Table 3

Summary Statements with Descriptive Statistics, IQR, and % Consensus Achieved.

	Descriptive Statistics						
	N	Min	Max	Mean	SD	IQR	% Consensus
Impact on families							
1. Family roles and relationships often change when a family member has cancer	19	4	5	4.68	0.478	1	100
2. A patient's family are often a good source of support for the patient and each other	19	3	5	4.42	0.607	1	94.8
3. Family members fear losing a loved one	19	4	5	4.95	0.229	0	100
4. Cancer patients often feel guilt over how their families are affected by their cancer	19	3	5	4.32	0.749	1	84.2
5. The family of a cancer patient should receive support	19	4	5	4.84	0.375	0	100
6. When a family member has cancer, other family members' psychological needs can go unmet	19	4	5	4.84	0.375	0	100
Psychological need							
7. People affected by cancer fear the physical effects of cancer treatment	19	4	5	4.84	0.375	0	100
8. Fear associated with a cancer diagnosis can be reduced with up-to-date information about advances in cancer treatment	19	3	5	4.21	0.535	0	94.7
9. Fear of cancer returning can affect someone even when treatment is over	19	3	5	4.79	0.535	0	94.7
10. Feeling lost is an apt metaphor for the uncertainty that people affected by cancer often feel	19	3	5	4.16	0.765	1	78.9
11. Loss of the imagined future is often experienced by people affected by cancer	19	1	5	4.37	1.012	1	89.5
12. There is a need for communities outside of the family to support families affected by cancer, e.g., local community, medical community, friendship networks	19	4	5	4.89	0.315	0	100
13. Cancer patients and their families often feel a loss of agency (a sense of control that a person feels in their life, the ability to bring about desired consequences)	19	4	5	4.68	0.478	1	100
14. Cancer patients and their families should have psychological and emotional support as well as medical treatment	19	4	5	4.89	0.315	0	100
15. Cancer patients and their families need to feel that they can keep going on a day-to-day basis	19	3	5	4.79	0.535	0	94.7
16. Cancer patients and their families feel a need to maintain their identity, interests and aspects of their previous life	19	3	5	4.68	0.582	1	94.8
17. Cancer patients and their families do not want to be defined by how cancer has affected them	19	3	5	4.53	0.612	1	94.7

Involvement of family members							
18. A storytelling intervention designed for families might have different objectives than one designed for individuals.	19	3	5	4.47	0.612	1	94.7
19. A storytelling intervention should involve family members	19	3	5	4.00	0.882	2	63.1
20. Family groups may find it harder to engage with a large group format	19	2	5	3.89	0.994	2	68.4
Tailoring of the intervention							
21. The format and structure of the storytelling intervention should be co-produced to take differing needs into account	19	4	5	4.84	0.375	0	100
22. Flexibility in terms of format and content of the storytelling intervention can promote engagement	19	5	5	5.00	0.000	0	100
23. When designing a storytelling intervention, patient and staff resources, e.g., time/energy/transport/money/internet access must be taken into consideration	19	4	5	4.95	0.229	0	100
24. A storytelling intervention with an obvious agenda can lead to participant disengagement	19	2	5	3.84	0.958	2	68.4
Duration of the intervention and frequency of sessions							
25. A regular weekly format is optimal for building relationships	19	1	5	3.63	0.955	1	78.9
26. Six weeks is a good length for a storytelling intervention	19	2	5	3.42	0.902	1	73.6
27. It may take several sessions to build engagement	19	3	5	4.32	0.749	1	82.4
Session duration							
28. Sessions should be about 45 min to one hour in duration	19	2	5	3.47	1.020	1	63.2
29. Participants derive more benefit from a session lasting at least a few hours	19	1	4	2.74	.0806	1	79.0
30. Sessions should be up to two hours in duration	19	2	4	3.00	0.745	1	73.7
31. There are many factors to consider when deciding session length, e.g., session format and participant characteristics	19	4	5	4.84	.375	0	100
Online versus face-to-face delivery							
32. A storytelling intervention that is online/partially online can work as well as one that is face to face.	19	1	4	2.68	1.108	2	52.7
33. Formats such as online versus face-to-face/group versus individual could be successfully combined in a storytelling intervention	19	2	5	3.74	0.733	1	84.2
34. It is harder for participants to build connection with each other in an online storytelling intervention	19	3	5	3.95	0.705	1	78.9
35. Having a storytelling intervention that is online can be more accessible to some groups of participants	19	3	5	4.32	0.671	1	89.5

Individual versus group format							
36. A benefit of working with a large group of individuals or families is improving social connection and community building	19	2	5	3.95	0.780	1	79.0
37. A benefit of working with individuals or individual families rather than with a large group is increased flexibility over session length, session timing or session location	19	3	5	4.47	0.612	1	94.7
Including additional relaxation techniques such as meditation or mindfulness as part of the sessions							
38. A storytelling intervention is relaxing in itself.	19	2	5	3.79	0.787	1	78.9
39. A range of relaxation techniques (e.g., mindfulness and visualisation exercises) can be helpful to meet the range of presenting needs.	19	2	5	4.16	0.898	1	78.9
Skills needed by facilitators delivering a storytelling intervention							
40. It is helpful to have a diversity of skills amongst facilitators, e.g., storytelling skills, healthcare expertise and lived experience	18	3	5	4.44	0.705	1	88.9
41. The storytelling facilitator should have the skill to respond to the listeners and adapt the story if necessary	18	4	5	4.83	0.383	0	100
42. The storytelling facilitator should have good storytelling skills such as use of voice, repertoire, audience engagement etc.	18	3	5	4.78	0.548	0	94.4
The types of stories that might be helpful to people with cancer and their families							
43. Different types of stories would meet different participant needs, e.g., fictional/fantasy or true-life stories	18	2	5	4.39	0.916	1	83.3
44. True-life stories are more relevant to families affected by cancer than fantasy/fiction stories	18	1	5	3.11	1.323	2	55.6
45. Fantasy/fiction stories allow families affected by cancer to escape from their difficulties if they wish, and not be defined by cancer experiences	18	3	5	4.11	0.758	1	77.7
46. Elements of familiarity within a story can be comforting	18	2	5	4.11	0.832	1	83.3
47. A helpful story contains elements that the listener can identify with, such as the protagonists or the situation	18	3	5	4.17	0.707	1	83.3
48. A helpful story is one that is able to change in order to meet the needs of participants {{should this cell be numbered? Followed by renumbering?}} Abi -yes, a typo crept in, I've renumbered and amended in main paper	18	2	5	4.56	0.856	1	88.3
49. Elements of unfamiliarity within a story can promote a range of interpretations and allow participants to construct their own meaning	18	3	5	4.22	0.732	1	83.3
Processes by which a storytelling intervention could help people with cancer and their families to meet their psychological needs							
450. Acceptance of difficult thoughts and feelings can help to promote psychological well-being	18	3	5	4.72	0.575	0	94.5

51. Participating in a storytelling intervention can give release or provide relief from strong or repressed emotions	18	3	5	4.44	0.616	1	94.4
52. Stories can help us to change our perspective or way of looking at the world	18	3	5	4.67	0.594	1	94.4
53. The connection and social engagement provided by a storytelling intervention can improve psychological well-being	18	3	5	4.44	0.705	1	88.9
54. A storytelling intervention can promote difficult conversations that might not happen otherwise	18	3	5	4.50	0.618	1	94.5
55. A storytelling intervention can improve quality of life by providing a positive activity/welcome distraction	18	3	5	4.44	0.784	1	83.3
56. Storytelling can help cancer patients and their families to create a more positive vision of the future	18	3	5	4.22	0.878	2	72.2
57. Stories can evoke memories of childhood and bring comfort	18	3	5	4.33	0.686	1	88.8
58. Stories can help people to understand their situation/themselves better	18	4	5	4.67	0.485	1	100
59. Participating in storytelling is natural and meaningful	18	2	5	4.22	0.878	1	83.3
60. Connecting with other people who have had similar experiences can help participants feel less isolated	18	4	5	4.94	0.236	0	100
61. Stories can help cancer patients and their families by normalising their experiences and validating their feelings	18	4	5	4.78	0.428	0	100
Desired outcomes of a storytelling intervention, and how these could be measured							
62. The outcomes of a storytelling intervention could be measured by asking participants directly	18	4	5	4.56	0.511	1	100
63. It can be difficult to measure all of the outcomes of a storytelling intervention	18	2	5	4.33	0.767	1	94.4
64. The outcomes of a storytelling intervention could be measured by observing participants' behaviour or presentation	18	2	5	3.78	0.878	1	72.2
65. The storytelling intervention should be realistic in its aims	18	2	5	4.61	0.850	0	88.9
66. A storytelling intervention could have a positive impact on systems outside of the family, such as healthcare professionals and the local community	18	3	5	4.33	0.767	1	83.3
Psychological safety and harm prevention in a storytelling intervention							
67. Participants should know what to expect from the storytelling intervention, e.g., format, structure, group rules on sharing personal experiences, expected level of contribution	18	2	5	4.72	0.752	0	94.4
68. Facilitators need to understand their responsibilities with regards to the psychological safety of themselves and others	18	4	5	4.89	0.323	0	100
69. Facilitators should have training to develop the skills needed to promote psychological safety in the storytelling intervention if they do not have these already	18	5	5	5.00	0.000	0	100

70. The organisation hosting the intervention should ensure that facilitators have appropriate resources, e.g., training/supervision/professional expertise to enable psychological safety	18	2	5	4.61	0.979	0	88.9
71. The organisation running the storytelling intervention should provide supervision, formal or informal for facilitators	18	2	5	4.56	0.984	0	88.9
72. Participants should share the same expectations of one another regarding conduct and confidentiality	18	2	5	4.56	0.922	0	88.9
73. Participants need to understand their responsibilities with regards to promoting psychological safety for themselves and others	18	2	5	4.67	0.767	0	95.5