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# **BMJ Open**

# •Experiences and perception of character strengths among patients with breast cancer in China: A qualitative study

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Experiences and perception of character strengths among patients

# with breast cancer in China: A qualitative study

Tingting YAN **PhD**<sup>1</sup>;

Carmen W. H. CHAN **PhD**, **Professor**<sup>2</sup>;

Ka Ming CHOW DNur, Assistant Professor<sup>2</sup>;

Mingzi Li, PhD, Professor<sup>1</sup>.

#### **Affiliations:**

1 School of Nursing, Peking University, Beijing, China.

2 The Nethersole School of Nursing, The Chinese University of Hong Kong, New Territories, Hong Kong SAR, China

# **Correspondence:**

Dr. Mingzi Li, School of Nursing, Peking University, No. 38 Xueyuan Road, Haidian District, 100191 Beijing, China.

E-mail: realityru22@qq.com

#### **Abstract**

**Objective** To explore the patients' experiences on character strengths that Chinese patients experience after the diagnosis of breast cancer.

Design A qualitative, exploratory study using semi-structured interviews based on the patients' lived experience with diagnosed with breast cancer. Ethics approval was granted. Interviews were audio-recorded and transcribed verbatim. Values in Action Classification of Strengths provided conceptual framework for analysing strengths. Directed content analysis based on the classification of strengths and framework analysis were used to analyse transcribed data. The Standards for Reporting Qualitative Research (SRQR) guideline was followed.

**Setting** The Second Affiliated Hospital of Zhengzhou University and Henan Provincial Cancer Hospital in China.

**Participants** Adult patients over 18 years, diagnosed with breast cancer between October 2019 and December 2020 were recruited. We used purposive sample method to collected data from 24 participants diagnosed with breast cancer.

Results Six themes (virtues) emerged from our analysis. In addition, two new subthemes (character strengths) emerged in this study, selflessness and pragmatism respectively. Patients with breast cancer described a large repertoire of character strengths they used or wished for during survivorship, including gratitude, hope, humility, kindness, humor, honesty, and forgiveness. Cultural values (e.g. collectivism, familyism, Confucianism and Buddhist beliefs) helped structure the experiences of Chinese patients' character strengths. Patients wanted their character strengths to be more noticed, appreciated and encouraged by others and reported their psychological trajectory of using personal strengths.

Conclusion The findings indicated that patients with breast cancer believing character strengths are important to them. Medical staff should pay more attention to motivating and cultivating breast cancer patients' character strengths. Attention to make strength-based practices workable in clinical health promotion programmes is necessary. The healthcare system should develop tailored individualised psychological services that specifically address patients' needs for the application of personalised character strengths.

#### **KEYWORDS**

Breast cancer, character strengths, descriptive research, female, framework analysis, psycho-oncology, well-being, individulised service

# Strengths and limitations of this study

- ► To our knowledge, this is the first qualitative study to explore the patients' experience on character strengths for breast cancer.
- ► The qualitative design was used to explore the breast cancer patients' complex experiences, beliefs and behaviours on character strengths.
- ► The study findings can be used to inform delivery of strength-based care and individualised psychological support provided to patients with breast cancer.
- ► As qualitative methods prohibit generalisation, despite the data saturation achieved in this study, there are results regarding transferability to other patients and different settings that should be interpreted with caution.

# Introduction

Strength-based approaches are receiving increasing international attention [1], and are being applied to solve longitudinal clinical problems, such as promoting well-being and limiting ill-health [2]. Recognising and using individuals' strengths leads to positive outcomes, such as coping, recovery and greater meaning in life [3]. Instead of focusing on problems [4], researchers have proposed that character strengths should be incorporated into clinical practice to help clients enhance well-being [5].

Understanding personal strengths and supporting their use in health behaviours can help cancer patients improve their well-being [6]. In one practical case, strength-based approaches were adopted by clinicians to help breast cancer patients deal with the continuing challenges of survivorship [7].

Problem-oriented health care methods often overlook patients' strengths. The character strengths of patients with breast cancer have consequently received little attention [8]. Moreover, the majority of studies on character strengths have been conducted in Western countries [8,9]. The experiences and perception of character strengths among patients with breast cancer vary contextually, and the results of previous studies may not be directly applicable to Chinese breast cancer patients due to their social and cultural differences from Western patients [10].

Character is the positive and socially valued elements of personality, which have a moral component [11]. Character strengths are the core theme of positive psychology, and are a cluster of positive traits or dispositions manifested in values,

thoughts, feelings, and behaviours. These personal strengths involve positive psychological qualities referring to the self, others and the world [12].

Character strengths promote the individual's positive cognition, emotions, and behaviours. Concentrating on strengths allows individuals to focus on more than avoiding distress or disorder [13]. Previous studies have demonstrated that character strengths are positively associated with quality of life, well-being, happiness and general health [14]. Evidence is increasing that people who use their strengths on a regular basis have higher levels of well-being [15]. However, medical staff and caregivers tend to underestimate the personal strengths of cancer patients [16]. Standardised, problem-oriented care may diminish patients' chances of achieving the 6/6 best possible recovery [17].

# **Theoretical framework**

The most extensively researched model of character strengths is the Values in Action Classification of Strengths and Virtues (VIA classification) [12]. The VIA classification is a theory-driven framework comprising 24 character strengths conceptually organised as reflections of six virtues: wisdom, courage, humanity, justice, temperance and transcendence. Studies of different cultures have revealed character strengths in different populations, including adolescents [18], college students [19], adults [11] and the elderly [2]. The classification model has been validated in 75 nations, with each sample including at least 150 respondents; these findings suggest substantial cross-cultural similarity in strengths [20]. Virtues are

classes of character strengths that show individual differences but relative crosscultural stability [21]. The character strengths perspective has been recognised in the field of psychological counselling and rehabilitation as a way to understand psychosocial adaptation to chronic diseases, especially cancer [22]. Because chronic diseases manifest themselves through a wide variety of symptoms and functional limitations [23], the specific meaning of character strengths are likely to vary across specific illnesses, cultural contexts and individuals. The six core virtue categories are universal, but these strengths are based on theoretical foundations [24]. Given that culture plays an important role in individuals' values, assumptions and needs [25], the character strengths of breast cancer patients may have different meanings and manifestations across different cultures. Moreover, researchers have highlighted the specific differences in the mental functioning of patients with various diseases and that of healthy individuals [26]. Therefore, a study of the character strengths of breast cancer patients within the Chinese context is expected to further strengthen the theoretical VIA classification.

The evidence so far indicates that character strengths are a helpful personal resource [2]. However, there is a gap in the literature concerning how breast cancer patients identify their own strengths and use them. The applicability of the VIA classification among Chinese breast cancer patients is still unclear. Cultural values, such as collectivism, the importance of family, Confucianism and Buddhism could strongly determine how character strengths are expressed and the associated behaviour patterns. For example, Confucianism is a uniquely Chinese cultural concept

that influences the definition of character strengths. This means that cultural factors play an important role in the theory of strengths. In this study, we explore the experiences and perception of character strengths among Chinese women with breast cancer.

#### Methods

# Study design and population

In this qualitative study, we use a descriptive and exploratory approach to uncover aspects of the experiences and perceptions of character strengths in Chinese women with breast cancer. Semi-structured individual interviews were conducted.

The Standards for Reporting Qualitative Research (SRQR) were followed [27].

The researchers used a maximum variation sampling method and purposive sampling technique to recruit participants to richly or densely describe the culture or phenomenon of interest [28]. Regarding the sample size, the recruitment of interviewees stopped when the data reached a saturation point, indicating that the phenomenon could be understood comprehensively without further recruitment. Data saturation was achieved through repetition and confirmation of the information obtained by participants [29].

The inclusion criteria were as follows: the patients were (a) women with a confirmed diagnosis of breast cancer; (b) aged above 18 years old; (c) native Chinese; (d) willing to participate in the study and offer informed consent. The exclusion criteria were as follows: the patient suffered from (a) one or more other life-

threatening diseases, or (b) psychosis (for example, delusional disorder, schizophrenia).

# Patient and public involvement

Patients and/or the public were not involved in the design, conduct, reporting or dissemination plans of this research.

#### **Data collection**

We used semi-structured interviews to foster interactivity and dialogue [30]. The instruments used in this study included a demographic data sheet and a semi-structured interview guide. The demographic data sheet was devised to obtain information on the patient's age, marital status, educational level and types of breast cancer treatment. The interview guide was informed by the positive psychology model of character strengths and the previous literature. The interviews opened with a short introduction to the topic (e.g., a definition and explanation of 'character strengths'). Each interview included eight questions designed to encourage discussion on perceptions and beliefs about character strengths (Table 1). Pilot interviews were conducted with three breast cancer patients to check the appropriateness of the interview process and the accessibility of the questions. The demographic data sheet took approximately five minutes to complete, and the whole interview took approximately 30 to 60 minutes.

Participant recruitment and interviews were conducted in November and December 2019 in two provincial tertiary hospitals in mainland China. To ensure consistency, the same researcher conducted all of the interviews [31]. The participants were asked for reflections and conclusions to prevent misunderstandings or omissions. Data collection was performed using audiotape recording, supplemented with handwritten notes on non-verbal behaviours and impressions.

Table 1 Semi-structured interview guide used in this study

- 1. From your perspective, what is your perception of character strengths?
- 2. Can you share your experiences on your character strengths?
- 3. Why did you use your character strengths?
- 4. When you used your character strengths, were you more broadly interested in better understanding of yourself?
- 5. What did you hope to achieve by your character strengths?
- 6. What benefits did you expect to receive as a result of using your character strengths?
- 7. In your opinion, what are the most important benefits or outcomes that have resulted from your character strengths?
- 8. When you used your character strengths, were you looking for a solution to a specific problem or difficult situation?
- 9. In what way(s) have your character strengths affected your daily life?
- 10. In what way(s) have your character strengths help you met your expectations and/or needs?

#### **Data Analysis**

Directed content analysis and framework analysis were used to analyse the data in an combination of inductive and deductive approaches [32]. The analysis took place in five stages: (1) Stage 1, Familiarisation: Immersion in the data by repeatedly reading transcriptions and making field notes; (2) Stage 2, Analytical framework development: Preparing key topics, identifying important themes and developing the

thematic framework, (3) Stage 3, Indexing: Completing data structuring and pilot charting, refining and combining themes and sub-themes, (4) Stage 4, Charting: Drawing summary chart and transferring data into the framework matrix, and (5) Stage 5, Data mapping and interpreting: Comparing the analysis results to the original data and explaining the relationship between codes, subthemes and themes [33]. The VIA classification was used as the guiding framework for direct content analysis. This framework is described in Table 2. The findings were presented in a synthesised form of themes (virtues) and sub-themes (character strengths). No particular data software was used for coding or organisational purposes. We not only sought to establish a critical and common sense understanding of the text, but also to analyse it beyond personal experience. We also looked for embedded character strengths in the content. The themes and sub-themes were collected in a Microsoft Excel spreadsheet, with supporting descriptions and quotes. Demographic data were analysed using SPSS version 22.0 (SPSS, Inc., Chicago, IL) and descriptive statistics were obtained (frequencies, means, standard deviations and percentages).

**Table 2** The Values in Action classification of virtues and character strengths

Virtues	Character strengths	Multiple descriptions, pronouns, and manifestations
1. Wisdom & Knowledge Cognitive strengths	Creativity	[originality, ingenuity, discovering new and innovative ways to do things, thinking of novel and productive ways to do things]
related to attaining and using new knowledge	Curiosity	[openness to experience, taking an interest in all of ongoing experience, enthusiastically exploring and discovering new things]
	Judgment & Open- Mindedness	[critical thinking, thinking things through and examining them from all sides]

Love of Learning [Relishing in the acquisition of new skills and knowledge, mastering new skills, topics, and bodies of knowledge] Perspective [wisdom, providing wise counsel to others] 2. Courage Bravery [valor, not withdrawing or shrinking from Emotional strengths threat, challenge, difficulty, or pain] that involve working Perseverance [persistence, finishing what one starts, hard to accomplish industriousness, working hard to finish goals in the face of what is started

> [authenticity, integrity, speaking the truth Honesty and presenting oneself in a genuine and authentic way] Zest [vitality, enthusiasm, vigor, energy, Approaching life with excitement and Capacity to Love and Be

3. Humanity *Interpersonal* strengths that involve developing relationships and caring for other people

4. Justice

of a healthy

community

opposition

Loved Kindness

Social Intelligence

Civic strengths related to be an integral part

Teamwork

Fairness

Leadership

Forgiveness & Mercy

Modesty & Humility Prudence

Self-Regulation

Transcendence Strengths that provide meaning in life and exceed the limits of ordinary experience

5. Temperance

Strengths related to

thoughts, emotions,

and behavior

the use of restraint in

Appreciation of Beauty and Excellence

Gratitude

Hope

[Valuing close relations with others]

[generosity, doing favors, nurturance, care, compassion, altruistic love, being generous and doing good deeds] [emotional intelligence, personal intelligence, being aware of the motives and feelings of self and others, knowing how to adapt to different social situations] [citizenship, social responsibility, loyalty, Working collaboratively and well as

member of a team or a group] [Treating all people the same according to notions of fairness and justice and with impartiality] Effectively managing groups to complete

activities, organizing group activities and seeing that they happen] [Forgiving those who have done wrong]

[Being modest and letting one's accomplishments speak for themselves [Being cautious about one's actions or choices; not saying or doing things that might later be regretted] [Regulating what one feels and does, selfcontrol, Exercising self-control and discipline]

[awe, wonder, elevation, Noticing and admiring beauty and excellence, and/or skilled performance in all domains of everyday life]

Being aware of and thankful for the good things that happen] [optimism, future-mindedness, future

orientation, Expecting the best in the future, and working actively to achieve it]

Humor	[playfulness, enjoying laughter and amusing others, liking to laugh and joke,
	bringing smiles to other people] [faith, purpose, having beliefs about life
Religiousness & Spirituality	that bring comfort, having coherent beliefs about the higher purpose and meaning of life]

Note. Terms in brackets are variants of the Character strength adapted from Peterson and Seligman (2004).

# **Trustworthiness**

To increase the credibility of our findings, we used a peer checking process. Discussion continued until a consensus was reached among the co-researchers [34]. Open dialogue and careful probing were used during the interviews to ensure that the information was reliable. To enhance transferability [35], we continued interviews until data saturation occurred, made clear and distinct descriptions of the content and presented rich information from the findings.

#### **Ethics**

All procedures were in accordance with the guidelines of the Research Ethics Committee of the University (CUHK Approval number: SBREC 19-114) and Joint Chinese University of Hong Kong–New Territories East Cluster Clinical Research Ethics Committee, reference number: 2019.429. A digital code was used to refer to each participant to maintain anonymity.

#### **Results**

# Clinical and demographic characteristics

A total of 24 female breast cancer patients participated in the interviews. The average age of the participants was 52.54 years (range, 30–70 years). Table 3 outlines the participants' characteristics. Most of the participants had stage I/II breast cancer (66.7%), and the remainder (33.3%) had stage III/IV breast cancer. Seventeen participants (70.8%) had breast cancer in the left breast, five (20.8%) had cancer in the right breast and two (8.3%) had bilateral breast cancer.

**Table 3** Demographic information and clinical data of the participants (N = 24)

Characteristics	Number	(%)
Age (years)		
$Mean \pm SD$	$52.54 \pm 11.56$	
Range	30-70	
Age <60	15	62. 5
Age ≥60	9	37. 5
Marital status	21	07.5
Married	21	87.5
Unmarried or widow	3	12.5
Occupation	17	70.0
Employed	17	70.8
Unemployed	7	29.2
Education states		
Primary school and below	10	41.7
Junior school	4	16.7
Senior high school	7	29.2
Bachelor and above	3	12.5
Perceived Income		
Low	3	12.5
Middle	9	37.5
Good	7	29.2
High	5	20.8
Type of cancer		
Breast cancer	24	
Left	17	70.8
Right	5	20.8
Two sides	2	8.3

		14
Stage of disease		
I/II	16	66.7
III/IV	8	33.3
Time since diagnosis (months)		
Mean	8.63	
Adjuvant therapy		
Only had surgery	10	41.7
Also had chemotherapy or radiation	14	58.3
therapy		

Note. Because of rounding, percentages may not total 100.

# Character strengths identified within the VIA framework

The participants' main character strengths were consistent with the VIA classification; they included cognitive strengths, emotional strengths, civic and community strengths, interpersonal strengths, temperance strengths and transcendence strengths. Table 4 summarises the character strengths of the breast cancer patients. The original 24 strengths were identified in the findings, and two new strengths of selflessness and pragmatism emerged in our study. The themes (virtues) and subthemes (strengths) are illustrated by sample quotes from the participants (Table 5). The participants also gave their perceptions and comments on the outcomes and expectations of identifying and using individual character strengths. In general, the participants expressed improved self-awareness and a greater sense of purpose and well-being.

Table 4 Adapted from values in action classifications of character strengths

Virtues	Character strengths	Cultural adapted descriptions, pronouns, and manifestations
Cognitive	Creativity	Ingenuity, doing things in innovative ways,
strengths	C1 <b>-0</b> 001 (10)	thinking in innovative and unique ways; seeing
suchguis		things in different ways
	Curiocity	Interested in all experiences; motivated to discover and
	Curiosity	explore new things; want to learn about unknown
		objects, environments or experiences of others
	Judgment &Open-	The ability to think, understand, analyze, discern or
	Mindedness	judge rationally, independently and comprehensively;
	Willdedness	thinking carefully; defensive thinking
	Love of Learning	Studious, be eager to learn, erudite, philomathic;
	Love of Learning	mastering new skills; enjoy new knowledge, enjoy
		learning
	Perspective	Resourceful, wise, good at planning and handling
	reispective	things; excellent insight and vision, farsighted
Emotional	Bravery	Fearless, courageous, heroic, resolute, brave and bold;
strengths	Bravery	not timid, not afraid of danger or difficulty, not
541-411-54115		shrinking back.
	Perseverance	Persevere to the end, no slackness, still persevere after
	1 dise volumee	repeated failures; hardworking, not give up halfway;
		diligent, industrious
	Honesty	True, honest; integrity, sincere and earnest, whole-
	11011000	heartedly; being true to oneself and others
	Zest	Enthusiastic about things or others; vigorous vitality;
	2000	vividness in action, thought or expression, energetic
Interpersonal	Capacity to Love and	Valuing close relations with others; give love to others,
strengths	be Loved	be loved by others; feel the warmth, happiness,
C		satisfaction and beauty in love, friendship, family
		affection, fraternity and other deep emotions for people
		and things.
	Kindness	Benevolent, kind-hearted; generosity, nurturance,
		charitable; serving others without expectation
	Social Intelligence	Emotional intelligence, aware of the motives and
	C	feelings of oneself and others; knowing how to get
		along can make others comfortable
Civic and	Teamwork	Working collaboratively and well as member of a team
community		or a group, unite and work together to get better results;
strengths		loyalty to team or group and working well with others
	Fairness	Righteousness, uprightness; not afraid of the strong, not
		bullying the weak, stick to the right way; Treat
		everyone the same according to justice
	Leadership	Confucian leadership; influence others, improve the
		efficiency of the entire group and ensuring team
		harmony
	Selflessnessa	Dedication, not self-interested; proud to serve the
		collective people and ashamed to deviate from the
		people, proud of unity and mutual assistance, ashamed
D	T	of self-interest; devotion to family and country.
Restrained and	Forgiveness & Mercy	Forgive, ignore the faults of others; tolerant,
temperance		considerate; not to care about wrongdoing or to hold
strengths	3.6.10.77	accountable; compassion
	Modesty & Humility	Modest, polite, humble; reserved, courteous, not
		exaggerating one's ability or value; no boasting or

		arrogance, not complacent; willing to accept criticism,
		and humbly ask people for advice.
	Prudence	Be cautious about actions or choices; solemnly, careful; dependable, stable, calm and not anxious in situations
	Self-Regulation	Self-control; disciplined, restraint; managing personal impulses, emotions, laziness and other bad habits
	Pragmatism <sup>a</sup>	Believe practice leads to true knowledge and wealth, believe actions speak louder than words, try to be practical, realistic, committed to the reality
Transcendence	Appreciation of	Appreciate, awe, fascinate and admire the beauty and
strengths	Beauty and	excellence, and/or all outstanding skills, treasures or
	Excellence	people
	Gratitude	Being aware of and thankful for the good things that happened, grateful, moved by the virtues of others, grateful for the kindness and favors of others, and seek ways to return
	Hope	Optimism, positive future mindedness, full of confidence in what is going on, open-minded and have good wishes for the future
	Humor	Funny, humorous, playfulness and enjoy talking witty, bring laughter and amusement to others
	Religiousness &	Faith, believe in religion, unwavering belief, a state of
	Spirituality	mind that has trust or trust in someone or something, extremely convinced of a certain thought, doctrine, and as a personal belief

<sup>&</sup>lt;sup>a</sup> Newly emerged themes in the current study

**Table 5** Examples from the participants in character strengths, with their anonymous code number and age

Character strengths	Quotes
Creativity	I feel that I always think differently from others of my age. The way I look at things is different. I usually make some fresh and unique gadgets for the children at home (Participant 14, 45).
Curiosity	I'm interested in hearing gossip about what's going on between my neighbours and where my relatives have travelled, or finding out what grocery they recommend and where supermarkets are offering cheaper discounts. I'm interested in all these experiences and things, sort of curious (Participant 22, 53).
Judgment	I think I'm older, but much wiser than when I was younger. I've been through a lot of
&Open-	things and I'm not so attached and concerned about everything. Nowadays, when
Mindedness	things come up again, I think very rationally and calmly about what to do, unlike the young people who are so whiny (Participant 17, 47).
Love of	I usually learn a new thing, that is, learn to dance the popular square dance to divert
Learning	my attention. Recently I learnt to play new cellphone apps like Douyin and Kuaishou with my friends. I feel that I do not have time to be unhappy when learning new things (Participant 1, 48).  My personality is very good, just love to study and love to work. I usually use two
	mobile phones to study, and all the recordings on the other mobile phone (Participant 11, 30).
Perspective	I think life is only a few decades, like a white horse passing a gap. Sooner or later, it is the same thing. The key is that you must think about it and look down on everything. This is the wisdom of survival (Participant 3, 54).
Bravery	I think I dare to face these things myself. But my body is my own business, I must be brave (Participant 3, 54).

Perseverance	My husband can feel that I am strong and persistent. Compared with others, the advantages my character brings is I can be a bit stronger against stress. (Participant 2, 67).
Honesty	I worked very hard in my work unit before, just want to get a promotion next year. Unexpectedly, this illness disrupted the plan (Participant 4, 32). I am an ordinary person, I'm just straight hearted, and then I just say what I think, that
•	is, I am honest and sincere (Participant 1, 48).
Zest	Because I am passionate about making friends in the square dance group, now I am sick and many partners come to see me. I was encouraged when they came (Participan 10, 52).
Capacity to Love and be Loved	I am filial to my parents-in-law and be a good daughter-in-law. After being sick, I am very happy and feel beloved to be taken care of after a long time. I feel that my families support me and love me (Participant 1, 48).
Kindness	Then I never did anything bad. Then I felt like I was very nice. I was just being kind to others. Repay grievances with virtue and be compassionate (Participant 1, 48). I believe benevolent must be rewarded with kindness. I've always been a good person (Participant 3, 54).
Social Intelligence	Every time my family came, I said I was fine and did not want them to worry (Participant 9, 65).
Teamwork	Three cobblers with their wits combined, equal Zhuge Liang the master mind-
	collective wisdom often proves superior (two heads are better than one) (Participant 4, 32).
	I used to work, and I can have a good relationship with my colleagues and
Fairness	subordinates (Participant 11, 30).  Any conflicts between them can be handled fairly no matter what I say. I got this
Leadership	disease and I cannot do anything now (Participant 11, 30).  I was also a small head in the unit before, and how to allocate jobs to everyone
Leadership	harmoniously is also a skill, and it can improve the efficiency of the entire department (Participant 12, 35).
	I have made it to the position of department manager in my organisation and would no have missed work had I not been ill. I had to get my people's affairs in order before I was admitted to hospital (Participant 24, 37).
G 10	I feel that I am selfless. I have sacrificed my whole life, sacrificed for my family, and cooperated with national policies. I feel that our generation pays more attention to the collective and puts everyone's interests ahead of their own. This is also written in the
Selflessness	Eight Honors and Eight Shames (Participant 13, 60). It is proud to serve the collective people and ashamed to deviate from the people. We are proud of unity and mutual assistance, and ashamed of self-interest (Participant 16,
Forgiveness &	56). Well, I think everyone is good, but many patients are now demanding and dissatisfied
Mercy	with the people around them. Sometimes they lose their temper at the small mistakes of doctors and nurses. It is better to be tolerant and forgive like me (Participant 11, 30)
Modesty & Humility	My family and patients still thought I was humble. I feel that my personality is simple, and I get along well with everyone (Participant 5, 52).
Prudence	I take photographs of the bags of medication that I receive infusions of and the
	medication that I take every day. I also keep the bill for each payment. I often talk to my doctor about my condition and I think that being discreet will give me peace of mind (Participant 23, 38).
Self- Regulation	I felt that my self-discipline was meaningful, so I strengthened my exercise. (Participant 8, 55).
Pragmatism	Practice brings real wealth, it speaks louder than words (Participant 3, 54). I am a pragmatic person, I don't know how to say nice things. I do not afraid and have no time to feel depressed. I do not want to worry about it. I just want to eat and drink
Appreciation	and do my work. I do not want anything else (Participant 2, 67)  Lives reading a povel about the philosophy of life recently. Livill read this book after
of Beauty and Excellence	I was reading a novel about the philosophy of life recently. I will read this book after treatment. I feel comfortable appreciating these beautiful things. I also appreciate the natural environment and feel better (Participant 12, 35).

Gratitude	Everyone, whether old or young, should know how to be grateful (Participant 1, 48). I think the nurses here have given me a lot of help, and the doctors respect my ideas and help me with treatment. I am very grateful to them. The services in the hospital are very good, so I feel very good (Participant 3, 54). I feel that the doctors, nurses and family members are very concerned about me.
	Everyone has a very good attitude. It is not easy for everyone to work and live. I have
	a lot of spiritual support. I am very grateful (Participant 11, 30).
Hope	My family is pampering me now, which is pretty good. My husband said that I have
•	been optimistic in the past years. Well, I just want to be stronger anyway, everything
	will definitely get better (Participant 2, 67).
Humor	But sometimes when I chat with patients in the department, no matter what I say,
	everyone is very happy. It feels like I am everyone's pistachio. But I think I am more
	cute than humorous (Participant 5, 52).
Religiousness	Just to get better soon, and live a few more years, I have been chanting and believing
& Spirituality	in Buddha. My child also said that I had changed but felt that my mentality was much
ω Spirituanty	better and calmer after relying on faith and religion (Participant 7, 65).

Theme 1: Cognitive strengths

Cognitive strengths reflect wisdom, knowledge, exploration, openness and knowledge-seeking [12]. This theme involves five strengths: creativity, curiosity, judgment and open-mindedness, love of learning, and perspective. These subthemes reflect the manifestations of cognitive strengths based on wisdom, openness and knowledge. In response to unexpected situations or unfamiliar problems, the participants usually gave wise solutions. Some participants aided their recovery by reading about treatment and nursing skills, which also demonstrated their love of learning. Love of learning refers to cognitive engagement, mastering new skills and increasing existing knowledge [36]. Creativity refers to original and adaptive thought or behaviour. The narratives of the participants also reflected how they found new ways to deal with the familial and social problems encountered while receiving treatment.

**Theme 2: Emotional strengths** 

When the participants talked about their lives after breast cancer and the inherent difficulties they faced, they also showed the emotional strengths of courage, perseverance, honesty and enthusiasm. This theme involves four strengths: bravery, perseverance, honesty and zest. These subthemes reflect the Chinese manifestations of emotional strengths. Being brave means not shrinking from challenges [37]. For example, some participants said that they dared to face physical damage after breast surgery and hair loss after chemotherapy. They felt that living was more important than these considerations. Bravery enabled self-determination and helped them actively persevere. Other participants said frankly that they told their family members about their fear of death, while emphasising that their family members remained 6/10 encouraging and supportive.

# Theme 3: Interpersonal strengths

Interpersonal strengths clearly reflect humanity and justice. They include love, kindness, social intelligence and developing relationships and caring for other people. This theme involves three strengths: capacity to love and be loved, kindness and social intelligence. Social intelligence is the awareness of the motives and feelings of oneself and others, and knowing how to adapt to different social situations [37]. This was demonstrated by many participants, especially patients who got along well with roommates and nurses during hospitalisation.

Theme 4: Civic and community strengths

Civic strengths are considered an integral part of a healthy community; they include teamwork, fairness and leadership. In our study, we also identified a fourth civic strength: selflessness. Teamwork refers to social responsibility and working collaboratively as a member of a team or group. Fairness involves treating people the same according to principles of justice. Selflessness refers to dedication, rather than self-interest. This is a distinct cultural strength proposed by the Chinese participants in the study. Participants thought this was one of their strengths, which helped them obtain the respect of others and society.

#### Theme 5: Restraint and temperance strengths

Restraint and temperance strengths encompass forgiveness, modesty, prudence and self-regulation. In our study, this theme also contains a fifth strength: pragmatism. Modesty means an unwillingness to praise oneself and show off one's qualities or achievements [2,37]. In all of our interviews, when we first mentioned expressing personal strengths, the participants often avoided talking and reflected that humility is a common occurrence. The participants were reluctant to talk about their own achievements and character strengths. They thought that talking about this would violate their culture's respect for humility, and they were embarrassed. In contrast, they were more willing to admit that they had many shortcomings. Chinese Confucian view has evolved into the view that humility makes people grow, while complacency and pride make people degenerate [38]. Pragmatism is related to facts or practical matters, and usually excludes intellectual or artistic matters. Pragmatism is a new

emergent subtheme, which means practicality rather than idealism. This is another distinctly Chinese strength that may be related to China's long period of construction and development.

# Theme 6: Transcendence strengths

Transcendence strengths provide meaning in life and exceed the limits of ordinary experience. This theme contains five strengths: appreciation of beauty and excellence, gratitude, hope, humour, and religiousness and spirituality. Although the participants mentioned that their spirituality was related to Buddhism, it was more about how they gained strength from their belief system and cultural values. These strengths gave the participants guidelines, made them feel special, and enabled them to cope with the negative things in their life and treatment. Gratitude and spirituality were common strengths across all of the interviews. The participants mentioned that they tended to gain comfort from these strengths after their diagnosis, despite their physical weakness and psychological dysfunction.

# Positive outcomes and expectations of identifying and using character strengths

Several subjective positive outcomes were frequently addressed by the participants in connection with the awareness of strengths. They included improved self-awareness, personal confidence and self-esteem, increased happiness, optimism, a greater sense of meaning in life, improved well-being and decreased distress. Better well-being and a sense of meaning were the most frequently addressed benefits

(mentioned eleven times). In addition, in reference to these outcomes, most of the related strengths were those that involved reconnecting with people, such as gratitude, kindness, selflessness and love. The most frequently quoted proverb was 'good people get rewards' (mentioned eight times); that is, they felt that if they did good deeds for others, their health and life would improve.

# **Discussion**

The patients with breast cancer in this study described a large repertoire of character strengths they used or wished for during survivorship. In line with previous studies [2], most of the themes and sub-themes coded in this study were in line with VIA. Two more strengths — selflessness and pragmatism — emerged. Cultural values and culture (e.g., collectivism, importance of family, Confucianism and Buddhism) helped structure the participants strengths and influenced their descriptions.

Throughout the research process, the participants had difficulty identifying and talking about their strengths. This may demonstrate their strength of modesty.

Such humbleness could be influenced by Chinese Confucian culture [39]. Other studies have also identified this barrier to the expression of strengths [2]. The challenges encountered by our participants in transforming their strengths into descriptive language may reflect their need for more opportunities for self-awareness and self-reflection. Another possible explanation is the conceptual overlap between strengths and cultural values. This overlap may lead people to underestimate their

capabilities [40] and their interpersonal and cognitive strengths. The participants also highlighted that they wanted their character strengths to be more noticed, appreciated and encouraged by others, such as family members and medical caregivers. Chinese culture emphasises the role of the family. The affairs of family members are usually determined by the entire family [41]. In such a collectivist environment, individual character is often not valued. Interaction with physicians and nurses was also highlighted. The women's high respect for physicians and reliance on nurses led them to attach great importance to communication. The awareness and praise of personal character strengths by family members and medical caregivers enhanced their sense of self-esteem and well-being while living with breast cancer. One previous study similarly demonstrated that overcoming blindness to strengths could improve an individual's self-efficacy and self-confidence, which in turn could affect their well-being [42].

In our study, the participants with breast cancer did not differ from the healthy individuals studied in the previous literature in terms of transcendence strengths (appreciation of beauty and excellence, religiousness, spirituality) and cognitive strengths (wisdom and knowledge). These are potential characteristics of breast cancer patients that they can use when experiencing life and treatment events. These results are reflected in traditional palliative care or existing psychosocial programmes for breast cancer patients, in which patients are taught to express appropriate emotion and improve their problem-solving skills as part of the recovery process [43]. The breast cancer patients in this study experienced a similar appreciation of beauty. They

appreciated excellence in all areas of life (art, nature and daily life) and in other people. They had coherent beliefs about truth and life independent of their disease and treatment.

The experiences of emotional strengths, interpersonal strengths, civic and community strengths, restrained and temperance strengths, and other types of strength are significantly influenced by breast cancer and cultural values. Kindness and gratitude are associated with positive affect [37], and were the character strengths most frequently expressed by the participants. Studies have consistently shown that strengths of the heart, such as kindness and gratitude, are more strongly associated with well-being than individual strengths, such as creativity and leadership. The other character strengths most frequently mentioned by the participants were love, selflessness, honesty, modesty and hope. This coincides with the perception of character in Chinese culture. Chinese people have inherited the Confucian emphasis on the cultivation of good character traits, like benevolence and kindness [39]. Kindness and fairness are the important characteristics in the traditional culture of benevolence and righteousness. Some of the participants emphasised that their belief in Buddhism and religious practice made them feel much calmer during their breast cancer episode, and they felt that their spirit and beliefs gave them hope and gave life new meaning. This finding also suggests that spirituality/religiousness is related to meaning and goals in life [44].

Concepts also need to be understood within the prevailing sociocultural and political context [45]. The two newly emerging strengths are influenced by

contemporary culture and policies. Selflessness refers to the characteristic Chinese concept that people should not be self-interested, be proud to serve the collective and ashamed to deviate from it, and strive for unity. Pragmatism emphasises beliefs that practice will lead to true knowledge and wealth; it has been strengthened by modern development policies.

# Theoretical considerations and implications

Although there are other current theories and frameworks based on strengths, they have a number of limitations; in contrast, VIA has achieved a wide range of applications. Roux, Dingley and Bush (2002) introduced the theory of inner strength and Lundman et al. (2010) offered a conceptual model of four core dimensions [45,46]. However, most related studies have been carried out on women. Expressions of inner strength at different ages and in different life circumstances take different forms [45]. Janssen, Van Regenmortel, and Abma (2011) identified sources of strength in three domains, individual, interactional and contextual, but did not define the strengths [47]. In a similar Chinese study, Duan and Ho (2017) used the VIA theory of character strengths, but their three-dimensional model of strengths (temperance, intellectual, and interpersonal) was generalised to the non-clinical community [48].

Our findings among breast cancer patients support the theoretical understanding of strengths [12]. Our study examined the viability of the popular VIA theory among a specific population in the Chinese context. The findings also extend

the theoretical and empirical evidence for the VIA model to the population of patients with breast cancer in China. This compatibility and integration of strengths theory and traditional values may make the VIA more than a conceptual tool. Although the original VIA classification framework applied to a range of religions, philosophies and cultures, the situational themes of strengths could be expressed in different life domains or specific contexts/situations [49]. In our study, the patients with breast cancer were in a special context with various challenges. It is important to note that the VIA is still being refined, so the list of strengths may change accordingly [50]. Therefore, further research is needed to test the VIA among breast cancer patients with various characteristics.

# **Clinical implications**

It is important to emphasise the psychological strengths of breast cancer patients and their abilities related to their personal traits in a kind of individual-oriented salutogenic approach [36]. Strengths that are associated with positive outcomes are those that link people together, such as gratitude, kindness, selflessness and love. However, for nurses, psychological counsellors and other professionals, further research is needed to optimise the description of strengths and evaluation for patients in China.

To our knowledge, this is the first study to describe Chinese breast cancer patients' perceptions and experiences of character strengths. The findings indicate that character strength is a crucial psychological resource during patients' survivorship.

Further research is needed to learn more about the strengths of a larger population of breast cancer patients with different backgrounds. In addition, strength identification and knowledge are only prerequisites. Using strengths is what leads to valuable outcomes. It is also necessary to explore strategies and interventions to help breast cancer patients mobilise their personal strengths. Strength-based practices adapted to Chinese breast cancer patients should be developed in clinical programmes.

#### **Study limitations**

Although we have provided some important findings on the strengths of breast cancer patients, this study has several limitations. First, the generalisability of the results is limited. The number of participants was small. The study hospital was a provincial hospital that admitted patients from central China. Second, the findings were based on the statements of the participants. Additional studies are needed to explore the generalisability of our findings. Another limitation may be the definition of character strengths. This study used the core descriptive elements provided by Peterson and Seligman (2004) [12]. Making use of a broader study of strengths could overcome this limitation, especially for those who are less familiar with character strengths and those who have difficulty in describing them. Replicating the study might increase its validity by allowing participants more time to become familiar with strengths and to speculate about expressions based on their individual experiences.

# Conclusion

This study revealed the obstacles encountered by breast cancer patients in describing their own strengths but proved that it is possible to uncover their character strengths. An evidence base is needed to optimise breast cancer patients' awareness of their strengths. Breast cancer patients' perceptions of character strengths are affected by various issues related to personal experience with breast cancer and cultural values. The participants in this study experienced better well-being and a greater sense of purpose in life due to character strengths that reconnected people. This study highlights the importance of cultural values to the construct of character strengths. Finally, this study established a theoretically sound model for understanding and addressing strengths in Chinese clinical breast cancer care with clear, culturally specific descriptions.

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**Patient consent for publication** A digital code was used to refer to each participant to maintain anonymity. Patient consent for publication Consent obtained directly from patient(s).

Ethics approval All procedures were in accordance with the guidelines of the Research Ethics Committee of the University (CUHK Approval number: SBREC 19-114) and Joint Chinese University of Hong Kong–New Territories East Cluster Clinical Research Ethics Committee, reference number: 2019.429. This study was in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki declaration and its later amendments.

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#### References

- Moyle W, Parker D, Bramble M. *Care of older adults. A strengths-based approach.* Sydney: : Cambridge University Press 2014.
- Waterworth S, Raphael D, Gott M, *et al.* Uncovering strengths within community dwelling older adults: What does it mean for health care practice? *Heal Soc Care Community* 2019;:1–9. doi:10.1111/hsc.12924
- Gottlieb LN, Gottlieb B. Strengths-Based Nursing: A Process for Implementing a Philosophy Into Practice. *J Fam Nurs* 2017;**23**:319–40. doi:10.1177/1074840717717731
- Duan W, Bu H. Development and initial validation of a short three-dimensional inventory of character strengths. *Qual Life Res* 2017;**26**:2519–31. doi:10.1007/s11136-017-1579-4
- Jeste D V., Palmer BW, Boardman S, *et al.* Integrating Positive Psychiatry Into Clinical Practice. In: *Positive Psychiatry*. 2015.
  doi:10.1176/appi.books.9781615370818.dj12
- Park CL, Gaffey AE. Relationships between psychosocial factors and health behavior change in cancer survivors: An integrative review. *Ann Behav Med* 2007;34:115–34. doi:10.1007/BF02872667
- Pieters HC. 'i'm Still Here': Resilience among older survivors of breast cancer.

  \*Cancer Nurs 2016;39:E20–8. doi:10.1097/NCC.0000000000000248

- Rotegard AK, Fagermoen MS, Ruland CM. Cancer patients' experiences of their personal strengths through illness and recovery. *Cancer Nurs* 2012;**35**:8–17. doi:10.1097/NCC.0b013e3182116497
- Niemiec R, Rashid T, Spinella M. Strong Mindfulness: Integrating Mindfulness and Character Strengths. *J Ment Heal Couns* 2015;34:240–53. doi:10.17744/mehc.34.3.34p6328x2v204v21
- Fang SY, Lin YC, Chen TC, *et al.* Impact of marital coping on the relationship between body image and sexuality among breast cancer survivors. *Support*Care Cancer 2015;23:2551–9. doi:10.1007/s00520-015-2612-1
- McGrath RE, Hall-Simmonds A, Goldberg LR. Are Measures of Character and Personality Distinct? Evidence From Observed-Score and True-Score

  Analyses. *Assessment* 2020;27:117–35. doi:10.1177/1073191117738047
- Peterson C, Seligman ME. *Character strengths and virtues A handbook and classification*. New York: : Oxford University Press 2004.
- Seligman M. Flourish: a visionary new understanding of happiness and wellbeing. In: *Choice Reviews Online*. 2011. 48-7217-48–7217.

  doi:10.5860/choice.48-7217
- Shimai S, Otake K, Park N, *et al.* Convergence of character strengths in American and Japanese young adults. *J Happiness Stud* 2006;7:311–22. doi:10.1007/s10902-005-3647-7

- Baumann D, Ruch W, Margelisch K, et al. Character Strengths and Life Satisfaction in Later Life: an Analysis of Different Living Conditions. Appl Res *Qual Life* Published Online First: 2019. doi:10.1007/s11482-018-9689-x
- Chan CWH, Chang AM. Stress associated with tasks for family caregivers of patients with cancer in Hong Kong. J Adv Nurs 1999;29:484–9. doi:10.1097/00002820-199908000-00002
- So WKW, Choi KC, Chen JMT, et al. Quality of life in head and neck cancer survivors at 1 year after treatment: the mediating role of unmet supportive care needs. Support Care Cancer 2014;22:2917–26. doi:10.1007/s00520-014-2278-
- Wagner L, Ruch W. Good character at school: Positive classroom behavior mediates the link between character strengths and school achievement. Front Psychol 2015;**6**:1-13. doi:10.3389/fpsyg.2015.00610
- Lim YJ. Relations between virtues and positive mental health in a Korean population: A Multiple Indicators Multiple Causes (MIMIC) model approach. Int J Psychol 2015;**50**:272–8. doi:10.1002/ijop.12096
- McGrath RE. Character strengths in 75 nations: An update. J Posit Psychol 2015;**10**:41–52. doi:10.1080/17439760.2014.888580
- Hanks RA, Rapport LJ, Waldron-Perrine B, et al. Role of character strengths in outcome after mild complicated to severe traumatic brain injury: A positive psychology study. Arch Phys Med Rehabil 2014;95:2096–102. doi:10.1016/j.apmr.2014.06.017

- Macaskill A. Review of Positive Psychology Applications in Clinical Medical Populations. *Healthcare* 2016;4:66. doi:10.3390/healthcare4030066
- Yan T, Chan CWH, Chow KM, *et al.* A systematic review of the effects of character strengths-based intervention on the psychological well-being of patients suffering from chronic illnesses. *J Adv Nurs* 2020;**76**:1567–80. doi:10.1111/jan.14356
- Ruch W, Proyer RT. Mapping strengths into virtues: The relation of the 24 VIA-strengths to six ubiquitous virtues. *Front Psychol* 2015;**6**:1–12. doi:10.3389/fpsyg.2015.00460
- Markus HR, Kitayama S. Culture and the self: Implications for cognition, emotion, and motivation. *Psychol Rev* 1991;**98**:224–53. doi:10.1037/0033-295X.98.2.224
- Chan CWH, Law BMH, So WKW, *et al.* Novel strategies on personalized medicine for breast cancer treatment: An update. *Int J Mol Sci* 2017;**18**:2423. doi:10.3390/ijms18112423
- O'Brien BC, Harris IB, Beckman TJ, *et al.* Standards for reporting qualitative research: A synthesis of recommendations. *Acad Med* 2014;**89**:1245–51. doi:10.1097/ACM.0000000000000388
- Lusardi P. Qualitative Research in Nursing: Advancing the HumanisticImperative. *Nurs Res* 1996;45:62. doi:10.1097/00006199-199601000-00014

- Henderson PD, Gore S V., Davis BL, *et al.* African American women coping with breast cancer: a qualitative analysis. *Oncol Nurs Forum* 2003;**30**:641–7. doi:10.1188/03.ONF.641-647
- Pitre NY, Myrick F. A view of nursing epistemology through reciprocal interdependence: towards a reflexive way of knowing. *Nurs Philos* 2007;**8**:73–84. doi:10.1111/j.1466-769X.2007.00298.x
- Palinkas LA, Horwitz SM, Green CA, *et al.* Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research. *Adm Policy Ment Heal Ment Heal Serv Res* 2015;**42**:533–44. doi:10.1007/s10488-013-0528-y
- Ritchie J, Spencer L. Qualitative data analysis for applied policy research. In:

  \*Analyzing qualitative data. 2010. 173–94.

  doi:10.4324/9780203413081 chapter 9
- Barasteh S, Rassouli M, Parandeh A, *et al.* Palliative care in the health system of Iran: A review of the present status and the future challenges. *Asian Pacific J Cancer Prev* 2020;**21**:845–51. doi:10.31557/APJCP.2020.21.3.845
- Fox DE, Quinn RR, James MT, *et al.* Social Support in the Peritoneal Dialysis Experience: A Qualitative Descriptive Study. *Can J Kidney Heal Dis* 2020;7. doi:10.1177/2054358120946572
- 35 Sandelowski M. The problem of rigor in qualitative research. *ANS Adv Nurs Sci* 1986;**8**:27–37. doi:10.1097/00012272-198604000-00005

- Guse T, Hudson D. Psychological strengths and posttraumatic growth in the successful reintegration of South African ex-offenders. *Int J Offender Ther Comp Criminol* 2014;**58**:1449–65. doi:10.1177/0306624X13502299
- Niemiec RM. *Character strengths interventions. A field guide for practitioners.*Boston, MA: : Hogrefe Publishing 2018.
- 38 Li J. Humility in learning: A Confucian perspective. *J Moral Educ* 2016;**45**:147–65. doi:10.1080/03057240.2016.1168736
- 39 Guo Z. Chinese Confucian culture and the medical ethical tradition. *J Med Ethics* 1995;**21**:239–46. doi:10.1136/jme.21.4.239
- 40 Tang X, Li Y, Duan W, *et al.* Character strengths lead to satisfactory educational outcomes through strength use: A longitudinal analysis. *Front Psychol* 2019;**10**:1-9. doi:10.3389/fpsyg.2019.01829
- Ling M, Wang X, Ma Y, et al. A Review of the Current State of Hospice Care in China. Curr Oncol Rep 2020;22:1–7. doi:10.1007/s11912-020-00959-y
- Waters LE. Strength-based parenting and life satisfaction in teenagers. *Adv Soc Sci Res J* 2015;**2**:158–173. doi:10.14738/assrj.211.1551
- Spiegel D. Psychosocial aspects of breast cancer treatment. *Semin Oncol* 1997;**24**:S1-36-S1-47.
- Moale AC, Rajasekhara S, Ueng W, *et al.* Educational intervention enhances clinician awareness of Christian, Jewish, and Islamic teachings around end-of-life care. *J Palliat Med* 2019;**22**:62–70. doi:10.1089/jpm.2018.0077

- Lundman B, Aléx L, Jonsén E, *et al.* Inner strength-A theoretical analysis of salutogenic concepts. *Int J Nurs Stud* 2010;**47**:251–60.

  doi:10.1016/j.ijnurstu.2009.05.020
- Roux G, Dingley C, Bush H. Inner Strength in Women: Metasynthesis of Qualitative Findings in Theory Development. *J Theory Constr Test* 2002;**6**:86.
- Janssen BM, Van Regenmortel T, Abma TA. Identifying sources of strength:

  Resilience from the perspective of older people receiving long-term community

  care. *Eur J Ageing* 2011;**8**:145–56. doi:10.1007/s10433-011-0190-8
- Duan W, Ho SMY. Three-Dimensional Model of Strengths: Examination of Invariance Across Gender, Age, Education Levels, and Marriage Status.

  \*Community Ment Health J 2017;53:233–40. doi:10.1007/s10597-016-0038-y
- Niemiec RM. Six Functions of Character Strengths for Thriving at Times of Adversity and Opportunity: a Theoretical Perspective. *Appl Res Qual Life* 2020;**15**:551–72. doi:10.1007/s11482-018-9692-2
- Park N, Peterson C, Seligman MEP. Strengths of character and well-being. *J Soc Clin Psychol* 2004;**23**:603–19. doi:10.1521/jscp.23.5.603.50748

Standards for Reporting Qualitative Research (SRQR)—checklist of items that should be included in reports of Qualitative studies

	Item No	Recommendation	Page No
Title and abstract			
Title	1	Concise description of the nature and topic of the study Identifying the study as qualitative or indicating the approach (e.g., ethnography, grounded theory) or data collection methods (e.g., interview, focus group) is recommended	1
Abstract	2	Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions	2
Introduction			
Problem formulation	3	Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement	4
Purpose or research question	4	Purpose of the study and specific objectives or questions	6
Methods			
Qualitative approach and research paradigm	5	Qualitative approach (e.g., ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/interpretivist) is also recommended; rationale <sup>b</sup>	7
Researcher characteristics and reflexivity	6	Researchers' characteristics that may influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, and/or presuppositions; potential or actual interaction between researchers' characteristics and the research questions, approach, methods, results, and/or transferability	8
Context	7	Setting/site and salient contextual factors; rationale <sup>b</sup>	9
Sampling strategy	8	How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale <sup>b</sup>	7
Ethical issues pertaining to human subjects	9	Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues	12
Data collection methods	10	Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources/methods, and modification of procedures in response to evolving study findings; rationale <sup>b</sup>	8
Data collection instruments and technologies	11	Description of instruments (e.g., interview guides, questionnaires) and devices (e.g., audio recorders) used for data collection; if/how the instrument(s) changed over the course of the study	9
Units of study	12	Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results)	13
Data processing	13	Methods for processing data prior to and during analysis, including transcription, data entry, data management and security, verification of data integrity, data coding, and anonymization/deidentification of excerpts	9

Data analysis

Process by which inferences, themes, etc., were identified and developed,

Data anary 515		Trocess of which inferences, themes, etc., were rachtified and developed,	1.0
		including the researchers involved in data analysis; usually references a	
		specific paradigm or approach; rationale <sup>b</sup>	
Techniques to	15	Techniques to enhance trustworthiness and credibility of data analysis	12
enhance		(e.g., member checking, audit trail, triangulation); rationale <sup>b</sup>	
trustworthiness			
(Table continues)			·
Results /findings			
Synthesis and	16	Main findings (e.g., interpretations, inferences, and themes); might	14-
interpretation		include development of a theory or model, or integration with prior	22
		research or theory	
Links to empirical	17	Evidence (e.g., quotes, field notes, text excerpts, photographs) to	16-
data		substantiate analytic findings	18
Discussion			
Integration with	18	Short summary of main findings; explanation of how findings	22-
prior work,		and conclusions connect to, support, elaborate on, or challenge	25
implications,		conclusions of earlier scholarship; discussion of scope of application/	
transferability,		generalizability; identification of unique contribution(s) to scholarship	
and		in a discipline or field	
contribution(s) to			
the field			
Limitations	19	Trustworthiness and limitations of findings	27
Other			·
Conflicts of	20	Potential sources of influence or perceived influence on study conduct	29
interest		and conclusions; how these were managed	
Funding	21	Sources of funding and other support; role of funders in data	29
		collection, interpretation, and reporting	

<sup>a</sup>The authors created the SRQR by searching the literature to identify guidelines, reporting standards, and critical appraisal criteria for qualitative research; reviewing the reference lists of retrieved sources; and contacting experts to gain feedback. The SRQR aims to improve the transparency of all aspects of qualitative research by providing clear standards for reporting qualitative research.

<sup>b</sup>The rationale should briefly discuss the justification for choosing that theory, approach, method, or technique rather than other options available, the assumptions and limitations implicit in those choices, and how those choices influence study conclusions and transferability. As appropriate, the rationale for several items might be discussed together.

**Note**: BC O'Brien, Harris, I. B., Beckman, T. J., Reed, D. A., & Cook, D. A. (2014). Standards for reporting qualitative research: a synthesis of recommendations. Academic Medicine, 89(9), 1245-1251.

# **BMJ Open**

# •Experiences and perception of character strengths among patients with breast cancer in China: A qualitative study

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# Experiences and perception of character strengths among patients

# with breast cancer in China: A qualitative study

Tingting YAN **PhD**<sup>1</sup>;

Carmen W. H. CHAN **PhD**, **Professor**<sup>2</sup>;

Ka Ming CHOW DNur, Assistant Professor<sup>2</sup>;

Mingzi Li, PhD, Professor<sup>1</sup>.

#### **Affiliations:**

1 School of Nursing, Peking University, Beijing, China.

2 The Nethersole School of Nursing, The Chinese University of Hong Kong, New Territories, Hong Kong SAR, China

# **Correspondence:**

Dr. Mingzi Li, School of Nursing, Peking University, No. 38 Xueyuan Road, Haidian District, 100191 Beijing, China.

E-mail: limingzi2000@163.com

#### **Abstract**

**Objective** To explore the patients' experiences on character strengths that Chinese patients experience after the diagnosis of breast cancer.

Design A qualitative, exploratory study using semi-structured interviews based on the patients' lived experience with diagnosed with breast cancer. Ethics approval was granted. Interviews were audio-recorded and transcribed verbatim. Values in Action Classification of Strengths provided conceptual framework for analysing strengths. Directed content analysis based on the classification of strengths and framework analysis were used to analyse transcribed data. The Standards for Reporting Qualitative Research (SRQR) guideline was followed.

**Setting** The Second Affiliated Hospital of Zhengzhou University and Henan Provincial Cancer Hospital in China.

**Participants** Adult patients over 18 years, diagnosed with breast cancer between October 2019 and December 2020 were recruited. We used purposive sample method to collected data from 24 participants diagnosed with breast cancer.

Results Six themes (virtues) emerged from our analysis. In addition, two new subthemes (character strengths) emerged in this study, selflessness and pragmatism respectively. Patients with breast cancer described a large repertoire of character strengths they used or wished for during survivorship, including gratitude, hope, humility, kindness, humor, honesty, and forgiveness. Cultural values (e.g. collectivism, familyism, Confucianism and Buddhist beliefs) helped structure the experiences of Chinese patients' character strengths. Patients wanted their character strengths to be more noticed, appreciated and encouraged by others and reported their psychological trajectory of using personal strengths.

Conclusion The findings indicated that patients with breast cancer believing character strengths are important to them. Medical staff should pay more attention to motivating and cultivating breast cancer patients' character strengths. Attention to make strength-based practices workable in clinical health promotion programmes is necessary. The healthcare system should develop tailored individualised psychological services that specifically address patients' needs for the application of personalised character strengths.

#### **KEYWORDS**

Breast cancer, character strengths, descriptive research, female, framework analysis, psycho-oncology, well-being, individulised service

#### Strengths and limitations of this study

- ► The qualitative design was used to explore the breast cancer patients' complex experiences, beliefs and behaviours on character strengths.
- ▶ Semi structured individual interviews provided time and scope for participants to give detailed information about their opinions regarding character strengths.
- ▶ As qualitative methods prohibit generalisation, despite the data saturation achieved, there are results regarding transferability to other patients and different settings that should be interpreted with caution.

Introduction

Strength-based approaches are receiving increasing international attention [1], and are being applied to solve longitudinal clinical problems, such as promoting well-being and limiting ill-health [2]. Recognising and using individuals' strengths leads to positive outcomes, such as coping, recovery and greater meaning in life [3]. Instead of focusing on problems [4], researchers have proposed that character strengths should be incorporated into clinical practice to help clients enhance well-being [5]. Character is the positive and socially valued elements of personality, which have a moral component [6]. Character strengths are the core theme of positive psychology, and are a cluster of positive traits or dispositions manifested in values, thoughts, feelings, and behaviours. These personal strengths involve positive psychological qualities referring to the self, others and the world [7]. In one practical case, strength-based approaches were adopted by clinicians to help breast cancer patients deal with the continuing challenges of survivorship [8].

Problem-oriented health care methods often overlook patients' strengths. The character strengths of patients with breast cancer have consequently received little attention [9]. Moreover, the majority of studies on character strengths have been conducted in Western countries [9,10]. The experiences and perception of character strengths among patients with breast cancer vary contextually, and the results of previous studies may not be directly applicable to Chinese breast cancer patients due to their social and cultural differences from Western patients [11].

Character strengths promote the individual's positive cognition, emotions, and behaviours. Concentrating on strengths allows individuals to focus on more than avoiding distress or disorder [12]. Previous studies have demonstrated that character strengths are positively associated with quality of life, well-being, happiness and general health [13]. Evidence is increasing that people who use their strengths on a regular basis have higher levels of well-being [14]. However, medical staff and caregivers tend to underestimate the personal strengths of cancer patients [15]. Standardised, problem-oriented care may diminish patients' chances of achieving the best possible recovery [16].

#### Theoretical framework

The most extensively researched model of character strengths is the Values in Action Classification of Strengths and Virtues (VIA classification) [7]. The VIA classification is a theory-driven framework comprising 24-character strengths conceptually organised as reflections of six virtues: wisdom, courage, humanity, justice, temperance and transcendence. Studies of different cultures have revealed character strengths in different populations, including adolescents [17], college students [18], adults [6] and the elderly [2]. The classification model has been validated in 75 nations, with each sample including at least 150 respondents; these findings suggest substantial cross-cultural similarity in strengths [19]. Virtues are classes of character strengths that show individual differences but relative cross-cultural stability [20]. The character strengths perspective has been recognised in the

field of psychological counselling and rehabilitation as a way to understand

psychosocial adaptation to chronic diseases, especially cancer [21]. Because chronic diseases manifest themselves through a wide variety of symptoms and functional limitations [22], the specific meaning of character strengths are likely to vary across specific illnesses, cultural contexts and individuals. The six core virtue categories are universal, but these strengths are based on theoretical foundations [23]. Given that culture plays an important role in individuals' values, assumptions and needs [24], the character strengths of breast cancer patients may have different meanings and manifestations across different cultures. Moreover, researchers have highlighted the

specific differences in the mental functioning of patients with various diseases and

cancer patients within the Chinese context is expected to further strengthen the

theoretical VIA classification.

that of healthy individuals [25]. Therefore, a study of the character strengths of breast

The evidence so far indicates that character strengths are a helpful personal resource [2]. However, there is a gap in the literature concerning how breast cancer patients identify their own strengths and use them. The applicability of the VIA classification among Chinese breast cancer patients is still unclear. Cultural values, such as collectivism, the importance of family, Confucianism and Buddhism could strongly determine how character strengths are expressed and the associated behaviour patterns. For example, Confucianism is a uniquely Chinese cultural concept that influences the definition of character strengths. This means that cultural factors play an important role in the theory of strengths. In this study, we explore the

experiences and perception of character strengths among Chinese women with breast cancer.

#### Methods

# Study design and population

In this qualitative study, we use a descriptive and exploratory approach to uncover aspects of the experiences and perceptions of character strengths in Chinese women with breast cancer. Semi-structured individual interviews were conducted.

The Standards for Reporting Qualitative Research (SRQR) were followed [26].

The researchers used a maximum variation sampling method and purposive sampling technique to recruit participants to richly or densely describe the culture or phenomenon of interest [27]. Regarding the sample size, the recruitment of interviewees stopped when the data reached a saturation point, indicating that the phenomenon could be understood comprehensively without further recruitment. Data saturation was achieved through repetition and confirmation of the information obtained by participants, i.e. no new insights emerged from the interview data of the last two included participants [28].

The inclusion criteria were as follows: the patients were (a) women with a confirmed diagnosis of breast cancer; (b) aged above 18 years old; (c) native Chinese; (d) willing to participate in the study and offer informed consent. The exclusion criteria were as follows: the patient suffered from (a) one or more other life-

threatening diseases, or (b) psychosis (for example, delusional disorder, schizophrenia).

#### Patient and public involvement

Patients and/or the public were not involved in the design, conduct, reporting or dissemination plans of this research.

#### **Data collection**

We used semi-structured interviews to foster interactivity and dialogue [29]. The instruments used in this study included a demographic data sheet and a semi-structured interview guide. The demographic data sheet was devised to obtain information on the patient's age, marital status, educational level and types of breast cancer treatment. The interview guide was informed by the positive psychology model of character strengths and the previous literature. The interviews opened with a short introduction to the topic (e.g., a definition and explanation of 'character strengths'). Each interview included eight questions designed to encourage discussion on perceptions and beliefs about character strengths (Table 1). Pilot interviews were conducted with three breast cancer patients to check the appropriateness of the interview process and the accessibility of the questions. The demographic data sheet took approximately five minutes to complete, and the whole interview took approximately 30 to 60 minutes.

Participant recruitment and interviews were conducted in November and December 2019 in two provincial tertiary hospitals in mainland China. To ensure consistency, the same researcher conducted all of the interviews [30]. The participants were asked for reflections and conclusions to prevent misunderstandings or omissions. Data collection was performed using audiotape recording, supplemented with handwritten notes on non-verbal behaviours and impressions.

Table 1 Semi-structured interview guide used in this study

- 1. From your perspective, what is your perception of character strengths?
- 2. Can you share your experiences on your character strengths?
- 3. Why did you use your character strengths?
- 4. When you used your character strengths, were you more broadly interested in better understanding of yourself?
- 5. What did you hope to achieve by your character strengths?
- 6. What benefits did you expect to receive as a result of using your character strengths?
- 7. In your opinion, what are the most important benefits or outcomes that have resulted from your character strengths?
- 8. When you used your character strengths, were you looking for a solution to a specific problem or difficult situation?
- 9. In what way(s) have your character strengths affected your daily life?
- 10. In what way(s) have your character strengths help you met your expectations and/or needs?

#### **Data Analysis**

Directed content analysis and framework analysis were used to analyse the data in an combination of inductive and deductive approaches [31]. The analysis took place in five stages: (1) Stage 1, Familiarisation: Immersion in the data by repeatedly reading transcriptions and making field notes; (2) Stage 2, Analytical framework development: Preparing key topics, identifying important themes and developing the

thematic framework, (3) Stage 3, Indexing: Completing data structuring and pilot charting, refining and combining themes and sub-themes, (4) Stage 4, Charting: Drawing summary chart and transferring data into the framework matrix, and (5) Stage 5, Data mapping and interpreting: Comparing the analysis results to the original data and explaining the relationship between codes, subthemes and themes [32]. The VIA classification was used as the guiding framework for direct content analysis. This framework is described in Table 2. The findings were presented in a synthesised form of themes (virtues) and sub-themes (character strengths). No particular data software was used for coding or organisational purposes. We not only sought to establish a critical and common sense understanding of the text, but also to analyse it beyond personal experience. We also looked for embedded character strengths in the content. The themes and sub-themes were collected in a Microsoft Excel spreadsheet, with supporting descriptions and quotes. Demographic data were analysed using SPSS version 22.0 (SPSS, Inc., Chicago, IL) and descriptive statistics were obtained (frequencies, means, standard deviations and percentages).

**Table 2** The Values in Action classification of virtues and character strengths

Virtues	Character strengths	Multiple descriptions, pronouns, and manifestations
1. Wisdom & Knowledge Cognitive strengths	Creativity	[originality, ingenuity, discovering new and innovative ways to do things, thinking of novel and productive ways to do things]
related to attaining and using new knowledge	Curiosity	[openness to experience, taking an interest in all of ongoing experience, enthusiastically exploring and discovering new things]
	Judgment & Open- Mindedness	[critical thinking, thinking things through and examining them from all sides]

Love of Learning [Relishing in the acquisition of new skills and knowledge, mastering new skills, topics, and bodies of knowledge] Perspective [wisdom, providing wise counsel to others] 2. Courage Bravery [valor, not withdrawing or shrinking from Emotional strengths threat, challenge, difficulty, or pain] that involve working Perseverance [persistence, finishing what one starts, hard to accomplish industriousness, working hard to finish goals in the face of what is started

> [authenticity, integrity, speaking the truth Honesty and presenting oneself in a genuine and authentic way] Zest [vitality, enthusiasm, vigor, energy, Approaching life with excitement and Capacity to Love and Be

3. Humanity *Interpersonal* strengths that involve developing relationships and caring for other people

4. Justice

of a healthy

community

opposition

Loved Kindness

Social Intelligence

Civic strengths related to be an integral part

Teamwork

Fairness

Leadership

Forgiveness & Mercy

Modesty & Humility Prudence

Self-Regulation

Transcendence Strengths that provide meaning in life and exceed the limits of ordinary experience

5. Temperance

Strengths related to

thoughts, emotions,

and behavior

the use of restraint in

Appreciation of Beauty and Excellence

Gratitude

Hope

[Valuing close relations with others]

[generosity, doing favors, nurturance, care, compassion, altruistic love, being generous and doing good deeds] [emotional intelligence, personal intelligence, being aware of the motives and feelings of self and others, knowing how to adapt to different social situations] [citizenship, social responsibility, loyalty, Working collaboratively and well as

member of a team or a group] [Treating all people the same according to notions of fairness and justice and with impartiality] Effectively managing groups to complete

activities, organizing group activities and seeing that they happen] [Forgiving those who have done wrong]

[Being modest and letting one's accomplishments speak for themselves [Being cautious about one's actions or choices; not saying or doing things that might later be regretted] [Regulating what one feels and does, selfcontrol, Exercising self-control and discipline]

[awe, wonder, elevation, Noticing and admiring beauty and excellence, and/or skilled performance in all domains of everyday life]

Being aware of and thankful for the good things that happen] [optimism, future-mindedness, future

orientation, Expecting the best in the future, and working actively to achieve it]

Humor	[playfulness, enjoying laughter and amusing others, liking to laugh and joke,
	bringing smiles to other people] [faith, purpose, having beliefs about life
Religiousness & Spirituality	that bring comfort, having coherent beliefs about the higher purpose and meaning of life]

Note. Terms in brackets are variants of the Character strength adapted from Peterson and Seligman (2004).

#### **Trustworthiness**

To increase the credibility of our findings, we used a peer checking process. Discussion continued until a consensus was reached among the co-researchers [33]. Open dialogue and careful probing were used during the interviews to ensure that the information was reliable. To enhance transferability [34], we continued interviews until data saturation occurred, made clear and distinct descriptions of the content and presented rich information from the findings.

#### **Ethics**

All procedures were in accordance with the guidelines of the Research Ethics Committee of the University (CUHK Approval number: SBREC 19-114) and Joint Chinese University of Hong Kong–New Territories East Cluster Clinical Research Ethics Committee, reference number: 2019.429. A digital code was used to refer to each participant to maintain anonymity.

#### **Results**

#### Clinical and demographic characteristics

A total of 24 female breast cancer patients participated in the interviews. The average age of the participants was 52.54 years (range, 30–70 years). Table 3 outlines the participants' characteristics. Most of the participants had stage I/II breast cancer (66.7%), and the remainder (33.3%) had stage III/IV breast cancer. Seventeen participants (70.8%) had breast cancer in the left breast, five (20.8%) had cancer in the right breast and two (8.3%) had bilateral breast cancer.

**Table 3** Demographic information and clinical data of the participants (N = 24)

Characteristics	Number	(%)
Age (years)		
$Mean \pm SD$	$52.54 \pm 11.56$	
Range	30-70	
Age <60	15	62. 5
Age ≥60	9	37. 5
Marital status	21	07.5
Married	21	87.5
Unmarried or widow	3	12.5
Occupation	17	70.0
Employed	17	70.8
Unemployed	7	29.2
Education states		
Primary school and below	10	41.7
Junior school	4	16.7
Senior high school	7	29.2
Bachelor and above	3	12.5
Perceived Income		
Low	3	12.5
Middle	9	37.5
Good	7	29.2
High	5	20.8
Type of cancer		
Breast cancer	24	
Left	17	70.8
Right	5	20.8
Two sides	2	8.3

		14
Stage of disease		
I/II	16	66.7
III/IV	8	33.3
Time since diagnosis (months)		
Mean	8.63	
Adjuvant therapy		
Only had surgery	10	41.7
Also had chemotherapy or radiation	14	58.3
therapy		

Note. Because of rounding, percentages may not total 100.

#### Character strengths identified within the VIA framework

The participants' main character strengths were consistent with the VIA classification; they included cognitive strengths, emotional strengths, civic and community strengths, interpersonal strengths, temperance strengths and transcendence strengths. Table 4 summarises the character strengths of the breast cancer patients. The original 24 strengths were identified in the findings, and two new strengths of selflessness and pragmatism emerged in our study. The themes (virtues) and subthemes (strengths) are illustrated by sample quotes from the participants (Table 5). The participants also gave their perceptions and comments on the outcomes and expectations of identifying and using individual character strengths. In general, the participants expressed improved self-awareness and a greater sense of purpose and well-being.

Virtues	Character strengths	Cultural adapted descriptions, pronouns, and
		manifestations
Cognitive	Creativity	Ingenuity, doing things in innovative ways,
strengths		thinking in innovative and unique ways; seeing
		things in different ways
	Curiosity	Interested in all experiences; motivated to discover and
		explore new things; want to learn about unknown
		objects, environments or experiences of others
	Judgment &Open-	The ability to think, understand, analyze, discern or
	Mindedness	judge rationally, independently and comprehensively; thinking carefully; defensive thinking
	Love of Learning	Studious, be eager to learn, erudite, philomathic;
		mastering new skills; enjoy new knowledge, enjoy
		learning
	Perspective	Resourceful, wise, good at planning and handling
T .: 1		things; excellent insight and vision, farsighted
Emotional	Bravery	Fearless, courageous, heroic, resolute, brave and bold;
strengths		not timid, not afraid of danger or difficulty, not
	D	shrinking back.
	Perseverance	Persevere to the end, no slackness, still persevere after
		repeated failures; hardworking, not give up halfway; diligent, industrious
	Honesty	True, honest; integrity, sincere and earnest, whole-
	Hollesty	heartedly; being true to oneself and others
	Zest	Enthusiastic about things or others; vigorous vitality;
	2031	vividness in action, thought or expression, energetic
Interpersonal	Capacity to Love and	Valuing close relations with others; give love to others,
strengths	be Loved	be loved by others; feel the warmth, happiness,
C	be Loved	satisfaction and beauty in love, friendship, family
		affection, fraternity and other deep emotions for people
		and things.
	Kindness	Benevolent, kind-hearted; generosity, nurturance,
		charitable; serving others without expectation
	Social Intelligence	Emotional intelligence, aware of the motives and
		feelings of oneself and others; knowing how to get
	_	along can make others comfortable
Civic and	Teamwork	Working collaboratively and well as member of a team
community		or a group, unite and work together to get better results;
strengths	г:	loyalty to team or group and working well with others
	Fairness	Righteousness, uprightness; not afraid of the strong, not
		bullying the weak, stick to the right way; Treat everyone the same according to justice
	Leadership	Confucian leadership; influence others, improve the
	Leadership	efficiency of the entire group and ensuring team
		harmony
	Selflessnessa	Dedication, not self-interested; proud to serve the
	Semessiess	collective people and ashamed to deviate from the
Restrained and temperance		people, proud of unity and mutual assistance, ashamed
		of self-interest; devotion to family and country.
	Forgiveness & Mercy	Forgive, ignore the faults of others; tolerant,
	<u> </u>	considerate; not to care about wrongdoing or to hold
strengths		accountable; compassion
	Modesty & Humility	Modest, polite, humble; reserved, courteous, not
		exaggerating one's ability or value; no boasting or
		arrogance, not complacent; willing to accept criticism,
		and humbly ask people for advice.

	Prudence	Be cautious about actions or choices; solemnly, careful; dependable, stable, calm and not anxious in situations
	Self-Regulation	Self-control; disciplined, restraint; managing personal impulses, emotions, laziness and other bad habits
	Pragmatism <sup>a</sup>	Believe practice leads to true knowledge and wealth, believe actions speak louder than words, try to be practical, realistic, committed to the reality
Transcendence strengths	Appreciation of Beauty and	Appreciate, awe, fascinate and admire the beauty and excellence, and/or all outstanding skills, treasures or people
	Excellence Gratitude	Being aware of and thankful for the good things that happened, grateful, moved by the virtues of others, grateful for the kindness and favors of others, and seek ways to return
	Норе	Optimism, positive future mindedness, full of confidence in what is going on, open-minded and have good wishes for the future
	Humor	Funny, humorous, playfulness and enjoy talking witty, bring laughter and amusement to others
	Religiousness & Spirituality	Faith, believe in religion, unwavering belief, a state of mind that has trust or trust in someone or something, extremely convinced of a certain thought, doctrine, and as a personal belief

<sup>&</sup>lt;sup>a</sup> Newly emerged themes in the current study

**Table 5** Examples from the participants in character strengths, with their anonymous code number and age

Character strengths	Quotes
Creativity	I feel that I always think differently from others of my age. The way I look at things is different. I usually make some fresh and unique gadgets for the children at home (Participant 14, 45).
Curiosity	I'm interested in hearing gossip about what's going on between my neighbours and where my relatives have travelled, or finding out what grocery they recommend and where supermarkets are offering cheaper discounts. I'm interested in all these experiences and things, sort of curious (Participant 22, 53).
Judgment	I think I'm older, but much wiser than when I was younger. I've been through a lot of
&Open-	things and I'm not so attached and concerned about everything. Nowadays, when
Mindedness	things come up again, I think very rationally and calmly about what to do, unlike the young people who are so whiny (Participant 17, 47).
Love of	I usually learn a new thing, that is, learn to dance the popular square dance to divert
Learning	my attention. Recently I learnt to play new cellphone apps like Douyin and Kuaishou with my friends. I feel that I do not have time to be unhappy when learning new things (Participant 1, 48).
	My personality is very good, just love to study and love to work. I usually use two mobile phones to study, and all the recordings on the other mobile phone (Participant 11, 30).
Perspective	I think life is only a few decades, like a white horse passing a gap. Sooner or later, it is the same thing. The key is that you must think about it and look down on everything. This is the wisdom of survival (Participant 3, 54).
Bravery	I think I dare to face these things myself. But my body is my own business, I must be brave (Participant 3, 54).
Perseverance	My husband can feel that I am strong and persistent. Compared with others, the advantages my character brings is I can be a bit stronger against stress. (Participant 2,

17 67). I worked very hard in my work unit before, just want to get a promotion next year. Unexpectedly, this illness disrupted the plan (Participant 4, 32). Honesty I am an ordinary person, I'm just straight hearted, and then I just say what I think, that is, I am honest and sincere (Participant 1, 48). Zest Because I am passionate about making friends in the square dance group, now I am sick and many partners come to see me. I was encouraged when they came (Participant 10, 52). Capacity to I am filial to my parents-in-law and be a good daughter-in-law. After being sick, I am Love and be very happy and feel beloved to be taken care of after a long time. I feel that my families support me and love me (Participant 1, 48). Loved Then I never did anything bad. Then I felt like I was very nice. I was just being kind to Kindness others. Repay grievances with virtue and be compassionate (Participant 1, 48). I believe benevolent must be rewarded with kindness. I've always been a good person (Participant 3, 54). Social Every time my family came, I said I was fine and did not want them to worry Intelligence (Participant 9, 65). Teamwork Three cobblers with their wits combined, equal Zhuge Liang the master mindcollective wisdom often proves superior (two heads are better than one) (Participant 4, I used to work, and I can have a good relationship with my colleagues and subordinates (Participant 11, 30). Fairness Any conflicts between them can be handled fairly no matter what I say. I got this disease and I cannot do anything now (Participant 11, 30). I was also a small head in the unit before, and how to allocate jobs to everyone Leadership harmoniously is also a skill, and it can improve the efficiency of the entire department (Participant 12, 35). I have made it to the position of department manager in my organisation and would not have missed work had I not been ill. I had to get my people's affairs in order before I was admitted to hospital (Participant 24, 37). I feel that I am selfless. I have sacrificed my whole life, sacrificed for my family, and cooperated with national policies. I feel that our generation pays more attention to the collective and puts everyone's interests ahead of their own. This is also written in the Selflessness Eight Honors and Eight Shames (Participant 13, 60). It is proud to serve the collective people and ashamed to deviate from the people. We are proud of unity and mutual assistance, and ashamed of self-interest (Participant 16, 56). Well, I think everyone is good, but many patients are now demanding and dissatisfied Forgiveness & with the people around them. Sometimes they lose their temper at the small mistakes Mercy of doctors and nurses. It is better to be tolerant and forgive like me (Participant 11, 30). Modesty & My family and patients still thought I was humble. I feel that my personality is simple, Humility and I get along well with everyone (Participant 5, 52). I take photographs of the bags of medication that I receive infusions of and the Prudence medication that I take every day. I also keep the bill for each payment. I often talk to my doctor about my condition and I think that being discreet will give me peace of mind (Participant 23, 38). Self-I felt that my self-discipline was meaningful, so I strengthened my exercise. Regulation (Participant 8, 55). Practice brings real wealth, it speaks louder than words (Participant 3, 54). Pragmatism I am a pragmatic person, I don't know how to say nice things. I do not afraid and have no time to feel depressed. I do not want to worry about it. I just want to eat and drink and do my work. I do not want anything else (Participant 2, 67) Appreciation I was reading a novel about the philosophy of life recently. I will read this book after of Beauty and treatment. I feel comfortable appreciating these beautiful things. I also appreciate the natural environment and feel better (Participant 12, 35). Excellence Everyone, whether old or young, should know how to be grateful (Participant 1, 48). Gratitude I think the nurses here have given me a lot of help, and the doctors respect my ideas and help me with treatment. I am very grateful to them. The services in the hospital are

	very good, so I feel very good (Participant 3, 54).
	I feel that the doctors, nurses and family members are very concerned about me.
	Everyone has a very good attitude. It is not easy for everyone to work and live. I have
	a lot of spiritual support. I am very grateful (Participant 11, 30).
Норе	My family is pampering me now, which is pretty good. My husband said that I have
•	been optimistic in the past years. Well, I just want to be stronger anyway, everything
	will definitely get better (Participant 2, 67).
Humor	But sometimes when I chat with patients in the department, no matter what I say,
	everyone is very happy. It feels like I am everyone's pistachio. But I think I am more
	cute than humorous (Participant 5, 52).
Religiousness	Just to get better soon, and live a few more years, I have been chanting and believing
& Spirituality	in Buddha. My child also said that I had changed but felt that my mentality was much
ω Spirituality	better and calmer after relying on faith and religion (Participant 7, 65).

Theme 1: Cognitive strengths

Cognitive strengths reflect wisdom, knowledge, exploration, openness and knowledge-seeking [7]. This theme involves five strengths: creativity, curiosity, judgment and open-mindedness, love of learning, and perspective. These subthemes reflect the manifestations of cognitive strengths based on wisdom, openness and knowledge. In response to unexpected situations or unfamiliar problems, the participants usually gave wise solutions. Some participants aided their recovery by reading about treatment and nursing skills, which also demonstrated their love of learning. Love of learning refers to cognitive engagement, mastering new skills and increasing existing knowledge [35]. Creativity refers to original and adaptive thought or behaviour. The narratives of the participants also reflected how they found new ways to deal with the familial and social problems encountered while receiving treatment.

**Theme 2: Emotional strengths** 

When the participants talked about their lives after breast cancer and the inherent difficulties they faced, they also showed the emotional strengths of courage, perseverance, honesty and enthusiasm. This theme involves four strengths: bravery, perseverance, honesty and zest. These subthemes reflect the Chinese manifestations of emotional strengths. Being brave means not shrinking from challenges [36]. For example, some participants said that they dared to face physical damage after breast surgery and hair loss after chemotherapy. They felt that living was more important than these considerations. Bravery enabled self-determination and helped them actively persevere. Other participants said frankly that they told their family members about their fear of death, while emphasising that their family members remained 6/10 encouraging and supportive.

# Theme 3: Interpersonal strengths

Interpersonal strengths clearly reflect humanity and justice. They include love, kindness, social intelligence and developing relationships and caring for other people. This theme involves three strengths: capacity to love and be loved, kindness and social intelligence. Social intelligence is the awareness of the motives and feelings of oneself and others, and knowing how to adapt to different social situations [36]. This was demonstrated by many participants, especially patients who got along well with roommates and nurses during hospitalisation.

Theme 4: Civic and community strengths

Civic strengths are considered an integral part of a healthy community; they include teamwork, fairness and leadership. In our study, we also identified a fourth civic strength: selflessness. Teamwork refers to social responsibility and working collaboratively as a member of a team or group. Fairness involves treating people the same according to principles of justice. Selflessness refers to dedication, rather than self-interest. This is a distinct cultural strength proposed by the Chinese participants in the study. Participants thought this was one of their strengths, which helped them

#### Theme 5: Restraint and temperance strengths

obtain the respect of others and society.

Restraint and temperance strengths encompass forgiveness, modesty, prudence and self-regulation. In our study, this theme also contains a fifth strength: pragmatism. Modesty means an unwillingness to praise oneself and show off one's qualities or achievements [2,36]. In all of our interviews, when we first mentioned expressing personal strengths, the participants often avoided talking and reflected that humility is a common occurrence. The participants were reluctant to talk about their own achievements and character strengths. They thought that talking about this would violate their culture's respect for humility, and they were embarrassed. In contrast, they were more willing to admit that they had many shortcomings. Chinese Confucian view has evolved into the view that humility makes people grow, while complacency and pride make people degenerate [37]. Pragmatism is related to facts or practical matters, and usually excludes intellectual or artistic matters. Pragmatism is a new

emergent subtheme, which means practicality rather than idealism. This is another distinctly Chinese strength that may be related to China's long period of construction and development.

### Theme 6: Transcendence strengths

Transcendence strengths provide meaning in life and exceed the limits of ordinary experience. This theme contains five strengths: appreciation of beauty and excellence, gratitude, hope, humour, and religiousness and spirituality. Although the participants mentioned that their spirituality was related to Buddhism, it was more about how they gained strength from their belief system and cultural values. These strengths gave the participants guidelines, made them feel special, and enabled them to cope with the negative things in their life and treatment. Gratitude and spirituality were common strengths across all of the interviews. The participants mentioned that they tended to gain comfort from these strengths after their diagnosis, despite their physical weakness and psychological dysfunction.

#### Positive outcomes and expectations of identifying and using character strengths

Several subjective positive outcomes were frequently addressed by the participants in connection with the awareness of strengths. They included improved self-awareness, personal confidence and self-esteem, increased happiness, optimism, a greater sense of meaning in life, improved well-being and decreased distress. Better well-being and a sense of meaning were the most frequently addressed benefits

(mentioned eleven times). In addition, in reference to these outcomes, most of the related strengths were those that involved reconnecting with people, such as gratitude, kindness, selflessness and love. The most frequently quoted proverb was 'good people get rewards' (mentioned eight times); that is, they felt that if they did good deeds for others, their health and life would improve.

#### **Discussion**

The patients with breast cancer in this study described a large repertoire of character strengths they used or wished for during survivorship. In line with previous studies [2], most of the themes and sub-themes coded in this study were in line with VIA. Two more strengths — selflessness and pragmatism — emerged. Cultural values and culture (e.g., collectivism, importance of family, Confucianism and Buddhism) helped structure the participants strengths and influenced their descriptions.

In our study, the participants with breast cancer did not differ from the healthy individuals studied in the previous literature in terms of transcendence strengths (appreciation of beauty and excellence, religiousness, spirituality) and cognitive strengths (wisdom and knowledge). These are potential characteristics of breast cancer patients that they can use when experiencing life and treatment events. These results are reflected in traditional palliative care or existing psychosocial programmes for breast cancer patients, in which patients are taught to express appropriate emotion and improve their problem-solving skills as part of the recovery process [38]. The

breast cancer patients in this study experienced a similar appreciation of beauty. They appreciated excellence in all areas of life (art, nature and daily life) and in other people. They had coherent beliefs about truth and life independent of their disease and treatment.

The experiences of emotional strengths, interpersonal strengths, civic and community strengths, restrained and temperance strengths, and other types of strength are significantly influenced by breast cancer and cultural values. Kindness and gratitude are associated with positive affect [36], and were the character strengths most frequently expressed by the participants. Studies have consistently shown that strengths of the heart, such as kindness and gratitude, are more strongly associated with well-being than individual strengths, such as creativity and leadership. The other character strengths most frequently mentioned by the participants were love, selflessness, honesty, modesty and hope. This coincides with the perception of character in Chinese culture. Chinese people have inherited the Confucian emphasis on the cultivation of good character traits, like benevolence and kindness [39]. Kindness and fairness are the important characteristics in the traditional culture of benevolence and righteousness. Some of the participants emphasised that their belief in Buddhism and religious practice made them feel much calmer during their breast cancer episode, and they felt that their spirit and beliefs gave them hope and gave life new meaning. This finding also suggests that spirituality/religiousness is related to meaning and goals in life [40].

Concepts also need to be understood within the prevailing sociocultural and political context [41]. The two newly emerging strengths are influenced by contemporary culture and policies. Selflessness refers to the characteristic Chinese concept that people should not be self-interested, be proud to serve the collective and ashamed to deviate from it, and strive for unity. Pragmatism emphasises beliefs that practice will lead to true knowledge and wealth; it has been strengthened by modern development policies.

Throughout the research process, the participants had difficulty identifying and talking about their strengths. This may demonstrate their strength of modesty. Such humbleness could be influenced by Chinese Confucian culture [39]. Other studies have also identified this barrier to the expression of strengths [2]. The challenges encountered by our participants in transforming their strengths into descriptive language may reflect their need for more opportunities for self-awareness and self-reflection. Another possible explanation is the conceptual overlap between strengths and cultural values. This overlap may lead people to underestimate their capabilities [42] and their interpersonal and cognitive strengths. The participants also highlighted that they wanted their character strengths to be more noticed, appreciated and encouraged by others, such as family members and medical caregivers. Chinese culture emphasises the role of the family. The affairs of family members are usually determined by the entire family [43]. In such a collectivist environment, individual character is often not valued. Interaction with physicians and nurses was also highlighted. The women's high respect for physicians and reliance on nurses led them

to attach great importance to communication. The awareness and praise of personal character strengths by family members and medical caregivers enhanced their sense of self-esteem and well-being while living with breast cancer. One previous study similarly demonstrated that overcoming blindness to strengths could improve an individual's self-efficacy and self-confidence, which in turn could affect their wellbeing [44].

# Theoretical considerations and implications

Although there are other current theories and frameworks based on strengths, they have a number of limitations; in contrast, VIA has achieved a wide range of applications. Roux, Dingley and Bush (2002) introduced the theory of inner strength and Lundman et al. (2010) offered a conceptual model of four core dimensions [45,46]. However, most related studies have been carried out on women. Expressions of inner strength at different ages and in different life circumstances take different forms [41]. Janssen, Van Regenmortel, and Abma (2011) identified sources of strength in three domains, individual, interactional and contextual, but did not define the strengths [47]. In a similar Chinese study, Duan and Ho (2017) used the VIA theory of character strengths, but their three-dimensional model of strengths (temperance, intellectual, and interpersonal) was generalised to the non-clinical community [48].

Our findings among breast cancer patients support the theoretical understanding of strengths [7]. Our study examined the viability of the popular VIA theory among a specific population in the Chinese context. The findings also extend the theoretical and empirical evidence for the VIA model to the population of patients with breast cancer in China. This compatibility and integration of strengths theory and traditional values may make the VIA more than a conceptual tool. Although the original VIA classification framework applied to a range of religions, philosophies and cultures, the situational themes of strengths could be expressed in different life domains or specific contexts/situations [48]. In our study, the patients with breast cancer were in a special context with various challenges. It is important to note that the VIA is still being refined, so the list of strengths may change accordingly [49]. Therefore, further research is needed to test the VIA among breast cancer patients with various characteristics.

# **Clinical implications**

It is important to emphasise the psychological strengths of breast cancer patients and their abilities related to their personal traits in a kind of individualoriented salutogenic approach [35]. Strengths that are associated with positive outcomes are those that link people together, such as gratitude, kindness, selflessness and love. However, for nurses, psychological counsellors and other professionals, further research is needed to optimise the description of strengths and evaluation for patients in China.

To our knowledge, this is the first study to describe Chinese breast cancer patients' perceptions and experiences of character strengths. The findings indicate that

character strength is a crucial psychological resource during patients' survivorship.

Further research is needed to learn more about the strengths of a larger population of breast cancer patients with different backgrounds. In addition, strength identification and knowledge are only prerequisites. Using strengths is what leads to valuable outcomes. It is also necessary to explore strategies and interventions to help breast cancer patients mobilise their personal strengths. Strength-based practices adapted to Chinese breast cancer patients should be developed in clinical programmes.

#### **Study limitations**

Although we have provided some important findings on the strengths of breast cancer patients, this study has several limitations. First, the generalisability of the results is limited. The number of participants was small. The study hospital was a provincial hospital that admitted patients from central China. Second, the findings were based on the statements of the participants. Additional studies are needed to explore the generalisability of our findings. Another limitation may be the definition of character strengths. This study used the core descriptive elements provided by Peterson and Seligman (2004) [12]. Making use of a broader study of strengths could overcome this limitation, especially for those who are less familiar with character strengths and those who have difficulty in describing them. Replicating the study might increase its validity by allowing participants more time to become familiar with strengths and to speculate about expressions based on their individual experiences.

#### **Conclusion**

This study revealed the obstacles encountered by breast cancer patients in describing their own strengths but proved that it is possible to uncover their character strengths. An evidence base is needed to optimise breast cancer patients' awareness of their strengths. Breast cancer patients' perceptions of character strengths are affected by various issues related to personal experience with breast cancer and cultural values. The participants in this study experienced better well-being and a greater sense of purpose in life due to character strengths that reconnected people. This study highlights the importance of cultural values to the construct of character strengths. Finally, this study established a theoretically sound model for understanding and addressing strengths in Chinese clinical breast cancer care with clear, culturally specific descriptions.

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Ethics approval All procedures were in accordance with the guidelines of the Research Ethics Committee of the University (CUHK Approval number: SBREC 19-114) and Joint Chinese University of Hong Kong–New Territories East Cluster Clinical Research Ethics Committee, reference number: 2019.429. This study was in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki declaration and its later amendments.

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#### References

- Moyle W, Parker D, Bramble M. *Care of older adults. A strengths-based approach.* Sydney: : Cambridge University Press 2014.
- Waterworth S, Raphael D, Gott M, *et al.* Uncovering strengths within community dwelling older adults: What does it mean for health care practice? *Heal Soc Care Community* 2019;:1–9. doi:10.1111/hsc.12924
- Gottlieb LN, Gottlieb B. Strengths-Based Nursing: A Process for Implementing a Philosophy Into Practice. *J Fam Nurs* 2017;**23**:319–40. doi:10.1177/1074840717717731
- Duan W, Bu H. Development and initial validation of a short three-dimensional inventory of character strengths. *Qual Life Res* 2017;**26**:2519–31. doi:10.1007/s11136-017-1579-4
- Jeste D V., Palmer BW, Boardman S, *et al.* Integrating Positive Psychiatry Into Clinical Practice. In: *Positive Psychiatry*. 2015.

  doi:10.1176/appi.books.9781615370818.dj12
- McGrath RE, Hall-Simmonds A, Goldberg LR. Are Measures of Character and Personality Distinct? Evidence From Observed-Score and True-Score

  Analyses. *Assessment* 2020;27:117–35. doi:10.1177/1073191117738047
- Peterson C, Seligman ME. *Character strengths and virtues A handbook and classification*. New York: : Oxford University Press 2004.
- Pieters HC. 'i'm Still Here': Resilience among older survivors of breast cancer.

  \*Cancer Nurs 2016;39:E20–8. doi:10.1097/NCC.0000000000000248

- Rotegard AK, Fagermoen MS, Ruland CM. Cancer patients' experiences of their personal strengths through illness and recovery. *Cancer Nurs* 2012;35:8– 17. doi:10.1097/NCC.0b013e3182116497
- Niemiec R, Rashid T, Spinella M. Strong Mindfulness: Integrating Mindfulness and Character Strengths. *J Ment Heal Couns* 2015;**34**:240–53. doi:10.17744/mehc.34.3.34p6328x2v204v21
- Fang SY, Lin YC, Chen TC, *et al.* Impact of marital coping on the relationship between body image and sexuality among breast cancer survivors. *Support*Care Cancer 2015;23:2551–9. doi:10.1007/s00520-015-2612-1
- Seligman M. Flourish: a visionary new understanding of happiness and well-being. In: *Choice Reviews Online*. 2011. 48-7217-48–7217. doi:10.5860/choice.48-7217
- Shimai S, Otake K, Park N, *et al.* Convergence of character strengths in American and Japanese young adults. *J Happiness Stud* 2006;7:311–22. doi:10.1007/s10902-005-3647-7
- Baumann D, Ruch W, Margelisch K, *et al.* Character Strengths and Life Satisfaction in Later Life: an Analysis of Different Living Conditions. *Appl Res Qual Life* Published Online First: 2019. doi:10.1007/s11482-018-9689-x
- 15 Chan CWH, Chang AM. Stress associated with tasks for family caregivers of patients with cancer in Hong Kong. *J Adv Nurs* 1999;**29**:484–9. doi:10.1097/00002820-199908000-00002

- So WKW, Choi KC, Chen JMT, *et al.* Quality of life in head and neck cancer survivors at 1 year after treatment: the mediating role of unmet supportive care needs. *Support Care Cancer* 2014;**22**:2917–26. doi:10.1007/s00520-014-2278-0
- Wagner L, Ruch W. Good character at school: Positive classroom behavior mediates the link between character strengths and school achievement. *Front Psychol* 2015;**6**:1-13. doi:10.3389/fpsyg.2015.00610
- Lim YJ. Relations between virtues and positive mental health in a Korean population: A Multiple Indicators Multiple Causes (MIMIC) model approach.
  Int J Psychol 2015;50:272–8. doi:10.1002/ijop.12096
- 19 McGrath RE. Character strengths in 75 nations: An update. *J Posit Psychol* 2015;**10**:41–52. doi:10.1080/17439760.2014.888580
- Hanks RA, Rapport LJ, Waldron-Perrine B, *et al.* Role of character strengths in outcome after mild complicated to severe traumatic brain injury: A positive psychology study. *Arch Phys Med Rehabil* 2014;**95**:2096–102. doi:10.1016/j.apmr.2014.06.017
- 21 Macaskill A. Review of Positive Psychology Applications in Clinical Medical Populations. *Healthcare* 2016;4:66. doi:10.3390/healthcare4030066
- Yan T, Chan CWH, Chow KM, *et al.* A systematic review of the effects of character strengths-based intervention on the psychological well-being of patients suffering from chronic illnesses. *J Adv Nurs* 2020;**76**:1567–80. doi:10.1111/jan.14356

- Ruch W, Proyer RT. Mapping strengths into virtues: The relation of the 24 VIA-strengths to six ubiquitous virtues. *Front Psychol* 2015;**6**:1–12. doi:10.3389/fpsyg.2015.00460
- Markus HR, Kitayama S. Culture and the self: Implications for cognition, emotion, and motivation. *Psychol Rev* 1991;**98**:224–53. doi:10.1037/0033-295X.98.2.224
- Chan CWH, Law BMH, So WKW, et al. Novel strategies on personalized medicine for breast cancer treatment: An update. Int J Mol Sci 2017;18:2423. doi:10.3390/ijms18112423
- O'Brien BC, Harris IB, Beckman TJ, *et al.* Standards for reporting qualitative research: A synthesis of recommendations. *Acad Med* 2014;**89**:1245–51. doi:10.1097/ACM.0000000000000388
- 27 Lusardi P. Qualitative Research in Nursing: Advancing the Humanistic
  Imperative. Nurs Res 1996;45:62. doi:10.1097/00006199-199601000-00014
- Henderson PD, Gore S V., Davis BL, *et al.* African American women coping with breast cancer: a qualitative analysis. *Oncol Nurs Forum* 2003;**30**:641–7. doi:10.1188/03.ONF.641-647
- Pitre NY, Myrick F. A view of nursing epistemology through reciprocal interdependence: towards a reflexive way of knowing. *Nurs Philos* 2007;**8**:73–84. doi:10.1111/j.1466-769X.2007.00298.x
- Palinkas LA, Horwitz SM, Green CA, et al. Purposeful Sampling forQualitative Data Collection and Analysis in Mixed Method Implementation

- Research. Adm Policy Ment Heal Ment Heal Serv Res 2015;42:533–44. doi:10.1007/s10488-013-0528-y
- Ritchie J, Spencer L. Qualitative data analysis for applied policy research. In: Analyzing qualitative data. 2010. 173–94. doi:10.4324/9780203413081 chapter 9
- Barasteh S, Rassouli M, Parandeh A, et al. Palliative care in the health system of Iran: A review of the present status and the future challenges. Asian Pacific J Cancer Prev 2020;21:845–51. doi:10.31557/APJCP.2020.21.3.845
- Fox DE, Quinn RR, James MT, et al. Social Support in the Peritoneal Dialysis Experience: A Qualitative Descriptive Study. Can J Kidney Heal Dis 2020;7. doi:10.1177/2054358120946572
- Sandelowski M. The problem of rigor in qualitative research. ANS Adv Nurs Sci 1986;8:27–37. doi:10.1097/00012272-198604000-00005
- Guse T, Hudson D. Psychological strengths and posttraumatic growth in the successful reintegration of South African ex-offenders. Int J Offender Ther Comp Criminol 2014;**58**:1449–65. doi:10.1177/0306624X13502299
- Niemiec RM. Character strengths interventions. A field guide for practitioners. Boston, MA: : Hogrefe Publishing 2018.
- Li J. Humility in learning: A Confucian perspective. J Moral Educ 2016;**45**:147–65. doi:10.1080/03057240.2016.1168736
- Spiegel D. Psychosocial aspects of breast cancer treatment. Semin Oncol 1997;**24**:S1-36-S1-47.

- 39 Guo Z. Chinese Confucian culture and the medical ethical tradition. *J Med Ethics* 1995;**21**:239–46. doi:10.1136/jme.21.4.239
- Moale AC, Rajasekhara S, Ueng W, *et al.* Educational intervention enhances clinician awareness of Christian, Jewish, and Islamic teachings around end-of-life care. *J Palliat Med* 2019;**22**:62–70. doi:10.1089/jpm.2018.0077
- Lundman B, Aléx L, Jonsén E, *et al.* Inner strength-A theoretical analysis of salutogenic concepts. *Int J Nurs Stud* 2010;**47**:251–60. doi:10.1016/j.ijnurstu.2009.05.020
- 42 Tang X, Li Y, Duan W, *et al.* Character strengths lead to satisfactory educational outcomes through strength use: A longitudinal analysis. *Front Psychol* 2019;**10**:1-9. doi:10.3389/fpsyg.2019.01829
- Ling M, Wang X, Ma Y, et al. A Review of the Current State of Hospice Care in China. Curr Oncol Rep 2020;22:1–7. doi:10.1007/s11912-020-00959-y
- Waters LE. Strength-based parenting and life satisfaction in teenagers. *Adv Soc Sci Res J* 2015;**2**:158–173. doi:10.14738/assrj.211.1551
- Roux G, Dingley C, Bush H. Inner Strength in Women: Metasynthesis of Qualitative Findings in Theory Development. *J Theory Constr Test* 2002;**6**:86.
- Janssen BM, Van Regenmortel T, Abma TA. Identifying sources of strength:

  Resilience from the perspective of older people receiving long-term community

  care. *Eur J Ageing* 2011;**8**:145–56. doi:10.1007/s10433-011-0190-8

- Duan W, Ho SMY. Three-Dimensional Model of Strengths: Examination of Invariance Across Gender, Age, Education Levels, and Marriage Status.

  \*Community Ment Health J 2017;53:233–40. doi:10.1007/s10597-016-0038-y
- Niemiec RM. Six Functions of Character Strengths for Thriving at Times of Adversity and Opportunity: a Theoretical Perspective. *Appl Res Qual Life* 2020;**15**:551–72. doi:10.1007/s11482-018-9692-2
- Park N, Peterson C, Seligman MEP. Strengths of character and well-being. *J Soc Clin Psychol* 2004;23:603–19. doi:10.1521/jscp.23.5.603.50748

Standards for Reporting Qualitative Research (SRQR)—checklist of items that should be included in reports of Qualitative studies

	Item No	Recommendation	Page No
Title and abstract			
Title	1	Concise description of the nature and topic of the study Identifying the study as qualitative or indicating the approach (e.g., ethnography, grounded theory) or data collection methods (e.g., interview, focus group) is recommended	1
Abstract	2	Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions	2
Introduction			
Problem formulation	3	Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement	4
Purpose or research question	4	Purpose of the study and specific objectives or questions	6
Methods			
Qualitative approach and research paradigm	5	Qualitative approach (e.g., ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/interpretivist) is also recommended; rationale <sup>b</sup>	7
Researcher characteristics and reflexivity	6	Researchers' characteristics that may influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, and/or presuppositions; potential or actual interaction between researchers' characteristics and the research questions, approach, methods, results, and/or transferability	8
Context	7	Setting/site and salient contextual factors; rationale <sup>b</sup>	9
Sampling strategy	8	How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale <sup>b</sup>	7
Ethical issues pertaining to human subjects	9	Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues	12
Data collection methods	10	Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources/methods, and modification of procedures in response to evolving study findings; rationale <sup>b</sup>	8
Data collection instruments and technologies	11	Description of instruments (e.g., interview guides, questionnaires) and devices (e.g., audio recorders) used for data collection; if/how the instrument(s) changed over the course of the study	9
Units of study	12	Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results)	13
Data processing	13	Methods for processing data prior to and during analysis, including transcription, data entry, data management and security, verification of data integrity, data coding, and anonymization/deidentification of excerpts	9

Data analysis

Process by which inferences, themes, etc., were identified and developed,

Data anary 515		Trocess of which inferences, themes, etc., were rachtified and developed,	1.0
		including the researchers involved in data analysis; usually references a	
		specific paradigm or approach; rationale <sup>b</sup>	
Techniques to	15	Techniques to enhance trustworthiness and credibility of data analysis	12
enhance		(e.g., member checking, audit trail, triangulation); rationale <sup>b</sup>	
trustworthiness			
(Table continues)			·
Results /findings			
Synthesis and	16	Main findings (e.g., interpretations, inferences, and themes); might	14-
interpretation		include development of a theory or model, or integration with prior	22
		research or theory	
Links to empirical	17	Evidence (e.g., quotes, field notes, text excerpts, photographs) to	16-
data		substantiate analytic findings	18
Discussion			
Integration with	18	Short summary of main findings; explanation of how findings	22-
prior work,		and conclusions connect to, support, elaborate on, or challenge	25
implications,		conclusions of earlier scholarship; discussion of scope of application/	
transferability,		generalizability; identification of unique contribution(s) to scholarship	
and		in a discipline or field	
contribution(s) to			
the field			
Limitations	19	Trustworthiness and limitations of findings	27
Other			·
Conflicts of	20	Potential sources of influence or perceived influence on study conduct	29
interest		and conclusions; how these were managed	
Funding	21	Sources of funding and other support; role of funders in data	29
		collection, interpretation, and reporting	

<sup>a</sup>The authors created the SRQR by searching the literature to identify guidelines, reporting standards, and critical appraisal criteria for qualitative research; reviewing the reference lists of retrieved sources; and contacting experts to gain feedback. The SRQR aims to improve the transparency of all aspects of qualitative research by providing clear standards for reporting qualitative research.

<sup>b</sup>The rationale should briefly discuss the justification for choosing that theory, approach, method, or technique rather than other options available, the assumptions and limitations implicit in those choices, and how those choices influence study conclusions and transferability. As appropriate, the rationale for several items might be discussed together.

**Note**: BC O'Brien, Harris, I. B., Beckman, T. J., Reed, D. A., & Cook, D. A. (2014). Standards for reporting qualitative research: a synthesis of recommendations. Academic Medicine, 89(9), 1245-1251.

# **BMJ Open**

## Experiences and perception of character strengths among patients with breast cancer in China: A qualitative study

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## Experiences and perception of character strengths among patients

## with breast cancer in China: A qualitative study

Tingting YAN **PhD**<sup>1</sup>;

Carmen W. H. CHAN **PhD**, **Professor**<sup>2</sup>;

Ka Ming CHOW DNur, Assistant Professor<sup>2</sup>;

Mingzi Li, PhD, Professor<sup>1</sup>.

#### **Affiliations:**

1 School of Nursing, Peking University, Beijing, China.

2 The Nethersole School of Nursing, The Chinese University of Hong Kong, New Territories, Hong Kong SAR, China

## **Correspondence:**

Dr. Mingzi Li, School of Nursing, Peking University, No. 38 Xueyuan Road, Haidian District, 100191 Beijing, China.

E-mail: limingzi2000@163.com

#### **Abstract**

**Objective** To explore the patients' experiences on character strengths that Chinese patients experience after the diagnosis of breast cancer.

Design A qualitative, exploratory study using semi-structured interviews based on the patients' lived experience with diagnosed with breast cancer. Ethics approval was granted. Interviews were audio-recorded and transcribed verbatim. Values in Action Classification of Strengths provided conceptual framework for analysing strengths. Directed content analysis based on the classification of strengths and framework analysis were used to analyse transcribed data. The Standards for Reporting Qualitative Research (SRQR) guideline was followed.

**Setting** The Second Affiliated Hospital of Zhengzhou University and Henan Provincial Cancer Hospital in China.

**Participants** Adult patients over 18 years, diagnosed with breast cancer between October 2019 and December 2020 were recruited. We used purposive sample method to collected data from 24 participants diagnosed with breast cancer.

Results Six themes (virtues) emerged from our analysis. In addition, two new subthemes (character strengths) emerged in this study, selflessness and pragmatism respectively. Patients with breast cancer described a large repertoire of character strengths they used or wished for during survivorship, including gratitude, hope, humility, kindness, humor, honesty, and forgiveness. Cultural values (e.g. collectivism, familyism, Confucianism and Buddhist beliefs) helped structure the experiences of Chinese patients' character strengths. Patients wanted their character strengths to be more noticed, appreciated and encouraged by others and reported their psychological trajectory of using personal strengths.

Conclusion The findings indicated that patients with breast cancer believing character strengths are important to them. Medical staff should pay more attention to motivating and cultivating breast cancer patients' character strengths. Attention to make strength-based practices workable in clinical health promotion programmes is necessary. The healthcare system should develop tailored individualised psychological services that specifically address patients' needs for the application of personalised character strengths.

#### **KEYWORDS**

Breast cancer, character strengths, descriptive research, female, framework analysis, psycho-oncology, well-being, individulised service

## Strengths and limitations of this study

- ► The qualitative design was used to explore the breast cancer patients' complex experiences, beliefs and behaviours on character strengths.
- ▶ Semi structured individual interviews provided time and scope for participants to give detailed information about their opinions regarding character strengths.
- ▶ As qualitative methods prohibit generalisation, despite the data saturation achieved, there are results regarding transferability to other patients and different settings that should be interpreted with caution.

Introduction

Strength-based approaches are receiving increasing international attention [1], and are being applied to solve longitudinal clinical problems, such as promoting well-being and limiting ill-health [2]. Recognising and using individuals' strengths leads to positive outcomes, such as coping, recovery and greater meaning in life [3]. Instead of focusing on problems [4], researchers have proposed that character strengths should be incorporated into clinical practice to help clients enhance well-being [5]. Character is the positive and socially valued elements of personality, which have a moral component [6]. Character strengths are the core theme of positive psychology, and are a cluster of positive traits or dispositions manifested in values, thoughts, feelings, and behaviours. These personal strengths involve positive psychological qualities referring to the self, others and the world [7]. In one practical case, strength-based approaches were adopted by clinicians to help breast cancer patients deal with the continuing challenges of survivorship [8].

Character strengths promote the individual's positive cognition, emotions, and behaviours. Concentrating on strengths allows individuals to focus on more than avoiding distress or disorder [9]. Previous studies have demonstrated that character strengths are positively associated with quality of life, well-being, happiness and general health [10]. Evidence is increasing that people who use their strengths on a regular basis have higher levels of well-being [11]. However, medical staff and caregivers tend to underestimate the personal strengths of cancer patients [12].

Standardised, problem-oriented care may diminish patients' chances of achieving the best possible recovery [13].

Problem-oriented health care methods often overlook patients' strengths. The character strengths of patients with breast cancer have consequently received little attention [14]. Moreover, the majority of studies on character strengths have been conducted in Western countries [14,15]. The experiences and perception of character strengths among patients with breast cancer vary contextually, and the results of previous studies may not be directly applicable to Chinese breast cancer patients due to their social and cultural differences from Western patients [16].

#### Theoretical framework

The most extensively researched model of character strengths is the Values in Action Classification of Strengths and Virtues (VIA classification) [7]. The VIA classification is a theory-driven framework comprising 24-character strengths conceptually organised as reflections of six virtues: wisdom, courage, humanity, justice, temperance and transcendence. Studies of different cultures have revealed character strengths in different populations, including adolescents [17], college students [18], adults [6] and the elderly [2]. The classification model has been validated in 75 nations, with each sample including at least 150 respondents; these findings suggest substantial cross-cultural similarity in strengths [19]. Virtues are classes of character strengths that show individual differences but relative cross-cultural stability [20]. The character strengths perspective has been recognised in the

field of psychological counselling and rehabilitation as a way to understand

psychosocial adaptation to chronic diseases, especially cancer [21]. Because chronic diseases manifest themselves through a wide variety of symptoms and functional limitations [22], the specific meaning of character strengths are likely to vary across specific illnesses, cultural contexts and individuals. The six core virtue categories are universal, but these strengths are based on theoretical foundations [23]. Given that culture plays an important role in individuals' values, assumptions and needs [24], the character strengths of breast cancer patients may have different meanings and manifestations across different cultures. Moreover, researchers have highlighted the

specific differences in the mental functioning of patients with various diseases and

cancer patients within the Chinese context is expected to further strengthen the

theoretical VIA classification.

that of healthy individuals [25]. Therefore, a study of the character strengths of breast

The evidence so far indicates that character strengths are a helpful personal resource [2]. However, there is a gap in the literature concerning how breast cancer patients identify their own strengths and use them. The applicability of the VIA classification among Chinese breast cancer patients is still unclear. Cultural values, such as collectivism, the importance of family, Confucianism and Buddhism could strongly determine how character strengths are expressed and the associated behaviour patterns. For example, Confucianism is a uniquely Chinese cultural concept that influences the definition of character strengths. This means that cultural factors play an important role in the theory of strengths. In this study, we explore the

experiences and perception of character strengths among Chinese women with breast cancer.

#### Methods

## Study design and population

In this qualitative study, we use a descriptive and exploratory approach to uncover aspects of the experiences and perceptions of character strengths in Chinese women with breast cancer. Semi-structured individual interviews were conducted.

The Standards for Reporting Qualitative Research (SRQR) were followed [26].

The researchers used a maximum variation sampling method and purposive sampling technique to recruit participants to richly or densely describe the culture or phenomenon of interest [27]. Regarding the sample size, the recruitment of interviewees stopped when the data reached a saturation point, indicating that the phenomenon could be understood comprehensively without further recruitment. Data saturation was achieved through repetition and confirmation of the information obtained by participants, i.e. no new insights emerged from the interview data of the last two included participants [28].

The inclusion criteria were as follows: the patients were (a) women with a confirmed diagnosis of breast cancer; (b) aged above 18 years old; (c) native Chinese; (d) willing to participate in the study and offer informed consent. The exclusion criteria were as follows: the patient suffered from (a) one or more other life-

threatening diseases, or (b) psychosis (for example, delusional disorder, schizophrenia).

## Patient and public involvement

Patients and/or the public were not involved in the design, conduct, reporting or dissemination plans of this research.

#### **Data collection**

We used semi-structured interviews to foster interactivity and dialogue [29]. The instruments used in this study included a demographic data sheet and a semi-structured interview guide. The demographic data sheet was devised to obtain information on the patient's age, marital status, educational level and types of breast cancer treatment. The interview guide was informed by the positive psychology model of character strengths and the previous literature. The interviews opened with a short introduction to the topic (e.g., a definition and explanation of 'character strengths'). Each interview included ten questions designed to encourage discussion on perceptions and beliefs about character strengths (Table 1). Pilot interviews were conducted with three breast cancer patients to check the appropriateness of the interview process and the accessibility of the questions. The demographic data sheet took approximately five minutes to complete, and the whole interview took approximately 30 to 60 minutes.

Participant recruitment and interviews were conducted in November and December 2019 in two provincial tertiary hospitals in mainland China. To ensure consistency, the same researcher conducted all of the interviews [30]. The participants were asked for reflections and conclusions to prevent misunderstandings or omissions. Data collection was performed using audiotape recording, supplemented with handwritten notes on non-verbal behaviours and impressions.

Table 1 Semi-structured interview guide used in this study

- 1. From your perspective, what is your perception of character strengths?
- 2. Can you share your experiences on your character strengths?
- 3. Why did you use your character strengths?
- 4. When you used your character strengths, were you more broadly interested in better understanding of yourself?
- 5. What did you hope to achieve by your character strengths?
- 6. What benefits did you expect to receive as a result of using your character strengths?
- 7. In your opinion, what are the most important benefits or outcomes that have resulted from your character strengths?
- 8. When you used your character strengths, were you looking for a solution to a specific problem or difficult situation?
- 9. In what way(s) have your character strengths affected your daily life?
- 10. In what way(s) have your character strengths help you met your expectations and/or needs?

#### **Data Analysis**

Directed content analysis and framework analysis were used to analyse the data in an combination of inductive and deductive approaches [31]. The analysis took place in five stages: (1) Stage 1, Familiarisation: Immersion in the data by repeatedly reading transcriptions and making field notes; (2) Stage 2, Analytical framework development: Preparing key topics, identifying important themes and developing the

thematic framework, (3) Stage 3, Indexing: Completing data structuring and pilot charting, refining and combining themes and sub-themes, (4) Stage 4, Charting: Drawing summary chart and transferring data into the framework matrix, and (5) Stage 5, Data mapping and interpreting: Comparing the analysis results to the original data and explaining the relationship between codes, subthemes and themes [32]. The VIA classification was used as the guiding framework for direct content analysis. This framework is described in Table 2. The findings were presented in a synthesised form of themes (virtues) and sub-themes (character strengths). No particular data software was used for coding or organisational purposes. We not only sought to establish a critical and common sense understanding of the text, but also to analyse it beyond personal experience. We also looked for embedded character strengths in the content. The themes and sub-themes were collected in a Microsoft Excel spreadsheet, with supporting descriptions and quotes. Demographic data were analysed using SPSS version 22.0 (SPSS, Inc., Chicago, IL) and descriptive statistics were obtained (frequencies, means, standard deviations and percentages).

**Table 2** The Values in Action classification of virtues and character strengths

Virtues	Character strengths	Multiple descriptions, pronouns, and manifestations
1. Wisdom & Knowledge Cognitive strengths	Creativity	[originality, ingenuity, discovering new and innovative ways to do things, thinking of novel and productive ways to do things]
related to attaining and using new knowledge	Curiosity	[openness to experience, taking an interest in all of ongoing experience, enthusiastically exploring and discovering new things]
	Judgment & Open- Mindedness	[critical thinking, thinking things through and examining them from all sides]

Love of Learning [Relishing in the acquisition of new skills and knowledge, mastering new skills, topics, and bodies of knowledge] Perspective [wisdom, providing wise counsel to others] 2. Courage Bravery [valor, not withdrawing or shrinking from Emotional strengths threat, challenge, difficulty, or pain] that involve working Perseverance [persistence, finishing what one starts, hard to accomplish industriousness, working hard to finish goals in the face of what is started

> [authenticity, integrity, speaking the truth Honesty and presenting oneself in a genuine and authentic way] Zest [vitality, enthusiasm, vigor, energy, Approaching life with excitement and Capacity to Love and Be

3. Humanity *Interpersonal* strengths that involve developing relationships and caring for other people

4. Justice

of a healthy

community

opposition

Loved Kindness

Social Intelligence

Civic strengths related to be an integral part

**Teamwork** 

Fairness

Leadership

Forgiveness & Mercy

Modesty & Humility Prudence

Self-Regulation

Transcendence Strengths that provide meaning in life and exceed the limits of ordinary experience

5. Temperance

Strengths related to

thoughts, emotions,

and behavior

the use of restraint in

Appreciation of Beauty and Excellence

Gratitude

Hope

[Valuing close relations with others]

[generosity, doing favors, nurturance, care, compassion, altruistic love, being generous and doing good deeds] [emotional intelligence, personal intelligence, being aware of the motives and feelings of self and others, knowing how to adapt to different social situations] [citizenship, social responsibility, loyalty, Working collaboratively and well as

member of a team or a group] [Treating all people the same according to notions of fairness and justice and with impartiality] Effectively managing groups to complete

activities, organizing group activities and seeing that they happen] [Forgiving those who have done wrong]

[Being modest and letting one's accomplishments speak for themselves [Being cautious about one's actions or choices; not saying or doing things that might later be regretted] [Regulating what one feels and does, selfcontrol, Exercising self-control and discipline]

[awe, wonder, elevation, Noticing and admiring beauty and excellence, and/or skilled performance in all domains of everyday life]

Being aware of and thankful for the good things that happen] [optimism, future-mindedness, future

orientation, Expecting the best in the future, and working actively to achieve it]

Humor	[playfulness, enjoying laughter and amusing others, liking to laugh and joke,
	bringing smiles to other people] [faith, purpose, having beliefs about life
Religiousness & Spirituality	that bring comfort, having coherent beliefs about the higher purpose and meaning of life]

Note. Terms in brackets are variants of the Character strength adapted from Peterson and Seligman (2004).

## **Trustworthiness**

To increase the credibility of our findings, we used a peer checking process. Discussion continued until a consensus was reached among the co-researchers [33]. Open dialogue and careful probing were used during the interviews to ensure that the information was reliable. To enhance transferability [34], we continued interviews until data saturation occurred, made clear and distinct descriptions of the content and presented rich information from the findings.

#### **Ethics**

All procedures were in accordance with the guidelines of the Research Ethics Committee of the University (CUHK Approval number: SBREC 19-114) and Joint Chinese University of Hong Kong–New Territories East Cluster Clinical Research Ethics Committee, reference number: 2019.429. A digital code was used to refer to each participant to maintain anonymity.

#### **Results**

## Clinical and demographic characteristics

A total of 24 female breast cancer patients participated in the interviews. The average age of the participants was 52.54 years (range, 30–70 years). Table 3 outlines the participants' characteristics. Most of the participants had stage I/II breast cancer (66.7%), and the remainder (33.3%) had stage III/IV breast cancer. Seventeen participants (70.8%) had breast cancer in the left breast, five (20.8%) had cancer in the right breast and two (8.3%) had bilateral breast cancer.

**Table 3** Demographic information and clinical data of the participants (N = 24)

Characteristics	Number	(%)
Age (years)		
$Mean \pm SD$	$52.54 \pm 11.56$	
Range	30-70	
Age <60	15	62. 5
Age ≥60	9	37. 5
Marital status	21	07.5
Married	21	87.5
Unmarried or widow	3	12.5
Occupation	17	70.0
Employed	17	70.8
Unemployed	7	29.2
Education states		
Primary school and below	10	41.7
Junior school	4	16.7
Senior high school	7	29.2
Bachelor and above	3	12.5
Perceived Income		
Low	3	12.5
Middle	9	37.5
Good	7	29.2
High	5	20.8
Type of cancer		
Breast cancer	24	
Left	17	70.8
Right	5	20.8
Two sides	2	8.3

		14
Stage of disease		
I/II	16	66.7
III/IV	8	33.3
Time since diagnosis (months)		
Mean	8.63	
Adjuvant therapy		
Only had surgery	10	41.7
Also had chemotherapy or radiation	14	58.3
therapy		

Note. Because of rounding, percentages may not total 100.

## Character strengths identified within the VIA framework

The participants' main character strengths were consistent with the VIA classification; they included cognitive strengths, emotional strengths, civic and community strengths, interpersonal strengths, temperance strengths and transcendence strengths. Table 4 summarises the character strengths of the breast cancer patients. The original 24 strengths were identified in the findings, and two new strengths of selflessness and pragmatism emerged in our study. The themes (virtues) and subthemes (strengths) are illustrated by sample quotes from the participants (Table 5). The participants also gave their perceptions and comments on the outcomes and expectations of identifying and using individual character strengths. In general, the participants expressed improved self-awareness and a greater sense of purpose and well-being.

Virtues	Character strengths	Cultural adapted descriptions, pronouns, and
		manifestations
Cognitive	Creativity	Ingenuity, doing things in innovative ways,
strengths		thinking in innovative and unique ways; seeing
		things in different ways
	Curiosity	Interested in all experiences; motivated to discover and
		explore new things; want to learn about unknown
		objects, environments or experiences of others
	Judgment &Open-	The ability to think, understand, analyze, discern or
	Mindedness	judge rationally, independently and comprehensively; thinking carefully; defensive thinking
	Love of Learning	Studious, be eager to learn, erudite, philomathic;
		mastering new skills; enjoy new knowledge, enjoy
		learning
	Perspective	Resourceful, wise, good at planning and handling
T .: 1		things; excellent insight and vision, farsighted
Emotional	Bravery	Fearless, courageous, heroic, resolute, brave and bold;
strengths		not timid, not afraid of danger or difficulty, not
	D	shrinking back.
	Perseverance	Persevere to the end, no slackness, still persevere after
		repeated failures; hardworking, not give up halfway; diligent, industrious
	Honesty	True, honest; integrity, sincere and earnest, whole-
	Hollesty	heartedly; being true to oneself and others
	Zest	Enthusiastic about things or others; vigorous vitality;
	2031	vividness in action, thought or expression, energetic
Interpersonal	Capacity to Love and	Valuing close relations with others; give love to others,
strengths	be Loved	be loved by others; feel the warmth, happiness,
C	be Loved	satisfaction and beauty in love, friendship, family
		affection, fraternity and other deep emotions for people
		and things.
	Kindness	Benevolent, kind-hearted; generosity, nurturance,
		charitable; serving others without expectation
	Social Intelligence	Emotional intelligence, aware of the motives and
		feelings of oneself and others; knowing how to get
	_	along can make others comfortable
Civic and	Teamwork	Working collaboratively and well as member of a team
community		or a group, unite and work together to get better results;
strengths	г:	loyalty to team or group and working well with others
	Fairness	Righteousness, uprightness; not afraid of the strong, not
		bullying the weak, stick to the right way; Treat everyone the same according to justice
	Leadership	Confucian leadership; influence others, improve the
	Leadership	efficiency of the entire group and ensuring team
		harmony
	Selflessnessa	Dedication, not self-interested; proud to serve the
	Semessiess	collective people and ashamed to deviate from the
Restrained and temperance		people, proud of unity and mutual assistance, ashamed
		of self-interest; devotion to family and country.
	Forgiveness & Mercy	Forgive, ignore the faults of others; tolerant,
	<u> </u>	considerate; not to care about wrongdoing or to hold
strengths		accountable; compassion
	Modesty & Humility	Modest, polite, humble; reserved, courteous, not
		exaggerating one's ability or value; no boasting or
		arrogance, not complacent; willing to accept criticism,
		and humbly ask people for advice.

	Prudence	Be cautious about actions or choices; solemnly, careful; dependable, stable, calm and not anxious in situations
	Self-Regulation	Self-control; disciplined, restraint; managing personal impulses, emotions, laziness and other bad habits
	Pragmatism <sup>a</sup>	Believe practice leads to true knowledge and wealth, believe actions speak louder than words, try to be practical, realistic, committed to the reality
Transcendence strengths	Appreciation of Beauty and	Appreciate, awe, fascinate and admire the beauty and excellence, and/or all outstanding skills, treasures or people
	Excellence Gratitude	Being aware of and thankful for the good things that happened, grateful, moved by the virtues of others, grateful for the kindness and favors of others, and seek ways to return
	Норе	Optimism, positive future mindedness, full of confidence in what is going on, open-minded and have good wishes for the future
	Humor	Funny, humorous, playfulness and enjoy talking witty, bring laughter and amusement to others
	Religiousness & Spirituality	Faith, believe in religion, unwavering belief, a state of mind that has trust or trust in someone or something, extremely convinced of a certain thought, doctrine, and as a personal belief

<sup>&</sup>lt;sup>a</sup> Newly emerged themes in the current study

**Table 5** Examples from the participants in character strengths, with their anonymous code number and age

Character strengths	Quotes
Creativity	I feel that I always think differently from others of my age. The way I look at things is different. I usually make some fresh and unique gadgets for the children at home (Participant 14, 45).
Curiosity	I'm interested in hearing gossip about what's going on between my neighbours and where my relatives have travelled, or finding out what grocery they recommend and where supermarkets are offering cheaper discounts. I'm interested in all these experiences and things, sort of curious (Participant 22, 53).
Judgment	I think I'm older, but much wiser than when I was younger. I've been through a lot of
&Open-	things and I'm not so attached and concerned about everything. Nowadays, when
Mindedness	things come up again, I think very rationally and calmly about what to do, unlike the young people who are so whiny (Participant 17, 47).
Love of	I usually learn a new thing, that is, learn to dance the popular square dance to divert
Learning	my attention. Recently I learnt to play new cellphone apps like Douyin and Kuaishou with my friends. I feel that I do not have time to be unhappy when learning new things (Participant 1, 48).
	My personality is very good, just love to study and love to work. I usually use two mobile phones to study, and all the recordings on the other mobile phone (Participant 11, 30).
Perspective	I think life is only a few decades, like a white horse passing a gap. Sooner or later, it is the same thing. The key is that you must think about it and look down on everything. This is the wisdom of survival (Participant 3, 54).
Bravery	I think I dare to face these things myself. But my body is my own business, I must be brave (Participant 3, 54).
Perseverance	My husband can feel that I am strong and persistent. Compared with others, the advantages my character brings is I can be a bit stronger against stress. (Participant 2,

17 67). I worked very hard in my work unit before, just want to get a promotion next year. Unexpectedly, this illness disrupted the plan (Participant 4, 32). Honesty I am an ordinary person, I'm just straight hearted, and then I just say what I think, that is, I am honest and sincere (Participant 1, 48). Zest Because I am passionate about making friends in the square dance group, now I am sick and many partners come to see me. I was encouraged when they came (Participant 10, 52). Capacity to I am filial to my parents-in-law and be a good daughter-in-law. After being sick, I am Love and be very happy and feel beloved to be taken care of after a long time. I feel that my families support me and love me (Participant 1, 48). Loved Then I never did anything bad. Then I felt like I was very nice. I was just being kind to Kindness others. Repay grievances with virtue and be compassionate (Participant 1, 48). I believe benevolent must be rewarded with kindness. I've always been a good person (Participant 3, 54). Social Every time my family came, I said I was fine and did not want them to worry Intelligence (Participant 9, 65). Teamwork Three cobblers with their wits combined, equal Zhuge Liang the master mindcollective wisdom often proves superior (two heads are better than one) (Participant 4, I used to work, and I can have a good relationship with my colleagues and subordinates (Participant 11, 30). Fairness Any conflicts between them can be handled fairly no matter what I say. I got this disease and I cannot do anything now (Participant 11, 30). I was also a small head in the unit before, and how to allocate jobs to everyone Leadership harmoniously is also a skill, and it can improve the efficiency of the entire department (Participant 12, 35). I have made it to the position of department manager in my organisation and would not have missed work had I not been ill. I had to get my people's affairs in order before I was admitted to hospital (Participant 24, 37). I feel that I am selfless. I have sacrificed my whole life, sacrificed for my family, and cooperated with national policies. I feel that our generation pays more attention to the collective and puts everyone's interests ahead of their own. This is also written in the Selflessness Eight Honors and Eight Shames (Participant 13, 60). It is proud to serve the collective people and ashamed to deviate from the people. We are proud of unity and mutual assistance, and ashamed of self-interest (Participant 16, 56). Well, I think everyone is good, but many patients are now demanding and dissatisfied Forgiveness & with the people around them. Sometimes they lose their temper at the small mistakes Mercy of doctors and nurses. It is better to be tolerant and forgive like me (Participant 11, 30). Modesty & My family and patients still thought I was humble. I feel that my personality is simple, Humility and I get along well with everyone (Participant 5, 52). I take photographs of the bags of medication that I receive infusions of and the Prudence medication that I take every day. I also keep the bill for each payment. I often talk to my doctor about my condition and I think that being discreet will give me peace of mind (Participant 23, 38). Self-I felt that my self-discipline was meaningful, so I strengthened my exercise. Regulation (Participant 8, 55). Practice brings real wealth, it speaks louder than words (Participant 3, 54). Pragmatism I am a pragmatic person, I don't know how to say nice things. I do not afraid and have no time to feel depressed. I do not want to worry about it. I just want to eat and drink and do my work. I do not want anything else (Participant 2, 67) Appreciation I was reading a novel about the philosophy of life recently. I will read this book after of Beauty and treatment. I feel comfortable appreciating these beautiful things. I also appreciate the natural environment and feel better (Participant 12, 35). Excellence Everyone, whether old or young, should know how to be grateful (Participant 1, 48). Gratitude I think the nurses here have given me a lot of help, and the doctors respect my ideas and help me with treatment. I am very grateful to them. The services in the hospital are

	very good, so I feel very good (Participant 3, 54).
	I feel that the doctors, nurses and family members are very concerned about me.
	Everyone has a very good attitude. It is not easy for everyone to work and live. I have
	a lot of spiritual support. I am very grateful (Participant 11, 30).
Норе	My family is pampering me now, which is pretty good. My husband said that I have
•	been optimistic in the past years. Well, I just want to be stronger anyway, everything
	will definitely get better (Participant 2, 67).
Humor	But sometimes when I chat with patients in the department, no matter what I say,
	everyone is very happy. It feels like I am everyone's pistachio. But I think I am more
	cute than humorous (Participant 5, 52).
Religiousness	Just to get better soon, and live a few more years, I have been chanting and believing
& Spirituality	in Buddha. My child also said that I had changed but felt that my mentality was much
ω Spirituality	better and calmer after relying on faith and religion (Participant 7, 65).

Theme 1: Cognitive strengths

Cognitive strengths reflect wisdom, knowledge, exploration, openness and knowledge-seeking [7]. This theme involves five strengths: creativity, curiosity, judgment and open-mindedness, love of learning, and perspective. These subthemes reflect the manifestations of cognitive strengths based on wisdom, openness and knowledge. In response to unexpected situations or unfamiliar problems, the participants usually gave wise solutions. Some participants aided their recovery by reading about treatment and nursing skills, which also demonstrated their love of learning. Love of learning refers to cognitive engagement, mastering new skills and increasing existing knowledge [35]. Creativity refers to original and adaptive thought or behaviour. The narratives of the participants also reflected how they found new ways to deal with the familial and social problems encountered while receiving treatment.

**Theme 2: Emotional strengths** 

When the participants talked about their lives after breast cancer and the inherent difficulties they faced, they also showed the emotional strengths of courage, perseverance, honesty and enthusiasm. This theme involves four strengths: bravery, perseverance, honesty and zest. These subthemes reflect the Chinese manifestations of emotional strengths. Being brave means not shrinking from challenges [36]. For example, some participants said that they dared to face physical damage after breast surgery and hair loss after chemotherapy. They felt that living was more important than these considerations. Bravery enabled self-determination and helped them actively persevere. Other participants said frankly that they told their family members about their fear of death, while emphasising that their family members remained 6/10 encouraging and supportive.

## Theme 3: Interpersonal strengths

Interpersonal strengths clearly reflect humanity and justice. They include love, kindness, social intelligence and developing relationships and caring for other people. This theme involves three strengths: capacity to love and be loved, kindness and social intelligence. Social intelligence is the awareness of the motives and feelings of oneself and others, and knowing how to adapt to different social situations [36]. This was demonstrated by many participants, especially patients who got along well with roommates and nurses during hospitalisation.

Theme 4: Civic and community strengths

Civic strengths are considered an integral part of a healthy community; they include teamwork, fairness and leadership. In our study, we also identified a fourth civic strength: selflessness. Teamwork refers to social responsibility and working collaboratively as a member of a team or group. Fairness involves treating people the same according to principles of justice. Selflessness refers to dedication, rather than self-interest. This is a distinct cultural strength proposed by the Chinese participants in the study. Participants thought this was one of their strengths, which helped them

#### Theme 5: Restraint and temperance strengths

obtain the respect of others and society.

Restraint and temperance strengths encompass forgiveness, modesty, prudence and self-regulation. In our study, this theme also contains a fifth strength: pragmatism. Modesty means an unwillingness to praise oneself and show off one's qualities or achievements [2,36]. In all of our interviews, when we first mentioned expressing personal strengths, the participants often avoided talking and reflected that humility is a common occurrence. The participants were reluctant to talk about their own achievements and character strengths. They thought that talking about this would violate their culture's respect for humility, and they were embarrassed. In contrast, they were more willing to admit that they had many shortcomings. Chinese Confucian view has evolved into the view that humility makes people grow, while complacency and pride make people degenerate [37]. Pragmatism is related to facts or practical matters, and usually excludes intellectual or artistic matters. Pragmatism is a new

emergent subtheme, which means practicality rather than idealism. This is another distinctly Chinese strength that may be related to China's long period of construction and development.

## Theme 6: Transcendence strengths

Transcendence strengths provide meaning in life and exceed the limits of ordinary experience. This theme contains five strengths: appreciation of beauty and excellence, gratitude, hope, humour, and religiousness and spirituality. Although the participants mentioned that their spirituality was related to Buddhism, it was more about how they gained strength from their belief system and cultural values. These strengths gave the participants guidelines, made them feel special, and enabled them to cope with the negative things in their life and treatment. Gratitude and spirituality were common strengths across all of the interviews. The participants mentioned that they tended to gain comfort from these strengths after their diagnosis, despite their physical weakness and psychological dysfunction.

## Positive outcomes and expectations of identifying and using character strengths

Several subjective positive outcomes were frequently addressed by the participants in connection with the awareness of strengths. They included improved self-awareness, personal confidence and self-esteem, increased happiness, optimism, a greater sense of meaning in life, improved well-being and decreased distress. Better well-being and a sense of meaning were the most frequently addressed benefits

(mentioned eleven times). In addition, in reference to these outcomes, most of the related strengths were those that involved reconnecting with people, such as gratitude, kindness, selflessness and love. The most frequently quoted proverb was 'good people get rewards' (mentioned eight times); that is, they felt that if they did good deeds for others, their health and life would improve.

## **Discussion**

The patients with breast cancer in this study described a large repertoire of character strengths they used or wished for during survivorship. In line with previous studies [2], most of the themes and sub-themes coded in this study were in line with VIA. Two more strengths — selflessness and pragmatism — emerged. Cultural values and culture (e.g., collectivism, importance of family, Confucianism and Buddhism) helped structure the participants strengths and influenced their descriptions.

In our study, the participants with breast cancer did not differ from the healthy individuals studied in the previous literature in terms of transcendence strengths (appreciation of beauty and excellence, religiousness, spirituality) and cognitive strengths (wisdom and knowledge). These are potential characteristics of breast cancer patients that they can use when experiencing life and treatment events. These results are reflected in traditional palliative care or existing psychosocial programmes for breast cancer patients, in which patients are taught to express appropriate emotion and improve their problem-solving skills as part of the recovery process [38]. The

breast cancer patients in this study experienced a similar appreciation of beauty. They appreciated excellence in all areas of life (art, nature and daily life) and in other people. They had coherent beliefs about truth and life independent of their disease and treatment.

The experiences of emotional strengths, interpersonal strengths, civic and community strengths, restrained and temperance strengths, and other types of strength are significantly influenced by breast cancer and cultural values. Kindness and gratitude are associated with positive affect [36], and were the character strengths most frequently expressed by the participants. Studies have consistently shown that strengths of the heart, such as kindness and gratitude, are more strongly associated with well-being than individual strengths, such as creativity and leadership. The other character strengths most frequently mentioned by the participants were love, selflessness, honesty, modesty and hope. This coincides with the perception of character in Chinese culture. Chinese people have inherited the Confucian emphasis on the cultivation of good character traits, like benevolence and kindness [39]. Kindness and fairness are the important characteristics in the traditional culture of benevolence and righteousness. Some of the participants emphasised that their belief in Buddhism and religious practice made them feel much calmer during their breast cancer episode, and they felt that their spirit and beliefs gave them hope and gave life new meaning. This finding also suggests that spirituality/religiousness is related to meaning and goals in life [40].

Concepts also need to be understood within the prevailing sociocultural and political context [41]. The two newly emerging strengths are influenced by contemporary culture and policies. Selflessness refers to the characteristic Chinese concept that people should not be self-interested, be proud to serve the collective and ashamed to deviate from it, and strive for unity. Pragmatism emphasises beliefs that practice will lead to true knowledge and wealth; it has been strengthened by modern development policies.

Throughout the research process, the participants had difficulty identifying and talking about their strengths. This may demonstrate their strength of modesty. Such humbleness could be influenced by Chinese Confucian culture [39]. Other studies have also identified this barrier to the expression of strengths [2]. The challenges encountered by our participants in transforming their strengths into descriptive language may reflect their need for more opportunities for self-awareness and self-reflection. Another possible explanation is the conceptual overlap between strengths and cultural values. This overlap may lead people to underestimate their capabilities [42] and their interpersonal and cognitive strengths. The participants also highlighted that they wanted their character strengths to be more noticed, appreciated and encouraged by others, such as family members and medical caregivers. Chinese culture emphasises the role of the family. The affairs of family members are usually determined by the entire family [43]. In such a collectivist environment, individual character is often not valued. Interaction with physicians and nurses was also highlighted. The women's high respect for physicians and reliance on nurses led them

to attach great importance to communication. The awareness and praise of personal character strengths by family members and medical caregivers enhanced their sense of self-esteem and well-being while living with breast cancer. One previous study similarly demonstrated that overcoming blindness to strengths could improve an individual's self-efficacy and self-confidence, which in turn could affect their wellbeing [44].

## Theoretical considerations and implications

Although there are other current theories and frameworks based on strengths, they have a number of limitations; in contrast, VIA has achieved a wide range of applications. Roux, Dingley and Bush (2002) introduced the theory of inner strength and Lundman et al. (2010) offered a conceptual model of four core dimensions [45,46]. However, most related studies have been carried out on women. Expressions of inner strength at different ages and in different life circumstances take different forms [41]. Janssen, Van Regenmortel, and Abma (2011) identified sources of strength in three domains, individual, interactional and contextual, but did not define the strengths [47]. In a similar Chinese study, Duan and Ho (2017) used the VIA theory of character strengths, but their three-dimensional model of strengths (temperance, intellectual, and interpersonal) was generalised to the non-clinical community [48].

Our findings among breast cancer patients support the theoretical understanding of strengths [7]. Our study examined the viability of the popular VIA theory among a specific population in the Chinese context. The findings also extend the theoretical and empirical evidence for the VIA model to the population of patients with breast cancer in China. This compatibility and integration of strengths theory and traditional values may make the VIA more than a conceptual tool. Although the original VIA classification framework applied to a range of religions, philosophies and cultures, the situational themes of strengths could be expressed in different life domains or specific contexts/situations [48]. In our study, the patients with breast cancer were in a special context with various challenges. It is important to note that the VIA is still being refined, so the list of strengths may change accordingly [49]. Therefore, further research is needed to test the VIA among breast cancer patients with various characteristics.

## **Clinical implications**

It is important to emphasise the psychological strengths of breast cancer patients and their abilities related to their personal traits in a kind of individualoriented salutogenic approach [35]. Strengths that are associated with positive outcomes are those that link people together, such as gratitude, kindness, selflessness and love. However, for nurses, psychological counsellors and other professionals, further research is needed to optimise the description of strengths and evaluation for patients in China.

To our knowledge, this is the first study to describe Chinese breast cancer patients' perceptions and experiences of character strengths. The findings indicate that

character strength is a crucial psychological resource during patients' survivorship.

Further research is needed to learn more about the strengths of a larger population of breast cancer patients with different backgrounds. In addition, strength identification and knowledge are only prerequisites. Using strengths is what leads to valuable outcomes. It is also necessary to explore strategies and interventions to help breast cancer patients mobilise their personal strengths. Strength-based practices adapted to Chinese breast cancer patients should be developed in clinical programmes.

## **Study limitations**

Although we have provided some important findings on the strengths of breast cancer patients, this study has several limitations. First, the generalisability of the results is limited. The number of participants was small. The study hospital was a provincial hospital that admitted patients from central China. Second, the findings were based on the statements of the participants. Additional studies are needed to explore the generalisability of our findings. Another limitation may be the definition of character strengths. This study used the core descriptive elements provided by Peterson and Seligman (2004) [12]. Making use of a broader study of strengths could overcome this limitation, especially for those who are less familiar with character strengths and those who have difficulty in describing them. Replicating the study might increase its validity by allowing participants more time to become familiar with strengths and to speculate about expressions based on their individual experiences.

## Conclusion

This study revealed the obstacles encountered by breast cancer patients in describing their own strengths but proved that it is possible to uncover their character strengths. An evidence base is needed to optimise breast cancer patients' awareness of their strengths. Breast cancer patients' perceptions of character strengths are affected by various issues related to personal experience with breast cancer and cultural values. The participants in this study experienced better well-being and a greater sense of purpose in life due to character strengths that reconnected people. This study highlights the importance of cultural values to the construct of character strengths. Finally, this study established a theoretically sound model for understanding and addressing strengths in Chinese clinical breast cancer care with clear, culturally specific descriptions.

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**Patient and public involvement** Patients and/or the public were not involved in the design, conduct, reporting or dissemination plans of this research.

**Patient consent for publication** A digital code was used to refer to each participant to maintain anonymity. Patient consent for publication Consent obtained directly from patient(s).

Ethics approval All procedures were in accordance with the guidelines of the Research Ethics Committee of the University (CUHK Approval number: SBREC 19-114) and Joint Chinese University of Hong Kong–New Territories East Cluster Clinical Research Ethics Committee, reference number: 2019.429. This study was in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki declaration and its later amendments.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement Data are available on reasonable request.

## References

- Moyle W, Parker D, Bramble M. *Care of older adults. A strengths-based approach.* Sydney: : Cambridge University Press 2014.
- Waterworth S, Raphael D, Gott M, *et al.* Uncovering strengths within community dwelling older adults: What does it mean for health care practice? *Heal Soc Care Community* 2019;:1–9. doi:10.1111/hsc.12924
- Gottlieb LN, Gottlieb B. Strengths-Based Nursing: A Process for Implementing a Philosophy Into Practice. *J Fam Nurs* 2017;**23**:319–40. doi:10.1177/1074840717717731
- Duan W, Bu H. Development and initial validation of a short three-dimensional inventory of character strengths. *Qual Life Res* 2017;**26**:2519–31. doi:10.1007/s11136-017-1579-4
- Jeste D V., Palmer BW, Boardman S, *et al.* Integrating Positive Psychiatry Into Clinical Practice. In: *Positive Psychiatry*. 2015.

  doi:10.1176/appi.books.9781615370818.dj12
- McGrath RE, Hall-Simmonds A, Goldberg LR. Are Measures of Character and Personality Distinct? Evidence From Observed-Score and True-Score

  Analyses. *Assessment* 2020;27:117–35. doi:10.1177/1073191117738047
- Peterson C, Seligman ME. *Character strengths and virtues A handbook and classification*. New York: : Oxford University Press 2004.
- Pieters HC. 'i'm Still Here': Resilience among older survivors of breast cancer.

  \*Cancer Nurs 2016;39:E20–8. doi:10.1097/NCC.0000000000000248

- 9 Seligman M. Flourish: a visionary new understanding of happiness and well-being. In: *Choice Reviews Online*. 2011. 48-7217-48–7217. doi:10.5860/choice.48-7217
- Shimai S, Otake K, Park N, *et al.* Convergence of character strengths in American and Japanese young adults. *J Happiness Stud* 2006;7:311–22. doi:10.1007/s10902-005-3647-7
- Baumann D, Ruch W, Margelisch K, *et al.* Character Strengths and Life
  Satisfaction in Later Life: an Analysis of Different Living Conditions. *Appl Res Qual Life* Published Online First: 2019. doi:10.1007/s11482-018-9689-x
- 12 Chan CWH, Chang AM. Stress associated with tasks for family caregivers of patients with cancer in Hong Kong. *J Adv Nurs* 1999;**29**:484–9. doi:10.1097/00002820-199908000-00002
- So WKW, Choi KC, Chen JMT, *et al.* Quality of life in head and neck cancer survivors at 1 year after treatment: the mediating role of unmet supportive care needs. *Support Care Cancer* 2014;**22**:2917–26. doi:10.1007/s00520-014-2278-0
- Rotegard AK, Fagermoen MS, Ruland CM. Cancer patients' experiences of their personal strengths through illness and recovery. *Cancer Nurs* 2012;**35**:8–17. doi:10.1097/NCC.0b013e3182116497
- Niemiec R, Rashid T, Spinella M. Strong Mindfulness: Integrating Mindfulness and Character Strengths. *J Ment Heal Couns* 2015;**34**:240–53. doi:10.17744/mehc.34.3.34p6328x2v204v21

- Fang SY, Lin YC, Chen TC, *et al.* Impact of marital coping on the relationship between body image and sexuality among breast cancer survivors. *Support*Care Cancer 2015;23:2551–9. doi:10.1007/s00520-015-2612-1
- Wagner L, Ruch W. Good character at school: Positive classroom behavior mediates the link between character strengths and school achievement. *Front Psychol* 2015;**6**:1-13. doi:10.3389/fpsyg.2015.00610
- Lim YJ. Relations between virtues and positive mental health in a Korean population: A Multiple Indicators Multiple Causes (MIMIC) model approach.

  Int J Psychol 2015;50:272–8. doi:10.1002/ijop.12096
- 19 McGrath RE. Character strengths in 75 nations: An update. *J Posit Psychol* 2015;**10**:41–52. doi:10.1080/17439760.2014.888580
- Hanks RA, Rapport LJ, Waldron-Perrine B, *et al.* Role of character strengths in outcome after mild complicated to severe traumatic brain injury: A positive psychology study. *Arch Phys Med Rehabil* 2014;**95**:2096–102. doi:10.1016/j.apmr.2014.06.017
- 21 Macaskill A. Review of Positive Psychology Applications in Clinical Medical Populations. *Healthcare* 2016;4:66. doi:10.3390/healthcare4030066
- Yan T, Chan CWH, Chow KM, *et al.* A systematic review of the effects of character strengths-based intervention on the psychological well-being of patients suffering from chronic illnesses. *J Adv Nurs* 2020;**76**:1567–80. doi:10.1111/jan.14356

- Ruch W, Proyer RT. Mapping strengths into virtues: The relation of the 24 VIA-strengths to six ubiquitous virtues. *Front Psychol* 2015;**6**:1–12. doi:10.3389/fpsyg.2015.00460
- Markus HR, Kitayama S. Culture and the self: Implications for cognition, emotion, and motivation. *Psychol Rev* 1991;**98**:224–53. doi:10.1037/0033-295X.98.2.224
- Chan CWH, Law BMH, So WKW, et al. Novel strategies on personalized medicine for breast cancer treatment: An update. Int J Mol Sci 2017;18:2423. doi:10.3390/ijms18112423
- O'Brien BC, Harris IB, Beckman TJ, *et al.* Standards for reporting qualitative research: A synthesis of recommendations. *Acad Med* 2014;**89**:1245–51. doi:10.1097/ACM.0000000000000388
- 27 Lusardi P. Qualitative Research in Nursing: Advancing the Humanistic
  Imperative. Nurs Res 1996;45:62. doi:10.1097/00006199-199601000-00014
- Henderson PD, Gore S V., Davis BL, *et al.* African American women coping with breast cancer: a qualitative analysis. *Oncol Nurs Forum* 2003;**30**:641–7. doi:10.1188/03.ONF.641-647
- Pitre NY, Myrick F. A view of nursing epistemology through reciprocal interdependence: towards a reflexive way of knowing. *Nurs Philos* 2007;**8**:73–84. doi:10.1111/j.1466-769X.2007.00298.x
- Palinkas LA, Horwitz SM, Green CA, et al. Purposeful Sampling forQualitative Data Collection and Analysis in Mixed Method Implementation

- Research. Adm Policy Ment Heal Ment Heal Serv Res 2015;42:533–44. doi:10.1007/s10488-013-0528-y
- Ritchie J, Spencer L. Qualitative data analysis for applied policy research. In: Analyzing qualitative data. 2010. 173–94. doi:10.4324/9780203413081 chapter 9
- Barasteh S, Rassouli M, Parandeh A, et al. Palliative care in the health system of Iran: A review of the present status and the future challenges. Asian Pacific J Cancer Prev 2020;21:845–51. doi:10.31557/APJCP.2020.21.3.845
- Fox DE, Quinn RR, James MT, et al. Social Support in the Peritoneal Dialysis Experience: A Qualitative Descriptive Study. Can J Kidney Heal Dis 2020;7. doi:10.1177/2054358120946572
- Sandelowski M. The problem of rigor in qualitative research. ANS Adv Nurs Sci 1986;8:27–37. doi:10.1097/00012272-198604000-00005
- Guse T, Hudson D. Psychological strengths and posttraumatic growth in the successful reintegration of South African ex-offenders. Int J Offender Ther Comp Criminol 2014;**58**:1449–65. doi:10.1177/0306624X13502299
- Niemiec RM. Character strengths interventions. A field guide for practitioners. Boston, MA: : Hogrefe Publishing 2018.
- Li J. Humility in learning: A Confucian perspective. J Moral Educ 2016;**45**:147–65. doi:10.1080/03057240.2016.1168736
- Spiegel D. Psychosocial aspects of breast cancer treatment. Semin Oncol 1997;**24**:S1-36-S1-47.

- 39 Guo Z. Chinese Confucian culture and the medical ethical tradition. *J Med Ethics* 1995;**21**:239–46. doi:10.1136/jme.21.4.239
- Moale AC, Rajasekhara S, Ueng W, *et al.* Educational intervention enhances clinician awareness of Christian, Jewish, and Islamic teachings around end-of-life care. *J Palliat Med* 2019;**22**:62–70. doi:10.1089/jpm.2018.0077
- Lundman B, Aléx L, Jonsén E, *et al.* Inner strength-A theoretical analysis of salutogenic concepts. *Int J Nurs Stud* 2010;**47**:251–60. doi:10.1016/j.ijnurstu.2009.05.020
- 42 Tang X, Li Y, Duan W, *et al.* Character strengths lead to satisfactory educational outcomes through strength use: A longitudinal analysis. *Front Psychol* 2019;**10**:1-9. doi:10.3389/fpsyg.2019.01829
- Ling M, Wang X, Ma Y, et al. A Review of the Current State of Hospice Care in China. Curr Oncol Rep 2020;22:1–7. doi:10.1007/s11912-020-00959-y
- Waters LE. Strength-based parenting and life satisfaction in teenagers. *Adv Soc Sci Res J* 2015;**2**:158–173. doi:10.14738/assrj.211.1551
- Roux G, Dingley C, Bush H. Inner Strength in Women: Metasynthesis of Qualitative Findings in Theory Development. *J Theory Constr Test* 2002;**6**:86.
- Janssen BM, Van Regenmortel T, Abma TA. Identifying sources of strength:

  Resilience from the perspective of older people receiving long-term community

  care. *Eur J Ageing* 2011;**8**:145–56. doi:10.1007/s10433-011-0190-8

- Duan W, Ho SMY. Three-Dimensional Model of Strengths: Examination of Invariance Across Gender, Age, Education Levels, and Marriage Status.

  \*Community Ment Health J 2017;53:233–40. doi:10.1007/s10597-016-0038-y
- Niemiec RM. Six Functions of Character Strengths for Thriving at Times of Adversity and Opportunity: a Theoretical Perspective. *Appl Res Qual Life* 2020;**15**:551–72. doi:10.1007/s11482-018-9692-2
- Park N, Peterson C, Seligman MEP. Strengths of character and well-being. *J Soc Clin Psychol* 2004;23:603–19. doi:10.1521/jscp.23.5.603.50748

Standards for Reporting Qualitative Research (SRQR)—checklist of items that should be included in reports of Qualitative studies

	Item No	Recommendation	Page No
Title and abstract			
Title	1	Concise description of the nature and topic of the study Identifying the study as qualitative or indicating the approach (e.g., ethnography, grounded theory) or data collection methods (e.g., interview, focus group) is recommended	1
Abstract	2	Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions	2
Introduction			
Problem formulation	3	Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement	4
Purpose or research question	4	Purpose of the study and specific objectives or questions	6
Methods			-
Qualitative approach and research paradigm	5	Qualitative approach (e.g., ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/interpretivist) is also recommended; rationale <sup>b</sup>	7
Researcher characteristics and reflexivity	6	Researchers' characteristics that may influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, and/or presuppositions; potential or actual interaction between researchers' characteristics and the research questions, approach, methods, results, and/or transferability	8
Context	7	Setting/site and salient contextual factors; rationale <sup>b</sup>	9
Sampling strategy	8	How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale <sup>b</sup>	7
Ethical issues pertaining to human subjects	9	Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues	12
Data collection methods	10	Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources/methods, and modification of procedures in response to evolving study findings; rationale <sup>b</sup>	8
Data collection instruments and technologies	11	Description of instruments (e.g., interview guides, questionnaires) and devices (e.g., audio recorders) used for data collection; if/how the instrument(s) changed over the course of the study	9
Units of study	12	Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results)	13
Data processing	13	Methods for processing data prior to and during analysis, including transcription, data entry, data management and security, verification of data integrity, data coding, and anonymization/deidentification of excerpts	9

Data analysis

Process by which inferences, themes, etc., were identified and developed,

Data anarysis	17	in 1 dies de encounte en inverteurs, etc., were identified did developed,	10
		including the researchers involved in data analysis; usually references a	
	1.5	specific paradigm or approach; rationale <sup>b</sup>	10
Techniques to	15	Techniques to enhance trustworthiness and credibility of data analysis	12
enhance		(e.g., member checking, audit trail, triangulation); rationale <sup>b</sup>	
trustworthiness			
(Table continues)			
Results /findings			
Synthesis and	16	Main findings (e.g., interpretations, inferences, and themes); might	14-
interpretation		include development of a theory or model, or integration with prior	22
		research or theory	
Links to empirical	17	Evidence (e.g., quotes, field notes, text excerpts, photographs) to	16-
data		substantiate analytic findings	18
Discussion			·
Integration with	18	Short summary of main findings; explanation of how findings	22-
prior work,		and conclusions connect to, support, elaborate on, or challenge	25
implications,		conclusions of earlier scholarship; discussion of scope of application/	
transferability,		generalizability; identification of unique contribution(s) to scholarship	
and		in a discipline or field	
contribution(s) to			
the field			
Limitations	19	Trustworthiness and limitations of findings	27
Other			·
Conflicts of	20	Potential sources of influence or perceived influence on study conduct	29
interest		and conclusions; how these were managed	
Funding	21	Sources of funding and other support; role of funders in data	29
		collection, interpretation, and reporting	

<sup>a</sup>The authors created the SRQR by searching the literature to identify guidelines, reporting standards, and critical appraisal criteria for qualitative research; reviewing the reference lists of retrieved sources; and contacting experts to gain feedback. The SRQR aims to improve the transparency of all aspects of qualitative research by providing clear standards for reporting qualitative research.

<sup>b</sup>The rationale should briefly discuss the justification for choosing that theory, approach, method, or technique rather than other options available, the assumptions and limitations implicit in those choices, and how those choices influence study conclusions and transferability. As appropriate, the rationale for several items might be discussed together.

**Note**: BC O'Brien, Harris, I. B., Beckman, T. J., Reed, D. A., & Cook, D. A. (2014). Standards for reporting qualitative research: a synthesis of recommendations. Academic Medicine, 89(9), 1245-1251.