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Exploring the Utility of the Strengths-Based Approach in Health Care: Perceptions of Health Sciences Students

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Introduction: The *strengths-based approach* (SBA) is a paradigm grounded in nursing and social work that identifies the positive basis about a person's strengths and resources, in turn encouraging ongoing growth and development. In contrast, the commonly deployed *deficit-focused approach* maintains that individuals in care (IIC) are damaged and thus require repair. The problematic perspective upheld by the deficit model is detrimental to relationship building in the health care context. **Main objectives:** (a) assess student familiarity with the SBA to care; (b) explore how the SBA may potentially be used in various health care professions, including kinesiology; and (c) assess the perceived impact of the SBA on IIC. **Methodology:** A mixed methods design with qualitative (e.g., semi-structured interviews, thematic analysis, inductive reasoning) and quantitative components (e.g., questionnaire, deductive reasoning) was used. University of Toronto students (*n*=8; 63% females; ages 20 – 23) aspiring to be health care providers (HCPs) were enrolled in this study. The final sample was comprised of health sciences students (kinesiology, *n*=5; nursing, *n*=1; medicine, *n*=1; laboratory medicine and pathobiology, *n*=1). **Findings:** The following themes emerged from participant responses: (a) collaborative partnerships; (b) empowerment; (c) patient-centred care and autonomy; and (d) creating positive environments. Participants who maintained unfamiliarity with SBA (*n*=6) generally boasted responses regarding the hedonic emotions or sensations of IIC. Participants familiar with the SBA (*n*=2) highlighted the importance of building upon strengths and resources identified in IIC. **Discussion:** The findings derived from this study support the *Broaden-and-Build theory* and philosophical roots of happiness (e.g., hedonia and eudaimonia); both of which were used to interpret findings. Stakeholders (e.g., IIC, HCPs) benefit from the SBA because this concept allows for trusting working relationships between HCPs and IIC while preventing IIC from 'getting lost' in the complex health care system. It is recommended that the education of aspiring HCPs should include techniques that guide IIC toward 'stronger' futures**.**

Introduction

Traditionally deployed in the healthcare setting, the *deficit-focused approach* is applied by health care providers (HCPs) who seek to *fix* the health-related problems (e.g., malnutrition) of individual in care (IIC) [1.] In contrast to accentuating an individual's perceived *helplessness* (e.g., deficit model), however, the *strengths-based approach* (SBA) identifies the positive basis of an individual's resources and strengths, which serve as the foundation for ongoing growth, development, and improvement[2]. The SBA encourages HCPs to look beyond risk behaviours and limiting characteristics, and rather, inspire IIC to meet future challenges as opposed to developing a dependence on welfare services[1].

The SBA is rooted in positive psychology-based theories that explore the philosophical roots of *happiness*. Two distinct perspectives about happiness exist in the positive psychology context— *hedonia* and *eudaimonia*. Hedonia, in particular, describes

Corresponding Author Clement T. Chow. Faculty of Kinesiology and Physical Education, University of Toronto, 55 Harbord St., Toronto, ON M5S 2W6. (+1)416-978-5835, clem.chow@mail.utoronto.ca. **Keywords:** biomedical model, health care, positive psychology, strengths-based approach. Received: **May 31, 2019.** Revised form accepted: **Sept 23, 2019.** Published: **Sept 30, 2019.** ISSN pending. *This work is licensed under a Creative Commons Attribution 4.0 License*

occurrences for individuals attempting to maximize pleasure while simultaneously minimizing pain or suffering[6]. Aristotle's eudaimonia, which is more in-line with the SBA, is characterized as an individual achieving happiness when potentials are actualized and their behaviours are in alignment with their first-order values (e.g., intrinsic values)[6]. SBA draws upon the *Broaden-and-Build theory, which* demonstrates the symbiosis of hedonia and eudaimonia as essential for well-being[7]. Specifically, the *broaden* aspect of this theory includes hedonic emotions and sensations, which open up the mind to new possibilities and ideas[7]. These hedonic emotions, in turn, serve to build upon our physical, intellectual, and social resources that can be drawn upon in later moments to assist with the process of actualizing one's potentials[7].

Preliminary research regarding the SBA has been conducted in the nursing[8] and social work contexts[9–11], but the use of SBA across other health care fields remains relatively unexplored. In the present, SBA has been implemented for minority and stigmatized groups[9–13], and in various settings (e.g., urban community health, academia)[10,14–23]. Research about the application of SBA within the field of kinesiology is considered to be in its early stages. This study, therefore, aimed to investigate perceptions of health care students regarding SBA in relation to four fundamental aspects of SBA: a) creating collaborative partnerships with IIC; (b) empower IIC so that they can help themselves; (c) tend to the needs of IIC with patient-centered care; and (d) creating a positive environment conducive to ongoing personal growth[2]. The three main objectives of this research study included: (a) assessing students' familiarity with the SBA to care; (b) exploring how the SBA can be potentially used in various health care professions, including kinesiology; and (c) assessing the perceived broad impact of the SBA on IIC.

Methodology

Upon being reviewed by the Delegated Ethics Review Committee, this research study was approved by University of Toronto's Office of Research Ethics as an undergraduate student-initiated project. This study implemented a mixed methods design; qualitative (e.g., thematic analysis, semi-structured interviewing methods, inductive reasoning) and quantitative components (e.g., questionnaire, deductive reasoning) were used to investigate the applicability and perceptions of SBA use in health care settings[34]. Qualitative and quantitative inquiry, in particular, served to capture the participants' perspectives on the use of the SBA in health care. A constructivist paradigmatic position was employed as meaning and knowledge were socially constructed through the interview process. The findings of this study were collaboratively generated between the researcher and participant[35] to reflect the lived experiences of participants.

Methods

Participants

Students enrolled at the University of Toronto who aspired to achieve future employment as HCPs (*n*=8; 63% females; ages 20-23) were recruited for this study upon regulatory agency approval. These research participants were academically enrolled in faculties and departments related to the health sciences (kinesiology, *n*=5; nursing, *n* =1; medicine, *n* =1; laboratory medicine and pathobiology, *n* =1), and claimed to have extracurricular experience in health care settings (e.g., hospital, community, clinic, education, small business). All participants stated that they had experience interacting with IIC.

Recruitment

In accordance with the Declaration of Helsinki,

recruitment techniques included purposeful sampling and snowball sampling. Recruitment posters were used as the primary recruitment tool for this research study. The simultaneous use of these recruitment tactics (e.g., purposeful sampling via posters) was approved by the University of Toronto's Office of Research Ethics.

Purposeful sampling was chosen to recruit participants who possessed specific experience relevant to this study (e.g., interactions with patients in a health care setting). Initially, the lead researcher contacted potential participants by emailing them a thorough description of this research study, which included the purpose, methods, benefits and risks, confidentiality protocol, and inclusion criteria. The email addresses of potential participants were obtained by posting recruitment posters around the University of Toronto St. George campus, specifically on public boards in health science buildings (e.g., Medical Sciences building). The recruitment posters served to indicate the (a) the purpose of the research; (b) inclusion criteria; (c) methods used in the study; (d) and the post-participation compensatory plan. In response to e-mail enquiries, the lead researcher disseminated additional details about the study, while also confirming the eligibility of candidates who wished to participate in this study.

A snowball sampling technique was deployed to uncover further details about potential research participants. Snowball sampling is a sampling technique in which research participants aid the recruitment process via recommending individuals who meet the inclusion criteria to the primary researcher. In the context of this study, it is implied that the individuals recruited through snowball sampling are peers or colleagues in the same university programs as the research participants recruited via recruitment posters. Additionally, research participants recruited via snowball sampling may have volunteered at the same organizations as those who were initially recruited.

Data Collection

Data collection consisted of eight semi-structured interviews and demographic questionnaires (see supplementary material in Appendix B). Prior to the interviews, research participants were asked to complete a short demographic questionnaire about contextual information, thus providing the lead researcher a clearer understanding of the participant's background (see Table 1). Contextual information about the participant included their: (a) name; (b) age; (c) gender; (d) year of study; (e) faculty or department of study; and (f) student practicum or workplace setting (e.g., hospital, community, clinic, education, small business).

Each semi-structured interview was 30 to 45 minutes long. The interviews took place in a controlled environment that was relatively quiet and comfortable for participants. With the participant's consent, all interviews were audio-recorded with a voice recorder. The semi-structured interviews allowed for participants to lead and have greater control over the topics discussed. The interview consisted of a set of open-ended questions to facilitate discussion (see supplemental material in Appendix B) and certain questions were asked depending on the participant's familiarity with the SBA. Participants had the opportunity to freely express their ideas, attitudes, and opinions about the subject matter at hand.

Data analysis

All interviews were transcribed verbatim and later thematically analyzed upon interview completion. Thematic analysis was chosen for this study because of its ability to effectively identify themes or patterns found throughout the different accounts[34]. Fundamental aspects of SBA, such as collaborative partnerships, empowerment, patient-centred care and autonomy, and the creation of positive environments were themes used to answer this study's initial research question and satisfy the study's three prima-

-ry objectives (e.g., collaborative relationships with IIC, empowering IIC). Thematic analysis began with the familiarization of transcripts; generation of assigned initial codes that corresponded to different themes identified in the earlier step[36]. Afterwards, the interview data was analyzed for themes before these themes were categorized. The transcriptions were subsequently codified by the identified themes obtained in the previous step[36]. Both inductive and deductive approaches were utilized during the thematic analysis process. The inductive approach was used in the initial search for themes and coding of the transcripts. The deductive approach was subsequently used in the development, analysis, and reviewing of the themes found in the interview transcriptions.

Results

Objective 1: Familiarity with the Strengths-Based Approach

Danielle and Kim were the only participants who claimed to be familiar with the SBA; they had both used it in practice through coaching or social work. The other six participants who were unfamiliar with the SBA interpreted it as a paradigm in which HCPs reflect on the characteristics of the IIC, such as positive affective traits, moods, or states. These six participants took a hedonic perspective when identifying strengths of the IIC and this stance made the "comfort and happiness" of the IIC their top priority. Avelyn, in particular, noted the following about patient satisfaction:

> *"Patient satisfaction is number one, so if you can work with the patient but also keep their comfort level in mind […] I think that's very important."* (Avelyn, 23, female, second-year nursing student)

Participants Maggie and Kevin similarly emphasized patient satisfaction, claiming that their supervisor or mentor highlighted the importance of this aspect of care. All six participants who were unfamiliar with the SBA focused on the hedonic emotions and sensations of IIC during the interviews. However, merely prioritizing positivity during an interaction or satisfactory experience for the IIC may only be taken at face value.

In contrast to those unfamiliar with the SBA (e.g., Maggie, Kevin), Danielle and Kim described health care from a eudaimonic perspective. They highlighted the importance of building upon the strengths and resources identified about the IIC. This perspective gives the IIC the opportunity to actualize their potentials and operate with the feeling of being absorbed by overcoming their challenges. However, this eudaimonic process of actualization is contingent on the hedonic emotions or sensation that both the IIC and HCPs must mutually bring in a partnership. Both Danielle and Kim learned SBA from their mentors and post-secondary educations. Danielle describes guiding the IIC towards independence as a form of strength that would help the IIC build upon their social support and resources:

> *"Independence is like building on their strengths and then putting more strength on top of that and helping the client find the resources they need to actively seek help."* (Danielle, 21, female, fourth-year kinesiology student)

Objective 2: Applications of the Strengths-Based Approach

Everyone except Sandeep believed that the SBA may be applicable in the health care context. Interestingly, Kim – who was familiar with the SBA – found advantages in both the SBA and traditional paternalistic or deficit-focused approaches. Kim argued that the approach that is used (e.g., SBA, deficit model) should be tailored to the needs of the IIC. In some cases, therefore, the paternalistic approach may be preferred over the SBA. Additionally, there was over-

-whelming consensus from all participants (*n*=8) that the SBA would be most effective in care that demanded a long-term professional relationship. Danielle thought that the SBA would be most applicable to individuals with mental illnesses:

> *"A mental health disorder never goes away completely, it always comes back […] I think [the SBA] is good [for] certain things, especially if you're going to have long-term care with a person."* (Danielle, 21, female, fourth-year kinesiology student)

The six research participants who claimed to be unfamiliar with the SBA provided care with a positive regard towards IIC. These six participants saw the reciprocation of positivity when they initiated a positive approach; the IIC behaved positively towards the HCPs. Creating a positive environment with the language of empowerment, along with the utilization of patient-centered care (via autonomy) are all fundamental aspects of the SBA. The following quote exemplifies patient-centred care as a fundamental aspect of SBA:

> *"Autonomy in patient-centered care will make them feel like a human and not just an object that I'm providing something for. They have a voice and I try and make sure that they're being heard."* (Annabelle, 22, female, fourth-year kinesiology student)

Objective 3: Perceived Impacts on Motivation and Attitudes

As cited by the research participants, identifying strengths of IIC impacted the motivational levels and attitudes of IIC. The majority of participants (*n*=5) reported that an individual's positive attitude was a strength. Participants believed that positive attitudes developed a culture of self-care and personal advocacy. Kevin, in particular, affirmed that a positive attitude assisted in the healing process. Specifically, Kevin stressed that IIC possess the ability to take control and personally impact treatment outcomes:

> *"Positivity […] can have a positive effect on their rehab and might change the outlook of it. I think it's understood that how you think about something can affect the physical outcome."* (Kevin, 21, male, fourth-year kinesiology student)

Only one research participant, Connor (*n*=1), believed that through a partnership, the individual they worked with determined or acted in accordance with their own desires, rather than being influenced or manipulated by external goals or desires of others:

> *"I think that they feel [empowered] because a lot of the time they are able to stick to programs and participate, and put an effort because they feel like they can contribute to their own development."* (Connor, 21, male, fourth-year kinesiology student)

Discussion

All of the research participants (*n*=8) were able to describe themes of collaborative partnerships, empowerment, patient-centred care and autonomy, and the creation of positive environments; these themes were akin to the literature's description of the SBA. All of the participants spoke about the fundamental aspects of the SBA relative to IIC. Using some of these fundamental aspects allowed HCPs to possess awareness of a different perspective of the unique exceptionalities of IIC[2]. Through the incorporation of these four foundational aspects of the SBA, HCPs should have a role in empowering IIC and encouraging their desire to meet their goals, while setting new goals, in turn fulfilling their highest potential[6]. The positivity that manifested from using the SBA led to the research participants perceiving that the IIC that they interacted with had a positive experience. The majority of the research participants per-

-ceived increased rates of participation by IIC during their positive interactions. In turn, IIC exhibited positive attitudes towards medical services, thereby expressing hedonic emotions towards study participants. Furthermore, research participants who identified strengths in IIC admired these individuals and their attitudes inspired collaborative behaviours amongst the IIC and HCP. The positivity cultivated via the SBA laid the foundation for a clinical environment that allowed for ongoing growth, development, and improvement of IIC[3].

The findings of this study were connected to Barbara Fredrickson's Broaden-and-Build theory[37]. The *broaden* component of this foundational positive psychology theory posits that positive emotions and hedonic sensations – like enjoyment, happiness, joy, and interest – help individuals broaden their awareness and encourage novel, exploratory thoughts and actions[37]. The literature describes this process as the *broadening* of thought-action repertoires which in turn allows IIC to *build* upon their skills and resources[37]. Similarly, the research participants perceived a bi-directionality of positive regard between themselves and the IIC. Positive emotions and hedonic sensations during IIC-HCP interactions generated more positivity; similar to the mechanistic actions of a positive feedback loop. Gallan et al. support the notion that positive emotions experienced by IIC increase levels of participation in their own care, and in turn, improve the perceptions of the IIC regarding the quality of care that they receive from HCPs[38]. Additionally, the positive regard towards IIC was not contingent on the individual's worth, thus making it unconditional and open to all[39].

Notably, all of the research participants who claimed to be unfamiliar with SBA only realized the *broaden* component, while failed to describe the *build* aspect of Fredrickson's theory, which describes the actualization of strengths and pursuit of one's full potential[37]. These six participants gave hedonic descriptions of their approaches (e.g., being positive, satisfying the patient's physical and emotional needs) when they were asked to describe what comprises 'good care.' In contrast, Danielle and Kim – who were familiar with SBA – described the eudaimonic aspects by emphasizing the importance of gaining strength and increasing resources after a challenging experience such that that they may draw upon these resources and mitigate similar instances in the future. The *build* aspect includes the emphasis of independence, creating or strengthening social support, and supplying IIC with tools and knowledge to navigate the health care system[40]. In regards to the Broaden-and-Build theory, in sum, the *build* component of the theory was not as apparent as the *broaden* portion for research participants unfamiliar with SBA.

The findings derived from this study were consistent with the essential features of the philosophical roots of happiness. For instance, Aristotle's *Nicomachean Ethics* postulates that the highest of all good results from the realization of one's true potential, rather than simply being happy and experiencing positive affect[6]. In the context of ancient Greek culture – which had a profound interest in achieving positive human functioning – existed two fundamental ancient Greek imperatives[41]. The first imperative was to know yourself, and the second imperative was to become what you are. To become what you are, one must initially discern their unique strengths or talents[41]. Unlike traditional medical goal-setting used in biomedical approaches – which focus on the reduction or elimination of symptoms or deficits – the SBA tries to identify individual strengths and facilitate resiliency in coping with life's challenges and suffering[3]. Several research participants understood that their role was not to change the IIC in acknowledgement that change must come from *within* the individual. Despite this, none of the participants described the *build* process in which they too had a role in facilitating the evocation of hidden or forgotten strengths

or talents in IIC[42,43]. In sum, the evocation of strengths and motivations is an essential skill that should be taught to empower frontline workers or volunteers interacting with IIC[43].

Along with strength evocation, the SBA notifies individuals of the resources and social support that they may explore. This includes information about where IIC may receive their desired care and assist in their navigation of the health care system[44]. The affective state of IIC is important, but its consequential impact and improvement on the individual is short-lived. This is not to say that this aspect of care is not needed, but is merely a miniscule component of health care. The SBA attempts to build on the social support and informational resources that the IIC present such that they may become more independent, resilient, and empowered in the long-term[40]. These are entities that can be drawn upon in the future and thus have a longer lasting impact on IIC.

The research participants learned to identify the strengths of the individual so that they may guide IIC towards actualization of the self and find what they are. Simply put, IIC can fulfill their first-order desires and behave in a way that parallels one's true potential. HCPs should give IIC choices within limits, offer rationales for certain behaviours, recognize and respond to the clients' needs and emotions, and avoid overt control and criticism[8]. The HCP should avoid articulating deficits that incite problems that require fixing, stigmatize, or handicap IIC because IIC may have already become discouraged, lost self-esteem or confidence after experiencing a traumatic experience or diagnosis[4]. Kim spoke about the empowerment and encouragement that they used towards an individual that she worked with closely:

> *"[These individuals are] overcome with these emotions or feelings of 'I'm not good enough', 'I can't do it' and 'if I can't do this today, then I can't do that tomorrow.' A goal that I'm trying to work towards with these clients is, 'it doesn't have to be a perfect day every day, but it's about making small steps.'"* (Kim, 22, female, second-year medical student)

Kim identified strengths – that may have been forgotten after their diagnosis or strengths they never knew about – and accentuated the importance of living life in accord with first derivative or self-determined values and goals. The ability to recognize these attributes and values in IIC may help to improve their subjective and psychological well-being[41].

One of the primary limitations posed by this research study was the relatively small sample size; this study only recorded the perceptions and beliefs of eight aspiring HCPs who all possessed similar educational backgrounds. Additionally, this study was limited because the perceptions recorded were not those of the IIC who were receiving SBA treatment. Collectively, these factors (e.g., small sample) contributed to a lack of diverse responses seen about SBA perceptions. In the realm of research tools, the demographics questionnaire was limited because it was unable to capture racial or ethnic cultural differences and its impact on perceptions towards SBA. In other words, cultural sensitivities were largely ignored by this study. Future studies of this nature must capture the perceptions and opinions of IIC who have experienced the SBA while being sensitive to cultural differences. Additionally, the number of participants who were familiar with the SBA was limited because the inclusion criteria for the study only incorporated University of Toronto students. Specifically, only two of the eight participants (n=8) were familiar with the SBA. Future studies, therefore, are recommended to interview a larger quantity of participants familiar with the SBA to capture diverse perspectives and opinions. SBA experts should be interviewed to gain a more in-depth practical understanding of this approach, while simultaneously allowing researchers to discern the relationship between the SBA and years

of experience using this approach.

Conclusion

This is the one of the first contemporary studies that investigated student perceptions about the SBA in health care settings. Attaining perspectives of students is essential when implementing changes to educational programs and curriculums that teach students about the SBA and techniques that support the SBA. This research study is also one of the few studies that explored the potential applications of the SBA outside of nursing and social work.

To the surprise of the lead researcher, participants exhibited an overemphasis of the *broaden* component of the Broaden-and-Build theory. Although improving the affective states of IIC is important, implications of using a *broaden* perspective towards IIC leads to an impact that is short-lived and superficial because it cannot be drawn upon in the future. Rather, HCPs should help IIC through a *build* perspective in which lasting skills and resources are developed and will have future long-term benefits if a similar traumatic event reoccurs.

Stakeholders, particularly IIC and HCPs, would benefit from using the SBA because it builds trust and healthier working relationships, while preventing IIC from "getting lost" in complex health care systems. It is recommended, therefore, that the education of aspiring HCPs include techniques (e.g., motivational interviewing, positive cognitive-behavioural therapy, and psychoeducation) that help guide IIC toward "stronger" futures via alleviation of external (and possibly internalized) stigma.

Future research studies using mixed methods approaches are recommended to investigate the physiological or psychological impacts of SBA on IIC. The identification of a suitable dependent variable to quantify and measure physiological or psychological improvements in IIC is also needed. A limitation that future research could address is the possibility of racial or ethnic differences in the perceptions of SBA being used in health care. Lastly, further investigation is needed to find the detrimental effects of being too rigid with a single approach – whether SBA or deficit-based approach – when interacting with IIC because the approach used should be tailored to the individual's specific needs.

Disclosures

The authors indicate no disclosures. The Delegated Ethics Review Committee (DERC) in University of Toronto's Office of Research Ethics reviewed the this protocol for this project and approved it on January 15, 2019.

Appendix A

Table 1: Participants' demographics and relevant quotes. (Note: all names are pseudonyms).

Participant (Age, Gender)	Student of (Year of study):	Place of interaction, Population	Familiar w/ SBA (Y/N)	Relevant Quote(s)
Danielle (21, F)	Kinesiology (4)	Shelter/clinic, Geriatric/adult	Y	*a) "Independence is like building on their strengths and then putting more strength on top of that and helping the client find the resources they need to actively seek help."* *b) "A mental health disorder never goes away completely, it always comes back […] I think [the SBA] is good [for] certain things, especially if you're going to have long-term care with a person."*
Avelyn (23, F)	Nursing (2)	Hospital, Geriatric	N	*a) "Patient satisfaction is number one, so if you can work with the patient but also keep their comfort level in mind […] I think that's very important."*
Connor (21, M)	Kinesiology (4)	Hospital, Children	N	*a) "I think that they feel [empowered] because a lot of the time they are able to stick to programs and participate, and put an effort because they feel like they can contribute to their own development."*
Kevin (21, M)	Kinesiology (4)	Clinic, All populations	N	*a) "Positivity […] can have a positive effect on their rehab and might change the outlook of it. I think it's understood that how you think about something can affect the physical outcome."*
Maggie (20, F)	Kinesiology (3)	Clinic, All populations	N	*N/A*
Sandeep (20, M)	Laboratory Medicine (2)	Hospital, Geriatric	N	*N/A*
Annabelle (22, F)	Kinesiology (4)	Hospital, Children	N	*a) "Autonomy in patient-centered care will make them feel like a human and not just an object that I'm providing something for. They have a voice and I try and make sure that they're being heard."*
Kim (22, F)	Medicine (2)	Hospital, All populations	Y	*a) "These individuals are] overcome with these emotions or feelings of 'I'm not good enough', 'I can't do it' and 'if I can't do this today, then I can't do that tomorrow.' A goal that I'm trying to work towards with these clients is, 'it doesn't have to be a perfect day every day, but it's about making small steps.'"*

Abbreviations: F = female; M = male; N = no; N/A = not applicable; Y = yes.

Appendix B: Interview Guide

Introductory Questions:

- Please give a brief description of where and what patients you interact with
- What do you enjoy most volunteering or working as a health care provider?

Study Specific Questions:

General Questions:

- What do you consider is "good care" when working with a patient?
    - Probe: What are some important "health care practices" that should be considered when interacting with patients?
- What are some possible strengths that you can identify in patients you work with?
    - Probe: How did these personal strengths influence your patients' health care
    - Probe: How did these personal strengths influence your interactions with them?
- Do you use a health care approach or principle when interacting with patients?
    - Probe: Do you think that it is important for health care providers to follow a guiding approach or principle when interacting with patients? Why?
- Are you familiar with the strengths-based approach used in health care?
    - Probe: Have you observed this approach being used in practice?
    - Probe: Have you personally used the strengths-based approach in practice?

Questions for Participant Familiar with Strengths-Based Approach:

- What about the strengths-based approach interested you and did you adopt/use it?
    - Probe: Where did you learn about this approach and what do you think of it?
- What do you believe is the philosophy or underlying values of the strengths-based approach?
    - Probe: When using the strengths-based approach, would you change the philosophy or values it stands for?
- Do you think that the strengths-based approach can be applied to other health care settings outside of the field that you work in?
- What do you think are the benefits and limitations of the strengths-based approach in practice?
    - Probe: Would these benefits or limitations apply to people who also employ the strengths-based approach, but work in other health care fields?
- When you use the strengths-based approach, how do you think it impacts the patient?
    - Probe: Could you give me an example where the patient has preferences or commented

Questions for Participant Unfamiliar with Strengths-Based Approach:

- What approach or guiding principles do you use when you are providing care for patients?
    - Probe: Where did you learn these guiding principles or approach?
- What philosophy, values or ethics does your approach or guiding principle follow?
    - Probe: With your experience as a health care provider, which values or principles do you believe are the most important to you?
- Do you know if the principles you follow are practiced in other health care settings?
- What are some benefits and limitations of the principles or approach that you employ?
    - Probe: Would these benefits or limitations apply to people working in other health care fields?
- How do your guiding principles or approach impact the patient?
    - Probe: Could you please provide an example of a time where a patient commented on your treatment towards them?

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