important to engage in competence-3 promoting behaviors. Themes relating to promoting success experiences in walkers (in 4 particular positive encouragement) were mentioned by several leaders (19/31). Themes 5 relating to providing a sense of security 3/31) and safeguarding walkers (13/31) were 6 less salient among leaders. Inexperienced peer leaders primarily mentioned success-7 promoting behaviors (13/18) and placed less emphasis on supporting walker confidence 8 (8/18). About half (7/13) of experienced peer leaders mentioned confidence and 9 success promoting behaviors. 10 Walkers. More than half of the walkers (21/37) described competence promoting 11 behaviors and mentioned behaviors supporting walker confidence. Walkers frequently 12 described a leader who prioritized preparedness, walker safety, discouraged 13 competition, and who provided positive encouragement throughout the walk. Themes 14 relating to success-promoting behaviors (7/37) were less salient in this group. 15 Competence promoting behaviors were frequently described by inexperienced walkers 16 (14/20), but were less prevalent among experienced walkers (mentioned by only 7/17).

#### 17 **Discussion**

18 Our study explored peer leader behaviors that support the psychological needs that 19 foster self-determined motivation in older adults who walk as part of a group.We 20 identified eight sets of behaviors, which a peer leader could utilize to support autonomy, 21 competence, and relatedness in older walkers. Please see Table S5 in the supplementary 22 file for an overview of all behaviors. We further advance past research by considering 23 the divergence in the perspectives of potential providers and receivers of need-support 24 in terms of what need-support should entail. Overall, our findings extend research by 25 Hancox and colleagues (2015), who provided suggestions on how fitness instructors can

1	support or thwart individuals' basic psychological needs. In the context of an older
2	walking group, we add the importance of a leader who ensures walkers feel welcome,
3	safeguards walkers, helps walkers overcome psychological barriers, acknowledges
4	medical requirements, discourages competition, and encourages walkers to stick to their
5	physical limitations to promote perceptions of relatedness, competence, and autonomy.
6	A walk leader who uses pressure (e.g., tells walkers that they <i>must</i> walk a at a specific
7	pace), who embarrasses walkers (e.g., commenting on their appearance), or who is
8	dismissive of a group members preference was regarded as thwarting their
9	psychological needs and consequently undermining their motivation to participate
10	(Hancox et. al. 2015; Edmunds et al., <u>2008</u> ).
11	Autonomy-enhancing behaviors such as the leader acknowledging perspectives,
12	providing walkers with options, and highlighting intrinsic goals, align with previous
13	SDT research (Edmunds et al., 2008; Hancox et al., 2015). Suggestions on providing
14	older adults with an opportunity for feedback align with research in geriatric settings
15	emphasizing that autonomy support includes recognizing and respecting older adults as
16	an individual (Souesme & Ferrand, 2019). Our findings align with research emphasizing
17	the importance of fun and intrinsic motivation for motivating older adults to participate
18	in physical activity interventions (Dacey et al., 2008; Devereux-Fitzgerald et al., 2016).
19	We extend past research by providing guidance on how a peer leader could make a walk
20	fun for older adults (Perkins et al., 2008) by, for example, integrating variety and adding
21	stimulating components. We also add the significance of acknowledging and adapting
22	to the medical requirements of walkers.
23	Our findings confirm the importance of a leader who promotes relatedness by
24	listering to method with the standard and the inclusion inclusion from the standard (II) (1)

24 listening to participants, showing care, and using inclusive language (Hancox et al.,

25 2015). We further emphasize the importance of a peer leader who makes participants

feel *welcome*, which aligns with research emphasizing the relevance of trust and a
 positive "first contact" in new settings among the older population (Brooks et al., 2017;
 Souesme & Ferrand, 2019). Socialization behaviors were primarily described by
 leaders, which is consistent with previous findings (Chong et al., 2014; Kritz et al.,
 2020a). However, all sub-groups described a peer leader who provides opportunities for
 walkers to connect with each other.

7 Perkins et al. found that low self-efficacy often prevents older adults from engaging 8 in physical activity and group activities. For a younger population, confidence-related 9 barriers such as fear of falling or experiencing pain are unlikely to be relevant. Our 10 findings highlight the importance of a peer leader who helps older adults overcome such 11 barriers and distracts them from negative thoughts for supporting competence. Findings 12 by Chong and colleagues (2014) further suggest that vulnerable cohorts, such as older 13 adults who are cognitively impaired, prefer walking in a safe environment and with a 14 walking partner. Our findings add to this by highlighting the significance of 15 safeguarding behaviors among inexperienced walkers (Perkins et al., 2008). Older 16 adults who feel physically vulnerable may rely on a safe environment, including a peer 17 leader who helps them feel secure (Perkins et al., 2008).

18 The relevance of the peer leader for providing active guidance and to promote 19 positive success experiences, aligns with previous SDT research on need-supportive 20 behaviors in geriatric settings (Souesme & Ferrand, 2019). Our findings emphasize the 21 need for a leader who discourages competition and encourages walkers to stick to their 22 physical limitations to promote perceptions of competence. The importance of 23 encouraging adults to set realistic, flexible goals but focus on their own success is 24 consistent with research showing that older adults benefit from goal-setting and self-25 monitoring (Rosenberg et al., 2015) but not evaluation (Nathan et al., 2014).

1 We found some discrepancies in what walkers and leaders with different levels of 2 group walking experience, perceived to be motivationally supportive behaviors. 3 (Further details are provided in Table S4). Experienced leaders often shared the views of walkers. For example, the provision of safety, choice and support were mentioned by 4 5 both group walkers and experienced leaders, however, success-promoting behaviors 6 were mainly described by inexperienced leaders. Most inexperienced leaders also 7 suggested a consensus-driven leadership style (i.e., the majority determines group 8 decisions). In contrast, experienced leaders emphasized the importance of adapting to 9 individual requirements and encouraging self-initiative. The importance of adapting to 10 individual walkers is supported by a recent longitudinal- mixed methods study which 11 found that older walk leaders who succeed and persist in their volunteering role 12 prioritize helping behaviors and adapt to the most vulnerable walkers (Kritz et al., 13 2020c).

#### 14 Strength and Weaknesses

15 We conducted a review of the literature and could not find any prior study that 16 identified behaviors perceived as need-supportive by an older population in a physical 17 activity setting. The main strength of the present study is that it adds to the SDT 18 literature on need-supportive strategies by facilitating understanding of how 19 psychological needs can be supported in an older population. We were able to obtain a 20 diverse understanding of effective leadership behaviors by ensuring that the sample 21 represented volunteer peer leaders and walkers who varied in leadership and group 22 walking experience. Another strength is that our findings provide some building blocks 23 to train older volunteer peer leaders to be more need-supportive in future physical 24 activity interventions. Our study focused on self-determination theory and, hence, it

only provides insights from one theoretical perspective. Other conceptual inputs, such
as the framework proposed by Morgan et al., (2019), could be used to identify how peer
leaders can support additional motives, such as experiencing a sense of purpose.
Another limitation may be that while interviews were numerous, they were relatively
short. Future qualitative research can provide more in-depth exploration.
The identified behaviors can be used in the context of an SDT-based physical

activity intervention to train older peer walk leaders to be motivationally supportive.
However, our findings may not be generalizable beyond older, white females and those
who are interested in group walking, providing a further avenue for future research.
Furthermore, our findings are limited by proposing strategies that have not yet been
tested for their effectiveness in such settings.

## 12 Implications for practice and future research

13 We describe specific peer leader behaviors that can support older adults to adopt and 14 maintain group walking. Our findings provide an understanding of need-supportive 15 behaviors and emphasize the importance of a walk leader who provides autonomy, 16 relatedness, and competence support. It would be useful to train older volunteer leaders 17 in the behaviors identified in this study and then examine the effects on need 18 satisfaction, self-determined motivation, and behavior maintenance in older adults. 19 The differences between inexperienced leaders and walkers suggest that future 20 peer leaders may need to be made aware of and taught skills to address this potential 21 tension. New peer leaders could be taught behaviors perceived to be supportive by 22 walkers and experienced leaders to help them succeed and persist in their role (Kritz et 23 al., 2020). For example, they should prioritize helping walkers feel safe, refrain from 24 pressurizing language, promote self-initiative, focus on being welcoming and provide

socialization opportunities after the walk. Leaders could also learn to deal with potential
 differences in relatedness, autonomy, and competence-supportive leader behaviors
 expected by walkers.
 Future research can quantitatively evaluate the extent to which the described
 strategies can be taught to older peer leaders and are effective at promoting need

6 satisfaction and self-determined motivation in the context of a peer-led walking

7 intervention.

# **References**

3	Amireault, S., Baier, J. M., & Spencer, J. R. (2019, Feb). Physical Activity Preferences
4	Among Older Adults: A Systematic Review. Journal of Aging and Physical
5	Activity, 27(1), 128-139. https://doi.org/10.1123/japa.2017-0234
6	Barry, C. A., Britten, N., Barber.N., Bradley, C., & Stevenson, F. (1999). Using
7	reflexivity to optimize teamwork in qualitative research Qualitative Health
8	Research, 9(1), 26-44. https://doi.org/10.1177/104973299129121677
9	Bertera, E. M. (2003). Physical Activity and Social Network Contacts in Community
10	Dwelling Older Adults.
11	Brooks, C., Ballinger, C., Nutbeam, D., & Adams, J. (2017). The importance of
12	building trust and tailoring interactions when meeting older adults' health
13	literacy needs. Disability and Rehabilitation, 39(23), 2428–2435.
14	https://doi.org/10.1080/09638288.2016.1231849.
15	Chong, T. W. H., Doyle, C. J., Cyarto, E. V., Cox, K. L., Ellis, K. A., Ames, D.,
16	Lautenschlager, N. T., & Grp, A. R. (2014, Jun). Physical activity program
17	preferences and perspectives of older adults with and without cognitive
18	impairment. Asia-Pacific Psychiatry, 6(2), 179-190.
19	https://doi.org/10.1111/appy.12015
20	Dacey, M., Baltzell, A., & Zaichkowsky, L. (2008, Nov-Dec). Older adults' intrinsic
21	and extrinsic motivation toward physical activity. American Journal of Health
22	Behavior, 32(6), 570-582. https://doi.org/10.5555/ajhb.2008.32.6.570
23	Deci, E. L., & Ryan, R. M. (1987, Dec). The support of autonomy and the control of
24	behavior. J Pers Soc Psychol, 53(6), 1024-1037.
25	https://www.ncbi.nlm.nih.gov/pubmed/3320334
26	Devereux-Fitzgerald, A., Powell, R., Dewhurst, A., & French, D. P. (2016, Jun). The
27	acceptability of physical activity interventions to older adults: A systematic
28	review and meta-synthesis. Soc Sci Med, 158, 14-23.
29	https://doi.org/10.1016/j.socscimed.2016.04.006
30	Diehr, P., & Hirsch, C. (2010, Sep). Health benefits of increased walking for sedentary,
31	generally healthy older adults: using longitudinal data to approximate an
32	intervention trial. J Gerontol A Biol Sci Med Sci, 65(9), 982-989.
33	https://doi.org/10.1093/gerona/glq070
34	Farrance, C., Tsofliou, F., & Clark, C. J. (2015). Evaluating the views of participants
35	and adherence rates of community based group exercise interventions: A mixed
36	methods systematic review. <i>Physiotherapy</i> , 101(Suppl. 1), 374-375.
37	Gale, N. K., Heath, G., Cameron, E., Rashid, S., & Redwood, S. (2013, Sep 18). Using
38	the framework method for the analysis of qualitative data in multi-disciplinary
39	health research. BMC Med Res Methodol, 13, 117. https://doi.org/10.1186/1471-
40	<u>2288-13-117</u>
41	Gellert, P., Whitham, M. D., Crombie, I. K., Donnan, P. T., Mcmurdo, M. E., &
42	Sniehotta, F. (2015). The role of perceived barriers and objectively measured
43	physical activity in adults aged 65–100 Age and Ageing., 44(3), 384-390.
44	https://doi.org/ https://doi.org/10.1093/ageing/afv001
45	Ginis, K. A. M., Nigg, C. R., & Smith, A. L. (2013, Dec). Peer-delivered physical
46	activity interventions: an overlooked opportunity for physical activity
47	promotion. Translational Behavioral Medicine, 3(4), 434-443.
48	https://doi.org/10.1007/s13142-013-0215-2

1	Hancox, J.E., Quested, E., Thøgersen-Ntoumani, C. et al., 2015. An intervention to train
2	group exercise class instructors to adopt a motivationally adaptive
3	communication style: a quasi-experimental study protocol. <i>Health psychology</i>
4	and behavioral medicine, 3 (1), 190–203.10.1080/21642850.2015.1074075
5	Hulteen, R. M., Waldhauser, K. J., & Beauchamp, M. R. (2019, Nov 21). Promoting
6	Health-Enhancing Physical Activity: a State-of-the-art Review of Peer-
7	Delivered Interventions. Current Obesity Reports.
8	https://doi.org/10.1007/s13679-019-00366-w
9	Ji, Z., Li, A., Feng, T., Liu, X., You, Y., Meng, F., Wang, R., Lu, J., & Zhang, C.
10	(2017). The benefits of Tai Chi and brisk walking for cognitive function and
11	fitness in older adults. Peerj, 5, e3943. https://doi.org/10.7717/peerj.3943
12	Kosteli, M. C., Williams, S. E., & Cumming, J. (2016, Jun). Investigating the
13	psychosocial determinants of physical activity in older adults: A qualitative
14	approach. Psychology & Health, 31(6), 730-749.
15	https://doi.org/10.1080/08870446.2016.1143943
16	Kritz, M., Thøgersen-Ntoumani, C., Mullan, B., McVeigh, J., & Ntoumanis, N. (2020a).
17	Effective Peer Leader Attributes for the Promotion of Walking in Older Adults.
18	Gerontologist, 60(6), 1137-1148. https://doi.org/10.1093/geront/gnaa014
19	Kritz M, Thøgersen-Ntoumani C, Mullan B, Stathi A, Ntoumanis N. (2020b) "It's Better
20	Together": A Nested Longitudinal Study Examining the Benefits of Walking
21	Regularly With Peers Versus Primarily Alone in Older Adults. J Aging Phys
22	https://doi.org/10.1123/japa.2020-0091.
23	Kritz, M, Ntoumanis, N., Mullan, B., Stathi, A., Thøgersen-Ntoumani, C. (2020c)
24	Volunteer Motivation and Retention of Older Peer Walk Leaders: A 4-Month
23	Long Investigation, The Gerontologist,
25 26	Long Investigation, <i>The Gerontologist</i> , 2020;,gnaa159, https://doi.org/10.1093/geront/gnaa159
26	2020;,gnaa159, https://doi.org/10.1093/geront/gnaa159
26 27 28	2020;,gnaa159, <u>https://doi.org/10.1093/geront/gnaa159</u> Lambert, S.D. and Loiselle, C.G. (2008), Combining individual interviews and focus groups to enhance data richness. Journal of Advanced Nursing, 62: 228-
26 27	2020;,gnaa159, <u>https://doi.org/10.1093/geront/gnaa159</u> Lambert, S.D. and Loiselle, C.G. (2008), Combining individual interviews and focus
26 27 28 29	2020;,gnaa159, <u>https://doi.org/10.1093/geront/gnaa159</u> Lambert, S.D. and Loiselle, C.G. (2008), Combining individual interviews and focus groups to enhance data richness. Journal of Advanced Nursing, 62: 228- 237. <u>https://doi.org/10.1111/j.1365-2648.2007.04559.x</u>
26 27 28 29 30	<ul> <li>2020;,gnaa159, <u>https://doi.org/10.1093/geront/gnaa159</u></li> <li>Lambert, S.D. and Loiselle, C.G. (2008), Combining individual interviews and focus groups to enhance data richness. Journal of Advanced Nursing, 62: 228-237. <u>https://doi.org/10.1111/j.1365-2648.2007.04559.x</u></li> <li>Morris, S., Guell, C., &amp; Pollard, T. M. (2019, Oct). Group walking as a "lifeline": Understanding the place of outdoor walking groups in women's lives. <i>Soc Sci</i></li> </ul>
26 27 28 29 30 31 32	<ul> <li>2020;,gnaa159, <u>https://doi.org/10.1093/geront/gnaa159</u></li> <li>Lambert, S.D. and Loiselle, C.G. (2008), Combining individual interviews and focus groups to enhance data richness. Journal of Advanced Nursing, 62: 228-237. <u>https://doi.org/10.1111/j.1365-2648.2007.04559.x</u></li> <li>Morris, S., Guell, C., &amp; Pollard, T. M. (2019, Oct). Group walking as a "lifeline": Understanding the place of outdoor walking groups in women's lives. <i>Soc Sci Med, 238</i>, 112489. <u>https://doi.org/10.1016/j.socscimed.2019.112489</u></li> </ul>
26 27 28 29 30 31	<ul> <li>2020;,gnaa159, <u>https://doi.org/10.1093/geront/gnaa159</u></li> <li>Lambert, S.D. and Loiselle, C.G. (2008), Combining individual interviews and focus groups to enhance data richness. Journal of Advanced Nursing, 62: 228-237. <u>https://doi.org/10.1111/j.1365-2648.2007.04559.x</u></li> <li>Morris, S., Guell, C., &amp; Pollard, T. M. (2019, Oct). Group walking as a "lifeline": Understanding the place of outdoor walking groups in women's lives. <i>Soc Sci</i></li> </ul>
26 27 28 29 30 31 32 33	<ul> <li>2020;,gnaa159, <u>https://doi.org/10.1093/geront/gnaa159</u></li> <li>Lambert, S.D. and Loiselle, C.G. (2008), Combining individual interviews and focus groups to enhance data richness. Journal of Advanced Nursing, 62: 228-237. <u>https://doi.org/10.1111/j.1365-2648.2007.04559.x</u></li> <li>Morris, S., Guell, C., &amp; Pollard, T. M. (2019, Oct). Group walking as a "lifeline": Understanding the place of outdoor walking groups in women's lives. <i>Soc Sci Med, 238</i>, 112489. <u>https://doi.org/10.1016/j.socscimed.2019.112489</u></li> <li>Nathan, A., Wood, L., &amp; Giles-Corti, B. (2014, Jan). Exploring Socioecological Correlates of Active Living in Retirement Village Residents. <i>J Aging Phys Act,</i></li> </ul>
26 27 28 29 30 31 32 33 34	<ul> <li>2020;,gnaa159, <u>https://doi.org/10.1093/geront/gnaa159</u></li> <li>Lambert, S.D. and Loiselle, C.G. (2008), Combining individual interviews and focus groups to enhance data richness. Journal of Advanced Nursing, 62: 228-237. <u>https://doi.org/10.1111/j.1365-2648.2007.04559.x</u></li> <li>Morris, S., Guell, C., &amp; Pollard, T. M. (2019, Oct). Group walking as a "lifeline": Understanding the place of outdoor walking groups in women's lives. <i>Soc Sci Med, 238</i>, 112489. <u>https://doi.org/10.1016/j.socscimed.2019.112489</u></li> <li>Nathan, A., Wood, L., &amp; Giles-Corti, B. (2014, Jan). Exploring Socioecological</li> </ul>
26 27 28 29 30 31 32 33 34 35	<ul> <li>2020;,gnaa159, <u>https://doi.org/10.1093/geront/gnaa159</u></li> <li>Lambert, S.D. and Loiselle, C.G. (2008), Combining individual interviews and focus groups to enhance data richness. Journal of Advanced Nursing, 62: 228-237. <u>https://doi.org/10.1111/j.1365-2648.2007.04559.x</u></li> <li>Morris, S., Guell, C., &amp; Pollard, T. M. (2019, Oct). Group walking as a "lifeline": Understanding the place of outdoor walking groups in women's lives. <i>Soc Sci Med, 238</i>, 112489. <u>https://doi.org/10.1016/j.socscimed.2019.112489</u></li> <li>Nathan, A., Wood, L., &amp; Giles-Corti, B. (2014, Jan). Exploring Socioecological Correlates of Active Living in Retirement Village Residents. <i>J Aging Phys Act, 22</i>(1), 1-15. <u>https://doi.org/10.1123/Japa:2012-0189</u></li> </ul>
26 27 28 29 30 31 32 33 34 35 36	<ul> <li>2020;,gnaa159, <u>https://doi.org/10.1093/geront/gnaa159</u></li> <li>Lambert, S.D. and Loiselle, C.G. (2008), Combining individual interviews and focus groups to enhance data richness. Journal of Advanced Nursing, 62: 228-237. <u>https://doi.org/10.1111/j.1365-2648.2007.04559.x</u></li> <li>Morris, S., Guell, C., &amp; Pollard, T. M. (2019, Oct). Group walking as a "lifeline": Understanding the place of outdoor walking groups in women's lives. <i>Soc Sci Med, 238</i>, 112489. <u>https://doi.org/10.1016/j.socscimed.2019.112489</u></li> <li>Nathan, A., Wood, L., &amp; Giles-Corti, B. (2014, Jan). Exploring Socioecological Correlates of Active Living in Retirement Village Residents. <i>J Aging Phys Act, 22</i>(1), 1-15. <u>https://doi.org/10.1123/Japa:2012-0189</u></li> <li>Ng, J., Ntoumanis, N., Ntoumanis, C., Deci, E., &amp; Williams, G. C. (2012, Apr). Self-</li> </ul>
26 27 28 29 30 31 32 33 34 35 36 37	<ul> <li>2020;,gnaa159, <u>https://doi.org/10.1093/geront/gnaa159</u></li> <li>Lambert, S.D. and Loiselle, C.G. (2008), Combining individual interviews and focus groups to enhance data richness. Journal of Advanced Nursing, 62: 228-237. <u>https://doi.org/10.1111/j.1365-2648.2007.04559.x</u></li> <li>Morris, S., Guell, C., &amp; Pollard, T. M. (2019, Oct). Group walking as a "lifeline": Understanding the place of outdoor walking groups in women's lives. <i>Soc Sci Med, 238</i>, 112489. <u>https://doi.org/10.1016/j.socscimed.2019.112489</u></li> <li>Nathan, A., Wood, L., &amp; Giles-Corti, B. (2014, Jan). Exploring Socioecological Correlates of Active Living in Retirement Village Residents. <i>J Aging Phys Act, 22</i>(1), 1-15. <u>https://doi.org/10.1123/Japa:2012-0189</u></li> <li>Ng, J., Ntoumanis, N., Ntoumanis, C., Deci, E., &amp; Williams, G. C. (2012, Apr). Self-Determination Theory Applied to Health Contexts: A Meta-Analysis. <i>Annals of</i></li> </ul>
26 27 28 29 30 31 32 33 34 35 36 37 38	<ul> <li>2020;,gnaa159, <u>https://doi.org/10.1093/geront/gnaa159</u></li> <li>Lambert, S.D. and Loiselle, C.G. (2008), Combining individual interviews and focus groups to enhance data richness. Journal of Advanced Nursing, 62: 228-237. <u>https://doi.org/10.1111/j.1365-2648.2007.04559.x</u></li> <li>Morris, S., Guell, C., &amp; Pollard, T. M. (2019, Oct). Group walking as a "lifeline": Understanding the place of outdoor walking groups in women's lives. <i>Soc Sci Med, 238</i>, 112489. <u>https://doi.org/10.1016/j.socscimed.2019.112489</u></li> <li>Nathan, A., Wood, L., &amp; Giles-Corti, B. (2014, Jan). Exploring Socioecological Correlates of Active Living in Retirement Village Residents. <i>J Aging Phys Act, 22</i>(1), 1-15. <u>https://doi.org/10.1123/Japa:2012-0189</u></li> <li>Ng, J., Ntoumanis, N., Ntoumanis, C., Deci, E., &amp; Williams, G. C. (2012, Apr). Self-Determination Theory Applied to Health Contexts: A Meta-Analysis. <i>Annals of Behavioral Medicine, 43</i>, S147-S147. <go isi="" to="">://WOS:000302092400569</go></li> </ul>
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26 27 28 29 30 31 32 33 34 35 36 37 38 39 40	<ul> <li>2020;,gnaa159, <u>https://doi.org/10.1093/geront/gnaa159</u></li> <li>Lambert, S.D. and Loiselle, C.G. (2008), Combining individual interviews and focus groups to enhance data richness. Journal of Advanced Nursing, 62: 228-237. <u>https://doi.org/10.1111/j.1365-2648.2007.04559.x</u></li> <li>Morris, S., Guell, C., &amp; Pollard, T. M. (2019, Oct). Group walking as a "lifeline": Understanding the place of outdoor walking groups in women's lives. <i>Soc Sci Med, 238</i>, 112489. <u>https://doi.org/10.1016/j.socscimed.2019.112489</u></li> <li>Nathan, A., Wood, L., &amp; Giles-Corti, B. (2014, Jan). Exploring Socioecological Correlates of Active Living in Retirement Village Residents. <i>J Aging Phys Act, 22</i>(1), 1-15. <u>https://doi.org/10.1123/Japa:2012-0189</u></li> <li>Ng, J., Ntoumanis, N., Ntoumanis, C., Deci, E., &amp; Williams, G. C. (2012, Apr). Self-Determination Theory Applied to Health Contexts: A Meta-Analysis. <i>Annals of Behavioral Medicine, 43</i>, S147-S147. <go isi="" to="">://WOS:000302092400569</go></li> <li>Ntoumanis, N., Ng, J., Prestwich, A., Quested, E., Hancox, J., Thogersen-Ntoumani, C., Deci, E., Ryan, R. M., Lonsdale, C., &amp; Williams, G. C. (2020). A meta-analysis</li> </ul>
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41	<ul> <li>2020;,gnaa159, <u>https://doi.org/10.1093/geront/gnaa159</u></li> <li>Lambert, S.D. and Loiselle, C.G. (2008), Combining individual interviews and focus groups to enhance data richness. Journal of Advanced Nursing, 62: 228-237. <u>https://doi.org/10.1111/j.1365-2648.2007.04559.x</u></li> <li>Morris, S., Guell, C., &amp; Pollard, T. M. (2019, Oct). Group walking as a "lifeline": Understanding the place of outdoor walking groups in women's lives. <i>Soc Sci Med, 238</i>, 112489. <u>https://doi.org/10.1016/j.socscimed.2019.112489</u></li> <li>Nathan, A., Wood, L., &amp; Giles-Corti, B. (2014, Jan). Exploring Socioecological Correlates of Active Living in Retirement Village Residents. <i>J Aging Phys Act, 22</i>(1), 1-15. <u>https://doi.org/10.1123/Japa:2012-0189</u></li> <li>Ng, J., Ntoumanis, N., Ntoumanis, C., Deci, E., &amp; Williams, G. C. (2012, Apr). Self-Determination Theory Applied to Health Contexts: A Meta-Analysis. <i>Annals of Behavioral Medicine, 43</i>, S147-S147. <go isi="" to="">://WOS:000302092400569</go></li> <li>Ntoumanis, N., Ng, J., Prestwich, A., Quested, E., Hancox, J., Thogersen-Ntoumani, C., Deci, E., Ryan, R. M., Lonsdale, C., &amp; Williams, G. C. (2020). A meta-analysis of self-determination theory-informed intervention studies in the health domain: Effects on motivation, health behaviour, physical, and psychological health</li> </ul>
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26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	<ul> <li>2020;,gnaa159, <u>https://doi.org/10.1093/geront/gnaa159</u></li> <li>Lambert, S.D. and Loiselle, C.G. (2008), Combining individual interviews and focus groups to enhance data richness. Journal of Advanced Nursing, 62: 228-237. <u>https://doi.org/10.1111/j.1365-2648.2007.04559.x</u></li> <li>Morris, S., Guell, C., &amp; Pollard, T. M. (2019, Oct). Group walking as a "lifeline": Understanding the place of outdoor walking groups in women's lives. <i>Soc Sci Med, 238</i>, 112489. <u>https://doi.org/10.1016/j.socscimed.2019.112489</u></li> <li>Nathan, A., Wood, L., &amp; Giles-Corti, B. (2014, Jan). Exploring Socioecological Correlates of Active Living in Retirement Village Residents. <i>J Aging Phys Act, 22</i>(1), 1-15. <u>https://doi.org/10.1123/Japa:2012-0189</u></li> <li>Ng, J., Ntoumanis, N., Ntoumanis, C., Deci, E., &amp; Williams, G. C. (2012, Apr). Self-Determination Theory Applied to Health Contexts: A Meta-Analysis. <i>Annals of Behavioral Medicine, 43</i>, S147-S147. <go isi="" to="">://WOS:000302092400569</go></li> <li>Ntoumanis, N., Ng, J., Prestwich, A., Quested, E., Hancox, J., Thogersen-Ntoumani, C., Deci, E., Ryan, R. M., Lonsdale, C., &amp; Williams, G. C. (2020). A meta-analysis of self-determination theory-informed intervention studies in the health domain: Effects on motivation, health behaviour, physical, and psychological health</li> </ul>
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26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45	<ul> <li>2020;,gnaa159, <u>https://doi.org/10.1093/geront/gnaa159</u></li> <li>Lambert, S.D. and Loiselle, C.G. (2008), Combining individual interviews and focus groups to enhance data richness. Journal of Advanced Nursing, 62: 228-237. <u>https://doi.org/10.1111/j.1365-2648.2007.04559.x</u></li> <li>Morris, S., Guell, C., &amp; Pollard, T. M. (2019, Oct). Group walking as a "lifeline": Understanding the place of outdoor walking groups in women's lives. <i>Soc Sci Med, 238</i>, 112489. <u>https://doi.org/10.1016/j.socscimed.2019.112489</u></li> <li>Nathan, A., Wood, L., &amp; Giles-Corti, B. (2014, Jan). Exploring Socioecological Correlates of Active Living in Retirement Village Residents. <i>J Aging Phys Act, 22</i>(1), 1-15. <u>https://doi.org/10.1123/Japa:2012-0189</u></li> <li>Ng, J., Ntoumanis, N., Ntoumanis, C., Deci, E., &amp; Williams, G. C. (2012, Apr). Self-Determination Theory Applied to Health Contexts: A Meta-Analysis. <i>Annals of Behavioral Medicine, 43</i>, S147-S147. <go isi="" to="">://WOS:000302092400569</go></li> <li>Ntoumanis, N., Ng, J., Prestwich, A., Quested, E., Hancox, J., Thogersen-Ntoumani, C., Deci, E., Ryan, R. M., Lonsdale, C., &amp; Williams, G. C. (2020). A meta-analysis of self-determination theory-informed intervention studies in the health domain: Effects on motivation, health behaviour, physical, and psychological health <i>Health Psychology Review</i>. <u>https://doi.org/10.1080/17437199.2020.1718529</u>.</li> <li>Ntoumanis, N., Quested, E., Reeve, J., &amp; Cheon, S. H. (2018). Need supportive communication: Implications for motivation in sport, exercise, and physical</li> </ul>
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46	<ul> <li>2020;,gnaa159, <u>https://doi.org/10.1093/geront/gnaa159</u></li> <li>Lambert, S.D. and Loiselle, C.G. (2008), Combining individual interviews and focus groups to enhance data richness. Journal of Advanced Nursing, 62: 228-237. <u>https://doi.org/10.1111/j.1365-2648.2007.04559.x</u></li> <li>Morris, S., Guell, C., &amp; Pollard, T. M. (2019, Oct). Group walking as a "lifeline": Understanding the place of outdoor walking groups in women's lives. <i>Soc Sci Med, 238</i>, 112489. <u>https://doi.org/10.1016/j.socscimed.2019.112489</u></li> <li>Nathan, A., Wood, L., &amp; Giles-Corti, B. (2014, Jan). Exploring Socioecological Correlates of Active Living in Retirement Village Residents. <i>J Aging Phys Act, 22</i>(1), 1-15. <u>https://doi.org/10.1123/Japa:2012-0189</u></li> <li>Ng, J., Ntoumanis, N., Ntoumanis, C., Deci, E., &amp; Williams, G. C. (2012, Apr). Self-Determination Theory Applied to Health Contexts: A Meta-Analysis. <i>Annals of Behavioral Medicine, 43</i>, S147-S147. <go isi="" to="">://WOS:000302092400569</go></li> <li>Ntoumanis, N., Ng, J., Prestwich, A., Quested, E., Hancox, J., Thogersen-Ntoumani, C., Deci, E., Ryan, R. M., Lonsdale, C., &amp; Williams, G. C. (2020). A meta-analysis of self-determination theory-informed intervention studies in the health domain: Effects on motivation, health behaviour, physical, and psychological health <i>Health Psychology Review</i>. <u>https://doi.org/10.1080/17437199.2020.1718529</u>.</li> <li>Ntoumanis, N., Quested, E., Reeve, J., &amp; Cheon, S. H. (2018). Need supportive communication: Implications for motivation in sport, exercise, and physical</li> </ul>

1 2	adaptive communication style. <i>Scandinavian Journal of Medicine &amp; Science in Sports</i> , 27(9), 1026-1034. <u>https://doi.org/10.1111/sms.12713</u>
$\frac{2}{3}$	Morgan GS, Wilmott M, Ben-Shlomo Y, Haase AM, Campbell R. (2019). A life
4	fulfilled: positively influencing physical activity in older adults – a systematic
5	review and meta-ethnography. BMC Public Health 19,
6	362 https://doi.org/10.1186/s12889-019-6624-5
7	Ory, M. G., Towne, S. D., Won, J., Forjuoh, S. N., & Lee, C. (2016, Aug 23). Social
8	and environmental predictors of walking among older adults. <i>Bmc Geriatrics</i> ,
9	<i>16.</i> https://doi.org/ARTN 15510.1186/s12877-016-0327-x
10	Perez-Gonzalez, A. M., Valero-Valenzuela, A., Moreno-Murcia, J. A., & Sanchez-
11	Alcaraz, B. J. (2019, Oct-Dec). Systematic Review of Autonomy Support in
12	Physical Education. Apunts Educacion Fisica Y Deportes(138), 51-61.
12	https://doi.org/10.5672/apunts.2014-0983.es.(2019/4).138.04
14	Perkins, J. M., Multhaup, K. S., Perkins, H. W., & Barton, C. (2008, Feb). Self-efficacy
15	and participation in physical and social activity among older adults in Spain and
16	the United States. <i>Gerontologist, 48</i> (1), 51-58. <go td="" to<=""></go>
17	ISI>://WOS:000256287200006
18	Reeve, J., Jang, H., Carrell, D., Jeon, S., & Barch, J. (2004). Enhancing students'
19	engagement by increasing teachers' autonomy support. <i>Motivation and Emotion</i> ,
20	28(2), 147-169. https://doi.org/10.1023/B:MOEM.0000032312.95499.6f
21	Ritchie, J., & Spencer, L. (1994). Qualitative data analysis for applied policy research.
22	In A. Bryman & R. G. Burgess (Eds.), <i>Analyzing Quantitative Data</i> (pp. 173-
23	194). Routledge. <u>https://doi.org/10.4324/9780203413081</u>
24	Rosenberg, D. E., Gell, N. M., Jones, S. M. W., Renz, A., Kerr, J., Gardiner, P. A., &
25	Arterburn, D. (2015, Oct). The Feasibility of Reducing Sitting Time in
26	Overweight and Obese Older Adults. Health Education & Behavior, 42(5), 669-
27	676. https://doi.org/10.1177/1090198115577378
28	Ryan, R. M., & Deci, E. (2017). Self-determination theory: Basic psychological needs
29	in motivation, development, and wellness. Guildford Press.
30	Souesme, G., & Ferrand, C. (2019). What is an autonomy supportive environment in
31	geriatric care units? Focus group interviews with healthcare professionals.
32	International Journal of Older People Nursing, 14(1).
33	https://doi.org/10.1111/opn.12221
34	Stathi, A., Withall, J., Thompson, J. L., Davis, M. G., Gray, S., De Koning, J.,
35	Parkhurst, G., Lloyd, L., Greaves, C., Laventure, R., & Fox, K. R. (2019).
36	Feasibility Trial Evaluation of a Peer Volunteering Active Aging Intervention:
37	ACE (Active, Connected, Engaged). Gerontologist.
38	https://doi.org/10.1093/geront/gnz003
39	Stathi, A., Withall, J., Agyapong-Badu, S. et al. Mobilising people as assets for active
40	ageing promotion: a multi-stakeholder perspective on peer volunteering
41	initiatives. BMC Public Health 21, 150 (2021). https://doi.org/10.1186/s12889-
42	020-10136-2
43	Stiggelbout, M., Hopman-Rock, M., Crone, M., Lechner, L., & van Mechelen, W.
44	(2006). Predicting older adults' maintenance in exercise participation using an
45	integrated social psychological model. <i>Health Education Research, 21</i> (1), 1-14.
46	https://doi.org/10.1093/her/cyh037
47	Teixeira, P. J., Marques, M. M., Silva, M. N., Brunet, J., Duda, J., Haerens, L., La
48	Guardia, J., Lindwall, M., Londsdale, C., Markland, D., Michie, S., Moller, A.
49	C., Ntoumanis, N., Patrick, H., Reeve, J., Ryan, R. M., Sebire, S., Standage, M.,

$ \begin{array}{c} 1\\2\\3\\4\\5\\6\\7\\8\\9\\10\\11\\12\\13\\14\\15\\16\\17\\18\\19\\20\\21\\22\end{array} $	<ul> <li>Vansteenkiste, M., Weinstein, N., Weman-Josefsson, K., Williams, J. C., &amp; Hagger, M. S. (2020). Classification of techniques used in self-determination theory-based interventions in health contexts: An expert consensus study. <i>Motivation Science., in press.</i> https://doi.org/10.1037/mot0000172</li> <li>Thøgersen-Ntoumani, C., Quested, E., Biddle, S. J. H., Kritz, M., Olson, J., Burton, E., Cerin, E., Hill, K. D., McVeigh, J., &amp; Ntoumanis, N. (2019, Jun 17). Trial feasibility and process evaluation of a motivationally-embellished group peer led walking intervention in retirement villages using the RE-AIM framework: the residents in action trial (RiAT). <i>Health Psychology and Behavioral Medicine</i>, 7(1), 202-233. https://doi.org/10.1080/21642850.2019.1629934</li> <li>Thøgersen-Ntoumani, C., Wright, A., Quested, E., Burton, E., Hill, K. D., Cerin, E., Biddle, S. J. H., &amp; Ntoumanis, N. (2017, Jun 23). Protocol for the residents in action pilot cluster randomised controlled trial (RiAT): evaluating a behaviour change intervention to promote walking, reduce sitting and improve mental health in physically inactive older adults in retirement villages. <i>BMJ Open</i>, 7(6), e015543. https://doi.org/10.1136/bmjopen-2016-015543</li> <li>Zubala, A., MacGillivray, S., Frost, H., Kroll, T., Skelton, D. A., Gavine, A., Gray, N. M., Toma, M., &amp; Morris, J. (2017). Promotion of physical activity interventions for community dwelling older adults: A systematic review of reviews. <i>PLoS One</i>, <i>12</i>(7), e0180902. https://doi.org/10.1371/journal.pone.0180902</li> </ul>
23	Conflicts of Interest: None to declare.
24	Data availability statement:
25	The authors confirm that the data supporting the findings of this study are available
26	within the article and its supplementary materials.
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#### 1 Tables

# Table 1

Characteristics		All $(N=68)$	Inexperienced group walker	Experienced group walker	Inexperienced peer leader	Experienced peer leader
		(N - 08)	( <i>N</i> = 20)	(N = 17)	(N = 18)	( <i>N</i> = 13)
MAge (SD, range) in years		74.68 (7.78, 60- 93)	78.90	72.88	72.72	73.23
			(10.44, 60-93)	(5.79, 64-85)	(4.99, 63-80)	(6.55, 65-88)
Gender (Fema	ıle, %)	84	90	78	94	69
Ethnicity (Wh	ite, %)	93	100	71	100	100
Australian bor	rn (%)	46	45	53	44	54
Living alone (	%)	68	80	59	72	54
Marital	Married	32	20	41	28	46
Status (%)	Widowed	34	45	29	22	39
	Separated/	25	30	6	44	15
	Divorced					
	Never married	9	5	24	6	0
Highest level of	Secondary education	52	70	41	44	46
education (%)	Vocational training	22	5	29	17	46
	College or university	26	25	30	39	8
Employment	Employed	10	20	0	6	15
(%)	Retired	90	80	100	94	85
Health (%)	Using an assistive device	19	40	12	11	8
	Current health issue	38	40	47	33	31
	Had a major life event in the last 6 months	41	45	59	22	39

Participant Characteristics by Sub-group

2 *Note.* M = mean, SD = standard deviation

There was no statistical difference in demographics of leaders vs. walkers, and inexperienced vs.

experienced peer leaders. Experienced walkers were more likely to be married (p>0.01) than

3 4 5 inexperienced walkers but did not differ on any other demographic variables.

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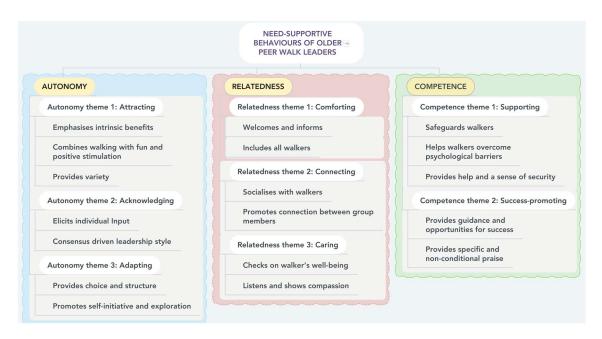
# Table 2

# Themes, Sub-themes and Illustrative Quotes

Themes and description	Subthemes	Illustrative quote
Autonomy theme 1: Attracting interest from walkers Provides walkers with a meaningful reason	Combines walking with fun and positive stimulation	To want to come again, they have to feel good after they have done their walk. Say "This was a goodwhat a great half an hour have we done".
to walk as part of a group. Combines walking with fun, variety and positive stimulation	Emphasizes intrinsic benefits	And laugh. It needs to be fun, not just all hard work. (IGW)
	Provides Variety	
Autonomy theme 2:	Elicits individual input	You need to get them to voice what they want. "Out
Acknowledging requirements and perspectives of walkers Recognizing the needs, preferences and requirements of every group member	Consensus driven leadership style	of this group where is it that you want to go? How long do you want to go? (IPL)
Autonomy theme 3: Adapting to walkers' preferences and	Provides choice and structure	Let them know, that you are prepared to do it at their pace or their choice. To me that's important.
requirements Accommodates walker's needs	Supports self-initiative and exploration	A lot of older people that aren't as fit are losing choices. (IGW)
Relatedness theme 1: Comforting Shows warmth and	Welcomes and informs walkers	Keep saying "You are welcome. You are welcome to join any time you want. You are not excluded if
ensures walkers feel comfortable and accepted	Includes all walkers	you don't come to one class. (IGW)
Relatedness theme 2:	Socializes with walkers	If we see somebody alone, we say "ok, talk to her,
<b>Connecting</b> Helps walkers experience meaningful connection	Promotes connection between group members	talk to her". We match-make. Because it's nice to talk to somebody. (EPL)
Relatedness theme 3: Caring	Checks on walker's wellbeing	If I get breathless, I just stop, or I sit down. Sometimes I didn't feel good or my knee hurt, or
Ensures walkers feel understood and cared for	Listens and shows compassion	my foot hurt or my back hurt. And then I can just sit down. And then I like when people come and say, "Are you ok?" (EGW)
Competence theme 1: Supporting walker confidence Ensures that walkers remain safe	Safeguards walkers	You need to explain to them "Watch where you are walking". Constantly saying "Watch where you place your feet, so you don't fall. (IPL)
and feel secure	Helps walkers overcome psychological barriers	If someone was very fearful, I tend to walk near them. So sometimes if you are with a more
	Provides help and a sense of security	confident person, it gives you confidence. (EPL)
Competence theme 2: Success promoting. Helps walkers feel effective and successful	Provides guidance and opportunities for success	Walking with them and saying, "Oh you did well this week". And say, "Today you are doing a lot better than you did last week". "I think just mainly
	Provides specific and non-conditional praise	praise and making them positive at their pace. (EPL)

*Note.* IGW = Inexperienced group walker, IPL = Inexperienced peer walk leader, EPL = Experienced peer walk leader, EGW = Experienced group walker

# 1 Figure 1: Schematic Diagram Illustrating Themes and Sub-themes



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# 2 Supplementary Section

### Table S1

## Examples of Autonomy-supportive Behaviors

Themes and Sub-themes	Illustrative quote
Autonomy theme 1: Attracting interest from	m walkers
Combines walking with fun and positive stimulation Provides social, physical, environmental and intellectual stimulation, use of humor and fun	To want to come again, they have to feel good after they have done their walk. Say "This was a goodwhat a great half an hour have we done". And laugh. It needs to be fun, not just all hard work. (IPL)
Emphasizes intrinsic benefits	You could point out that it's not something they got to do.
Emphasizes health benefits, security, social aspects, and other enjoyable aspects of walking in a group	It's something they want to do. It will help them- help their circulation. (IPL)
Provides variety	You can't be doing the same thing over and over. I think, if
Varies the route, provides walkers with the opportunity to see new places	you are walking, you need to go in different areas. (IGW)
Autonomy theme 2: Acknowledging require	ements and perspectives of walkers
Elicits individual input	Every few weeks have a little group discussion and just get
Asks individual walkers to state their requirements and perspective	feedback on how they are managing it. As an ambassador that's your responsibility that everybody has input. (IPL)
Is receptive to suggestions and feedback	
Consensus driven leadership style	You need to get them to voice what they want. Say "Out of
Asks for group input before making decisions	this group where is it that you want to go? How long do you want to go?" (IPL)
Is receptive to suggestions and feedback	
Autonomy theme 3: Adapting to walker's p	preferences and requirements
Provides choice and structure	You could say "Ok we will do the short walk on a
Accommodates different and changing abilities and preferences, provides opportunities for breaks, to stop early, start late and attend without commitment	Monday; we will do the longer walk on a Wednesday". (IGW)
Supports self-initiative and exploration	Let's just take it slowly", "See how we go". "If you don't
Encourages walkers to become aware and respond to their individual needs, leads from behind. Allows walkers to determine their own pace, intensity and frequency	like it, it doesn't matter". Don't put any pressure. If you give people an out, they'll often come in." (IPL)
Note IGW - Incorportanced group welling ID	I = Inexperienced neer walk leader EPI = Experienced neer

*Note.* IGW = Inexperienced group walker, IPL = Inexperienced peer walk leader EPL = Experienced peer walk leader, EGW = Experienced group walker

# Examples of Relatedness-supportive Behaviors

Themes and sub-themes	Illustrative quotes
Relatedness theme 1: Comforting	
Welcomes and informs walkers Welcomes walkers when they arrive.	You welcome them at the door and then when you are going around you say "Hello, how are you?" This makes them feel good. (EPL)
Informs walkers of the rules, meet-up times	I give a hug to everybody because sometimes this is the only hug they have during the day. Because if you live alone you
Is approachable and answers questions	don't have anybody to kiss you and say something. I think it's a warm thing to do. (EPL)
Includes all walkers Accepts and includes walkers regardless of their capability, age and	If they don't feel part of it, they won't come back. So, you to make them feel welcome and make them feel part of the group, right from the beginning" (EPL)
background Respects privacy, individual preferences	Come to their level so that everyone is included, and you know nobody feels that they are inferior or "I can't do this" or "Look how far ahead they are. (IPL)
Is non-judgmental, understanding and avoids embarrassing walkers	Try and make them feel comfortable. Say "You are allowed to be frightened. There is nothing wrong with that. Don't beat yourself up about that. But just look this person. She had a friend who was like that. She is ok now. (IPL)
Relatedness theme 2: Connecting	
Socializes with walkers Initiates conversation with walkers	Some residents here, I know, are very shy. But just introduce yourself, say "Hello". And draw them out. (IPL)
Shows genuine interest in walkers (e.g., social encouragement- reminds them of walk, remembers names, encourages them to come back)	I think they have got to be motivated. Somebody to say 'Come on, you are alright today. Lovely sunny day let's go' sort of thing. (IPL)
Promotes connection between group members	If we see somebody alone, we say "ok, talk to her, talk to her". We match-make. I oversee, those walking alone. Because it's nice to
Introduces walkers to each other Organizes social events	talk to somebody. (EPL)
<b>Relatedness theme 3: Caring</b>	
Checks on walker's well-being Approaches walkers during and after	It's good maybe just to check in with people, like you know. "Are you ok walking on the ground". Just check in with people. (IGW)
the walk and checks that they are ok and feeling comfortable	If I get breathless, I just stop, or I sit down. Sometimes I didn't feel good or my knee hurts, or my foot hurts or my back hurts. And then I can just sit down. And then I like when people come and say, " <i>Are you ok?</i> " (EGW)
Listens and shows compassion Listens to walkers' problems Ensures walkers feel good Empathizes (e.g., cares about their well-being-is happy with walkers when they succeed,)	Some can walk further than others. So, you would really need to say "Do you want someone to stop with you while you sit here. You might not feel as if you want to be alone. (IPL)
<i>Note.</i> IGW = Inexperienced group walk leader, EGW = Experienced group walk	er, IPL = Inexperienced peer walk leader EPL = Experienced peer walk ter

# Examples of Competence-supportive Behaviors

Themes and Sub-themes	Illustrative quote		
Competence theme 1: Supporting walker conf	ïdence		
Safeguards walkers	The walk leaders must know what people's medical		
Checks walkers are prepared for the walk	problems aresay "I am sorry, I am being very personal, but do you have any medical problems that we are not awar		
Is aware of health conditions and emergency contacts	ofis there something we should be watching out for? (EPL)		
Informs walkers of safety rules	You need to explain to them "Watch where you are walking" and "Be careful, we have the honkey nuts from the trees. They can break your ankle if you twist it. Constantly saying "Watch where you place your feet, so you don't fall"		
Plans ahead a safe route (e.g., ensures opportunities for rest and safe walking paths			
Warns walkers of hazards during the walk	(IPL)		
Helps walkers overcome psychological barriers	For me walking in a group is all about distraction. It's nice for them (peer leaders) to talk to us. When you are talking,		
Provides positive encouragement	you don't know how much you walk, because you are distracted. (IGW)		
Distracts walkers from negative thoughts (e.g., makes jokes or walks and talks with walkers)			
Provides help and a sense of security	If anyone says, "Oh look I am not feeling My legs are		
Ensures walkers feel safe and stick to limitations (e.g., offers help, walks beside fearful walkers, encourages struggling walkers to take a break, discourages competition)	hurting" say "Please go and sit down, the couch is up further. <i>(</i> EPL)		
Competence theme 2: Success-promoting			
Provides guidance and opportunities for success	It's matter of finding out, how far people could walk and don't do too much, so they are motivated to come back		
Guides walkers towards setting individual, achievable and specific mini goals	again. (IPL)		
Repeats instruction and guidance if necessary			
Provides specific and non-conditional praise	Walking with them and saying, "Oh you did well this		
Praises achievements using specific, non- conditional feedback	week". And "Today you are doing a lot better than you did last week". I think just mainly praise and making them positive at their pace. (IPL)		
	1 ····································		

EPL = Experienced peer walk leader, EGW = Experienced group walker

<sup>1</sup> 

#### Number and Percentage of Participants Mentioning Themes and Sub-themes Within each Sub-

group

Themes and sub-themes	Walkers			Leaders	
	Overall	IGW	EGW	IPL	EPL
Autonomy, n (%) <sup>a</sup>	N = 68	N = 20	N = 17	N = 18	N = 13
	62 (91%)	18 (91%)	13 (90%)	18 (77%) 7	13 (100%)
Theme 1: Attracting, <i>n</i>	19	8	3	7	1
Combines walking with fun and positive stimulation, <i>n</i>	12	7	0	5	0
Emphasizes intrinsic benefits, n	9	1	3	4	1
Provides variety, <i>n</i>	5	1	2	2	0
Theme 2: Acknowledging, <i>n</i> (%)	31	9	2	17	3
Elicits individual input, n	20	6	1	10	3
Consensus driven leadership style, n	20	3	1	16	0
Theme 3: Adapting, <i>n</i>	51	13	13	12	13
Provides choice and structure, n	51	13	13	12	13
Promotes self-initiative and exploration,	33	3	13	4	13
<i>n</i> Relatedness, <i>n</i> (%) <sup>a</sup>	56 (83%)	12 (60%)	13 (77%)	18 (100%)	13 (100%)
Theme 4: Comforting, <i>n</i>	38	5	10	11	12
Welcomes and informs, <i>n</i>	25	3	6	4	12
Includes all walkers, <i>n</i>	19	2	5	7	5
Theme 5: Connecting, <i>n</i>	41	10	9	13	9
Socializes with walkers, <i>n</i>	22	3	4	10	5
Promotes connection between group members, <i>n</i>	28	7	6	7	8
Theme 6: Caring, <i>n</i>	21	2	8	4	7
Checks on walkers wellbeing, <i>n</i>	15	1	7	1	6
Listens and shows compassion, <i>n</i>	10	1	3	3	3
Competence, n (%) <sup>a</sup>	48 (71%)	14 (70%)	7 (41%)	18 (100%)	9 (69%)
Theme 7: Supporting, <i>n</i>	42	14	7	14	7
Safeguards walkers, <i>n</i>	29	11	5	8	5
Helps walkers overcome psychological barriers, <i>n</i>	23	6	4	8	5
Provides help and a sense of security, <i>n</i>	11	3	5	1	2
Theme 8: Success-promoting, <i>n</i> (%)	26	4	3	13	6
Provides guidance and opportunities for success, <i>n</i>	24	4	3	13	4
Provides specific and non-conditional praise, <i>n</i>	7	1	0	2	4

*Note.* IGW = Inexperienced group walker, EGW = Experienced group walker, IPL = Inexperienced peer leader, EPL = Experienced peer leader

a = (n)% = the number and percentage of participants who stated that a peer leader is important for supporting the respective need.

Need	Goal	Key Strategies		
Autonomy	Attracting	Describes aspects about the group walk that are perceived as enjoyable, interesting and beneficial (e.g., socialization, health benefits, fun experience, safe setting).		
	Helps walkers recognize reasons that make them			
	<i>want</i> to take part in the group walk	Combines the walk with interesting and fun experiences (e.g., narrating the environment, humor, group socials).		
		Varies the walking route (e.g., walking to a different destination each time).		
	Acknowledging	Asks individual walkers about their requirements, preferences and ideas. Is open to feadback		
	Ensures that all group	ideas. Is open to feedback.		
	members express their requirements and preferences	Asks the walkers to vote for or against presented options when making decisions as a group.		
	Adapting Ensures that requirements	Provides individual walkers with a choice (e.g., walking intensity, length of the walk, and level of commitment).		
	and preferences of all group members are met	Encourages walkers to stick to their limitations, adapts to their level and refrains from pressure.		
Relatedness	Comforting	Welcomes walkers, is approachable, smiles at them, greets them,		
	Ensures that all participants feel comfortable and accepted as a group member	informs them of all aspects of the walk, answers questions and introduces them to the group.		
		Accepts and includes walkers regardless of their capability, age and background. Leads from behind. Is non-judgmental and tactful (e.g., does not comment on appearance).		
	Connecting	Proactively approaches walkers and engages in conversation with them, remembers their name and shows interest in their life.		
	Ensures that all group			
	members feel socially integrated	Introduces walkers to each other, matches up walkers with a walking a similar pace, encourages walkers to watch out for each other, delegates tasks to individual walkers, organizes social events after the walk.		
	Caring	Checks on the well-being of walkers during and after the walk and		
	Listens to and cares for	ensures that they feel good.		
	walkers	Actively listens to walkers, empathizes with walkers, shows compassion.		
Competence	Supporting	Safeguards walkers by ensuring they are prepared, planning a safe		
	Helps walkers overcome barriers and build confidence for group	route and warning them of hazards during the walk. Provides positive encouragement and distracts walkers from negative		
		thoughts and anxieties.		
	walking	Provides help and a sense of security (e.g., walks next to fearful walkers, ensures walkers stick to limitations).		
	Success-promoting	Helps walkers formulate achievable and individual goals.		
	Helps walkers experience success and meet individual goals	Provides non-conditional and specific praise focused on effort instead of achievement.		

Practical Overview of Key Strategies for Supporting the Three Psychological Needs

# 1 Figures

# 2 Figure S1

3 Schematic Diagram Illustrating Summaries of Themes, Sub-themes and Codes

	PEER WALK LEADERS	
JTONOMY	RELATEDNESS	COMPETENCE
THEME 1: ATTRACTING	THEME 4: COMFORTING	THEME 7: SUPPORTING
Emphasises intrinsic benefits	Welcomes and informs	Safeguards walkers
Emphasises health benefits and security to walk as part of a group setting.	Welcomes walkers when they arrive.	Plans ahead a safe route (e.g. ensures opportunities for rest and safe walking
Highlights opportunities for connection	Informs walkers of the rules, meet-up times.	paths. Is aware of health conditions and emergency contacts
and fun.	Is approachable and answers questions.	Warns walkers of hazards during the walk.
Combines walking with fun and positive stimulation	Includes all walkers	Checks walkers are prepared for the walk
Provides social, physical, environmental and intellectual stimulation	Accepts and includes walkers regardless of their capability, age and background.	Informs walkers of safety rules
Use of humour and fun	Respects privacy, individual preferences.	emergency contacts
Provides variety	Is non-judgmental, understanding and avoids embarrassing walkers.	Helps walkers overcome psychological barriers
Varies the route	avoids embarrassing waikers.	Provides positive encouragement
Provides walkers with the opportunity to see new places and learn new things	THEME 5: CONNECTING	Distracts walkers from negative
THEME 2: ACKNOWLEDGING	Socialises with walkers	thoughts (e.g., makes jokes or walks and talks with walkers)
	Initiates conversation with walkers	Provides help and a sense of security
Elicits individual Input Asks individual walkers to provide	Shows genuine interest in walkers (e.g., social encouragement- reminds them of walk, remembers	Ensures walkers feel safe and stick to limitations (e.g., offers help)
feedback and state their requirements and perspective	names, encourages them to come back)	Walks beside fearful walkers, encourages
Consensus driven leadership style	Promotes connection between group	struggling walkers to take a break, discourages competition
Asks for group input before making	members	THEME 8: SUCCESS
decisions. Is receptive to suggestions and feedback	Introduces walkers to each other	PROMOTING
	Organizes social events	Provides guidance and opportunities for success
THEME 3: ADAPTING	THEME 6: CARING	Guides walkers towards setting
Provides choice and structure	Checks on walker's well-being	individual, achievable and specific mini goals
Provides structure (e.g. a program, sets the time, organizes the walk)	Approaches walkers during and after the walk and checks that they are ok and	Repeats instruction and guidance if necessary
Accommodates different and changing abilities and preferences	feeling comfortable Listens to walkers' problems	Provides specific and
Plans in opportunities for breaks	Listens and Shows Compassion.	Praises achievements using
Provides choice to stop early, start late, attend/try without commitment	Ensures walkers feel good	specific, non-conditional feedback
Promotes self-initiative and exploration	Empathises (e.g., cares about their well-being-is happy with walkers when they	Focuses on individual success
Encourages walkers to become aware and respond to their individual needs	succeed, worries if they are not well)	
Allow walkers to determine their own pace, intensity and frequency	Listens to walkers' problems	
Leads from behind, discourages competition and refrains from		

#### 1 Additional information on study participants and recruitment procedures 2 Participants for this study were derived from a larger mixed-methods study on 3 perceptions of ideal older peer leader attributes (Kritz et al., 2020a). Kritz et al. (2020a) used snowball sampling to purposefully recruit 101 participants, aged between 60 and 4 5 93 years, from mall walking groups and retirement villages in and around Perth, 6 Western Australia. The sample of the study by Kritz et al. consisted of walkers (n = 61)7 and peer leaders (n = 40), aged 60 or older. Experienced peer leaders (n = 15) and 8 experienced group walkers (n = 18) had been recruited from existing mall walking 9 groups in Perth and included participants who had participated in regular group walks 10 (at least once per week) for a minimum of six months. Inexperienced group walkers (n 11 =43) and inexperienced peer walk leaders (n = 25) had been recruited from retirement 12 villages in and around Perth. Inexperienced group walkers were physically inactive 13 retirement village residents who expressed interest in joining a group as a walker. 14 Inexperienced peer walk leaders (n = 25) were residents who had never led a walking 15 group before and expressed interest in volunteering as a group walk leader in their 16 retirement village. Retirement village residents were recruited as part of the Residents in 17 Action trial (RiAT). RiAT was a quasi-experimental trial that explored the feasibility 18 and efficacy of a physical activity intervention to promote walking behavior in older 19 adults living in retirement villages (Thøgersen-Ntoumani et al., 2019; Thøgersen-20 Ntoumani et al., 2017).