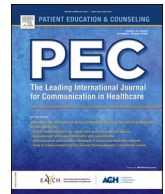


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“You’re more engaged when you’re listening to somebody tell their story”: A qualitative exploration into the mechanisms of the podcast ‘menopause: unmuted’ for communicating health information

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ABSTRACT

Objective: While health podcasts can be effective in reducing stigma and increasing knowledge, we know little about their mechanisms of action. This qualitative study explored the mechanisms of how women connected with the podcast ‘menopause: unmuted’, which presented menopause information in a storytelling format.

Methods: A diverse sample of 30 women aged 40–60 years were interviewed after listening to the podcast. Interviews covered participant’s views and perceptions of the stories presented. Transcripts were analyzed thematically.

Findings: Two overarching themes were identified. ‘Openness and authenticity’ describes the value of personal stories told in an authentic way by real experts-by-experience. ‘Relatability and representation’ explores participants’ emotional reaction to the podcast, influenced by the extent to which they identified with the stories and storytellers on the podcast.

Conclusions: Authenticity and relatability were identified as key mechanisms through which participants connected with audio stories, consistent with Fisher’s narrative theory. These findings have important implications for the application of storytelling in podcasts designed to influence health behaviors.

Practice implications: Diverse stories representing a range of demographic characteristics and experiences are needed when creating podcasts about health information to increase listener’s relatability and connection.

1. Introduction

Communication theory can be beneficial in health promotion by supporting the creation of tailored, relatable, innovative, and effective communication strategies [1]. Fisher’s narrative theory [2] hinges on the idea that sharing a story can add credibility and authenticity to health messages [3]. Fisher proposed that when individuals hear another person’s story, it contributes to their knowledge and understanding of the world [2]. Therefore, stories can be useful for challenging social norms and changing behavioral intentions [1,4].

Narrative communication methods support individuals to process

new information and overcome resistance to certain health behaviors [5]. More specifically, when individuals are engaged in a story, they are less likely to generate thoughts rejecting its overarching message [6] as real-life experiences presented within stories are hard to discount [7]. Moreover, narratives generate more emotional responses in comparison to non-narrative information [8], which improves memory [9] and facilitates information-processing in relation to the self [10]. In support of Fisher’s theory [2], research has consistently found that narrative-based information is more engaging to participants and facilitates positive attitudes, increased knowledge, and greater behavioral intent for changing health behaviors [5,11–13].

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Although there are numerous forms that narrative communication can take, there has been increased attention surrounding digital forms of storytelling in health education. For example, narrative based videos have been found to be effective in changing attitudes towards women's health behaviors including mammograms [5,8] and cervical screening behaviors [11]. In addition to audio-visual methods, stories can be communicated through purely audio means. Podcasts, episodic digital audio recordings with the "capacity to reach people in their homes, cars, and offices" (p. 126) [14], are increasing in popularity in the United States [15]. Health-related podcasts have been shown to be effective in increasing knowledge and promoting positive health behaviors across a range of topics, including nutrition [16], weight loss [17], and menopause [18].

Menopause is considered a major transition for women that indicates the end of a woman's reproductive capacity [19]. Menopause is generally accompanied by a multitude of symptoms, including impaired cognitive function, vasomotor, and depressive symptoms [20,21]. For many women, the process can be challenging, with large variations in individualized menopause experiences [22] and wide-ranging effects on quality of life [23–25]. Insufficient support, stigma, and a lack of communication have been reported during the menopause journey, leaving some women feeling isolated and lonely [26–29]. Over two decades ago, it was highlighted that women sought menopause stories to help normalize this stage of life [30]. Similarly, a recent review of the qualitative literature exploring the menopause experience reported the prevailing insufficiency of support and called for education around the physical and psychological changes experienced during menopause [31]. Therefore, it is important to consider innovative ways to communicate health information, specifically personal stories about menopause, to increase menopause knowledge and promote health activation.

To tackle the stigma of menopause and support better communication around symptoms and authentic experiences of this life stage, the podcast 'menopause: unmuted' (funded by Pfizer Inc Women's Health Team) adopted a storytelling format, where five women shared their menopause stories. Alongside these first-hand accounts, a women's health professional provided a medical perspective to contextualize the stories. Previously, qualitative research found that listening to this podcast improved women's perceived knowledge, behavioral intentions (such as prioritizing self-care including taking up exercise, eating a healthier diet, and practicing mindfulness), and openness to communicate about menopause [18]. As of November 2021, the podcast had received over 75k downloads across the two seasons, demonstrating that this podcast is already reaching a large community of women, which strengthens the rationale for exploring women's experiences with this specific podcast. The current study used qualitative secondary analysis, which is the use of qualitative data that was previously collected and explored from a different viewpoint [32,33]. Using this method, the overarching aim of the current study was to explore women's perceptions and engagement with the 'menopause: unmuted' podcast, specifically exploring the mechanisms through which women connected with health information presented through audio stories.

2. Method

2.1. Design

Semi-structured interviews were used to gain insight into women's perceptions of the podcast 'menopause: unmuted'. This study employed qualitative methods, with a critical realist epistemology [34], to better understand participants' thoughts and feelings [35]. Qualitative secondary analysis [33] was undertaken to maximize the utility of data reported on by Edwards et al. [18]. and explore an additional research question. Ethics approval was granted by the University of Westminster (ETH2021-0043).

2.2. Sample and recruitment

Online advertisements were placed on Craigslist in New York City, NY; Birmingham, AL; Raleigh, Durham and Charlotte, NC; Chicago, IL; Atlanta, GA; Detroit, MI, although women from all regions of the US could express interest in participating. Maximum variation sampling was employed, which involved recruiting participants that differed from each other based on key dimensions of variation [36] (age, race/ethnicity, education, and confirmation from a healthcare profession that they were experiencing menopause). To facilitate this, self-reported demographics were monitored during screening (conducted by SB) with interested participants. When 25 participants had been recruited, remaining recruitment focused on participants who were non-white and/or not college educated to increase sample diversity. Thirty-five women were screened and recruited to take part who were (1) female, (2) aged 40–60 years, (3) English speaking, (4) willing to listen to the 'menopause: unmuted' podcast, and (5) had no severe hearing or visual impairment. Five participants dropped out; therefore thirty women took part in the interviews.

2.3. Procedure

Before the telephone interview, participants were asked to listen to five 20-minute podcast episodes about how women navigated their menopause experiences, told by the women with commentary from a healthcare professional. An additional sixth episode summarized the key points from previous episodes. More details about the stories included in the podcast are provided in Table 1.

Participants provided informed consent via an online platform (Qualtrics) or verbally. The interviewers verbally re-established consent before the interview, checking participants had listened to the podcast (all self-reported listening to all five episodes), and reiterated participants' right to decline to answer questions and stop the interview at any time. A semi-structured interview guide (Supplemental Materials 1) facilitated conversations around engagement with the podcast, participants' emotional reactions, and connection with the stories and storytellers. Interviews lasted 30–45 min (average: 36 mins) and were conducted in October 2020. After the interview, participants were debriefed (including information about menopause organizations) and

Table 1

Overview of Season 1 podcast episodes (used for this study) taken from www.menopauseunmuted.com.

| Episode | Title | Description |
|---------|------------------|---|
| 1 | Susan's Story | Susan's story is about honesty of experience. She has no doubt that talking and sharing experiences with her friends and confiding in family and co-workers helped her navigate her way through menopause. |
| 2 | Rachel's Story | From feeling invisible to invincible, Rachel's story is about trying to navigate the emotional turbulence and physical changes associated with menopause, while managing other personal pressures. |
| 3 | Charlene's Story | With the sudden onset of menopause, Charlene's story is about her taking control, changing the way she worked to help manage hot flashes, and finding ways to manage her anxiety. In hindsight, she wished she'd been more vocal. |
| 4 | Kathie's Story | Kathie experienced menopause in her 30s, induced by a partial hysterectomy. Now aged 54, her story is about becoming a cheerleader for her friends experiencing menopause and being there to talk and help them stay positive throughout this next phase of life. |
| 5 | Rebecca's Story | Of all the symptoms she experienced, Rebecca felt powerless to combat the weight she gained. Rebecca's story is about switching focus to celebrating the power and capabilities of a woman's body and sharing her experience with her two teenage girls. |
| 6 | Sharing Stories | In the final episode of season one, Dr Mary Jane Minkin shares some of her story highlights. |

compensated with a \$50 gift certificate.

Prior to the interview, there was no relationship between the interviewers (PS and AS) and participants, with participants only informed the researchers were from the University of Westminster, UK. The interviewers were White British females in their late 20 s and had not experienced menopause symptoms.

2.4. Data analysis

Interviews were audio recorded and transcribed verbatim, removing any identifiers, and imported into NVivo (version 12). Transcripts were analyzed using thematic analysis via an iterative six-step process: (1) familiarization, (2) generating initial codes derived from the data, (3) searching for themes, (4) reviewing themes, (5) theme definition and naming, and (6) writing into a coherent narrative [37]. An inductive approach to analysis was adopted.

Three transcripts were analyzed independently (by TC, PS, and AS) and coding was discussed until consistency was reached. Two authors (PS and AS) analyzed the remaining transcripts independently. To increase trustworthiness, regular analysis meetings were conducted to discuss new themes and instances of disagreement in coding. Only data relating to the mechanisms through which women connected with audio-based health information about menopause is presented in this paper; findings relating to impact of the podcast are reported elsewhere [18]. Representative quotes are presented throughout the findings.¹

3. Findings

3.1. Characteristics of participants

Table 2 presents the participant demographics. Most participants reported previously experiencing menopause symptoms, and half had received confirmation by a healthcare professional that they were experiencing menopause.

Two overarching themes were identified relating to the mechanisms through which participants connected with the podcast content (Table 3).

Table 2
Overview of the sample (N = 30).

| Category | Number (percentage) |
|------------------------|---|
| Age | |
| M ^a = 48.80 | 40–45 years 12 (40.0) |
| | 46–50 years 6 (20.0) |
| | 51–55 years 4 (13.3) |
| SD ^b = 7.42 | 56–60 years 8 (26.7) |
| years | |
| Race / Ethnicity | |
| | White 16 (53.3) |
| | Black / African American 6 (20.0) |
| | Hispanic / Latina 4 (13.3) |
| | Asian 1 (3.3) |
| | Other ^c 3 (10.0) |
| Education | |
| | Grade 12 / General Education Development (GED) 3 (10.0) |
| | College 1–3 years 5 (16.7) |
| | College 4 years + 22 (73.3) |

^a Mean

^b Standard Deviation

^c Participants who identified as 'other' stated their race/ethnicity as: American, East African, and Turkish.

¹ These quotes are contextualized with demographic information in brackets: participant number (P), age, race/ethnicity (A = Asian, B = Black / African American, H = Hispanic / Latina, W = White, O = Other), and whether they felt they had experienced menopausal symptoms (SY = yes, SN = no, SU = unsure).

Table 3
Table of themes.

| Themes | Description |
|--|---|
| Openness and authenticity | <p>Strength of stories Participants described the podcast storytellers' open sharing of their menopause stories as a strength of the podcasts, where narratives were seen as honest, authentic, and engaging.</p> <p>Power of the voice Participants discussed the power of the voice as a way of communicating authenticity and emotion and described some benefits of audio information in comparison to written health information.</p> |
| Relatability and representation | <p>A community of women Participants described being connected to the stories and/or storytellers, based on shared experiences, symptoms, and attitudes towards menopause. Through the menopause stories, participants described a sense of belonging within a community of women.</p> <p>Feeling unrepresented Participants described feeling less connected with the stories and/or storytellers if they did not find them to be relatable to their circumstances; whether this was based on personality, symptomatology, or demographic factors.</p> |

3.2. Openness and authenticity

Participants reflected on the authenticity of the health information presented, which was facilitated through the sharing of stories, voiced by the person who experienced them.

3.2.1. Strength of stories

Participants described the open sharing of podcast storytellers' experiences as a strength of the podcasts, where "women bared their souls, their challenges, trials and tribulations" (P2–58-W-SN). This included their experience of menopause but also included aspects of their wider "life story" (P9–46-B-SY). This gave participants a better understanding of who the women on the podcast were, "it was like taking an onion and pulling down the layers" (P2–58-W-SN) by putting their menopause story into context.

Participants reflected on the individuality and uniqueness of every woman's story and perceived the podcast as a space where women were able to share their journey in a way that felt like "a natural, authentic conversation" (P4–59-W-SY). Participants also reflected on the importance of hearing "it come from the individuals themselves and not hear[ing] it from the doctor or a professional" (P10–57-B-SY) and valued that the stories were told by real women rather than actors, which increased the perceived authenticity of the story:

"I do feel that you're getting the real deal, 100% because that person voluntarily is giving their story, whatever that story is. So, like I said it adds to the authenticity the fact that they're not paid." (P22–52-H-SY).

Whilst the authenticity of real women's stories was highly valued, most participants also appreciated the medical context, provided by the host (a women's health professional). They were seen to validate the women's experiences, "reassuring that what they were going through was normal" (P4–59-W-SY). Nevertheless, it was the women's stories that were paramount: "there was the narrator, and she was basically in the background, which was fine because really the forefront was the people telling the stories" (P14–46-W-SU).

The overarching role of the pharmaceutical sponsor for the podcast was perceived by a minority of participants as off putting: "when something is sponsored by a pharmaceutical company, people run, it's like, oh they want to drug me up, they want to throw pills at me" (P16–57-W-SY). Yet on listening to the podcast, participants were "pleasantly surprised" (P27–51-W-SY) that the content did not reflect such preconceptions.

Despite any initial reservations around the podcast sponsor, the sharing of stories from real people was viewed as helpful and “informative” (P28–41-B-SU); participants described feeling “not so in the dark” (P25–47-W-SY) about menopause. Participants also viewed the women featured on the podcast as “very strong in the way they were choosing to put themselves out there and talk about something that is personal” (P5–40-W-SU). Participants perceived the women to be “confident” (P30–40-H-SU), “bold” (P8–54-O-SY), and courageous, particularly when they discussed topics that are seldom talked about:

“Having these women sit there and be honest about some of the more uncomfortable topics, I truly appreciate because it allows me to connect to them more as far as their realness and their openness and their honesty about some of the crappy stuff they had to deal with.” (P26–40-H-SU)

3.2.2. Power of the voice

When considering the strength of stories, participants alluded to the power of the voice for communicating authenticity within the podcast. Participants described how the stories told through the actual voices of those “speaking from a place of their own experience” (P22–52-H-SY), were more “personal” (P7–49-H-SY). Participants described hearing the speaker’s “tone of voice and the way they speak” (P27–51-W-SY) including their pace, inflections, and emotions as key for communicating authenticity.

“It makes it more real because listening to them I hear their voices, I can feel their emotion, so it’s more authentic, it brings another layer to it where I really feel what they’re, what they’ve gone through.” (P4–59-W-SY)

This brought a level of “validity” (P8–54-O-SY) to participants’ experiences. Consequently, there was a consensus that hearing the stories in this audible format “made it more human” (P17–45-W-SY), bringing “life” (P22–52-H-SY) to the story and the speaker. The utility of the voice for communicating health information was seen as having unique benefits over written information, communicating information in a way that felt more “three dimensional” (P15–59-W-SY).

The power of using the voice also enabled listeners to engage authentically with the podcast. Participants were able to choose how and when they accessed the audio stories, including facilitating a sense that they could “take it [the podcast] with me” (P25–47-W-SY). Choices around engagement meant participants could listen in a personalized way that could be easily integrated into their individual lifestyles in a “convenient” (P12–60-W-SY) manner for them.

3.3. Relatability and representation

This theme describes participants’ emotional reaction to the podcast. For those who related to the stories and storytellers, the podcast facilitated feelings of camaraderie with other women. In contrast, participants who did not feel represented within the podcast experienced less connection with the stories presented.

3.3.1. A community of women

Most participants felt represented within the podcast, including identifying with the symptoms being described, the attitudes and life experiences of the storytellers, and connecting to the storytellers as fellow women.

Most commonly, participants resonated with certain symptoms, such as weight gain or experiencing hot flashes: “I could identify with talking to somebody at work while the sweat was pouring down my face” (P17–45-W-SY). For those participants who felt connected to experiences, this supported the feelings of relatedness to the storytellers on the podcast; “they’re experiencing the same unfortunate situation I’m going through. I feel a sense of you know, kinship” (P21–59-W-SY). This connection elicited positive feelings, where participants listened with “a big smile and

chuckling because every, all those things have happened to me” (P19–59-W-SY).

An intimate connection with “real people” (P5–40-W-SU) was a central element to the podcast episodes being viewed positively, with some participants reporting feeling “like the person [storyteller] is right there with me” (P22–52-H-SY). By extension, participants often imagined the storytellers as their friends, describing how it was just like talking “to a friend” (P11–41-W-SU) or a “support group” (P4–59-W-SY). This created a sense of belonging, which was particularly important for participants who had not previously engaged with such conversations; “it was good to hear women talking about it because it’s a conversation I never had” (P7–49-H-SY). For some participants this normalized the experiences being discussed and helped them feel less isolated: “this is a part of being a woman... we’re women, this is what we do” (P20–48-B-SY).

After listening to the podcasts, many participants felt “part of the whole conversation” (P20–48-B-SY), and “part of the club” (P27–51-W-SY) or “community” (P12–60-W-SY). This was even true of participants who had yet to experience menopause, providing them with “insight into what I can expect when I’m in that boat” (P3–41-W-SY). For several of the participants in this study, there was a desire to further experience this collective sense of womanhood, as one participant described:

“I’d like to get all those women together, I’d get some coffee and say, we’re all going through menopause, we are menopause survivors. Or have a shirt that says, there are no men in menopause.” (P2–58-W-SN)

3.3.2. Feeling unrepresented

While most participants related to the podcast and felt represented, a minority described feeling unrepresented within the stories for a variety of reasons. Some perceived differences in how they and the women on the podcast described menopause: “there’s a sense of embarrassment for all of these women... I don’t find it to be embarrassing” (P14–46-W-SU). Others did not connect to the different symptoms of menopause discussed in the podcast, such as painful intercourse or changes in emotional states; it was “not something I relate to” (P16–57-W-SY). Some participants felt their experiences generally were unrepresented in the podcast: “there wasn’t any one individual that I was like, hey, that’s me none of them seemed to be experiencing things exactly the way I am” (P27–51-W-SY).

Additionally, a minority of participants felt unrepresented in the demographics of the women on the podcasts. In addition to the information provided verbally, the storytellers’ voices were viewed as communicating implicit demographic information, such as where they were from, their socioeconomic status, and ethnicity. Consequently, participants drew conclusions about the heterogeneity of the voices presented on the podcast. Whilst some participants were satisfied with the perceived diversity of the storytellers and their stories, others did not see themselves represented and called for greater diversity:

“Most of these women were married or divorced, but I got to tell you, your whole podcast series was only geared to heteros [heterosexuals] ... I mean LBT women also go through menopause.” (P16–57-W-SY)

Participants’ perceptions of the degree to which their own individual voice was represented on the podcast affected their connection with the stories. However, participants described still being able to “take away” (P11–41-W-SU) information from episodes despite feeling unconnected to the main themes. Additionally, there was an appreciation that certain stories may be more relevant for other women and deserved to be told: “I haven’t had a hysterectomy so that one wasn’t really relevant to me, but I’m sure it’s relevant to lots of other people” (P12–60-W-SY).

4. Discussion and conclusions

4.1. Discussion

To our knowledge, this is the first study to explore the mechanisms through which women connected with health information presented through audio stories on a podcast. The findings are in line with Fisher's narrative theory [2], which provides a foundation for understanding how stories may positively impact health beliefs and behaviors [1]. Findings in the current study support this theory and further evidence that sharing stories, voiced by experts-by-experience, helped to add authenticity and credibility to women's experiences of menopause. However, connection with the podcast was dependent on the extent to which participants found the content of the stories and characteristics of the storytellers relatable and representative of their circumstances. Therefore, personal identity and culture impacted the way that the stories were interpreted and engaged with, consistent with narrative theory.

Over two decades ago, women called for more access to personal stories of other women experiencing menopause to help normalize experiences [30]. Podcasts represent a substantially different way of communicating health information, giving the podcast creators the opportunity to adopt a storytelling format to communicate health information. A growing body of research suggests that narrative-based health information is more effective than the same information delivered in more traditional didactic forms [5,11,38]. A comprehensive review of the usefulness of narratives for delivering health information argued that narrative information attracts individuals' attention, is more easily processed, and more accurately retrieved, compared to didactic information (Schaffer, 2018). Therefore, adopting a narrative approach engages the audience to enhance understanding and presents information that models desired actions [5,39], supporting attitudinal and behavioral changes [40].

When considering the effectiveness of narrative information, there are a number of factors that influence the impact of stories on the audience and differential mechanisms through which audiences connect with narrative stories [40]. Previous research has highlighted that individuals engage with and absorb health information to a greater extent when the communication strategy used is entertaining [41,42] or emotive [43]. This was highlighted in the current study, where participants described being highly engaged with and absorbed within the stories, which is consistent with the notion of transportation within narrative theory [6]. Distraction has been cited as a potential threat to engagement [41]. Yet, many participants in the current study appreciated the convenience of audio information, preferring to be listening while engaging in other activities. This is a key strength of podcasts, which allow stories to be accessed in transit [44].

Whilst presenting menopause health information as stories was well received, there were nuances in the degree of participant connection with the podcast, suggesting that narrative information was more impactful for some participants in comparison to others. A lack of connection was more likely when participants related less to the content of the stories or perceived demographics of the storytellers. This is consistent with the notion of identification within narrative theory, which suggests that individuals are more likely to identify with stories from individuals they considered similar to themselves [40,41,45]. This is true of narratives more generally but is also consistent with research that has looked at narratives specifically within women's health [5,8,11]. It has been argued that the most "obvious" (p. 120) forms of identification are based on demographic characteristics such as gender, age, and race/ethnicity [11]. Therefore, the findings from the current study, where some participants did not see themselves reflected in the storytellers, support the need for diverse stories and storytellers in communicating health information to facilitate connection from a wider audience, increasing the effectiveness of narrative messages.

When participants identified with the stories and storytellers, the

podcasts facilitated a deep emotional connection with the stories. Through identification and transportation, participants felt part of a community of women, which was powerful for participants within a culture of menopause-related stigma and lack of communication [18]. The idea that the audience can "become part of" (p. 236) a narrative is consistent with previous research [46]. The mechanisms for this may be connected to audio information conveying rich and intimate experiences and emotions [47] and the podcast addressing the social aspects of the experience [4]. Whilst this concept is not new, this is the first study to highlight this emotional connection in relation to menopause and presented using storytelling through a podcast, demonstrating the importance of immersion in the content for influencing the effectiveness of narrative messaging.

This research has discussed the mechanisms by which participants engaged with audio stories. Whilst this is presented positively and related to knowledge gain and supporting healthy habits [18], positioning health information in the form of narratives may influence patient choice and distract from medical information [48,49]. Therefore, supplementing stories with a medical perspective was an important feature of the podcast, ensuring evidence-based information was presented.

Overall, this study provided insight into the mechanisms behind women's engagement with and connection to the podcast 'menopause: unmuted', informed by Fisher's narrative theory [2]. This research had a rigorous study design and analysis processes, including analyst triangulation of multiple researchers, increasing the credibility of the findings [50] by acknowledging the limitation of researcher perspectives [51] and using the COREQ for reporting qualitative research [52] (Supplementary Materials). Moreover, recruiting a diverse sample is a strength of the study, which supported thorough exploration into participants' perceptions in the pursuit of data saturation [53,54]. However, the sample may also be a limitation when considering the bias of self-selection, resulting in a highly educated sample, which may have led to interviewing a group of women who had an increased motivation to engage with the podcast and therefore may have felt deeper connection. Therefore, further research may be needed to explore the mechanisms of podcasts for individuals without college-level education and with lower levels of health literacy; arguably populations where audio-based health information may be more useful and accessible.

4.2. Conclusions

The current study suggests that a podcast series used to communicate health information about menopause was received positively, the mechanisms of which aligned with Fisher's narrative theory [2]. Women connected deeply with the content due to the power of the voice, the narrative format, and including storytellers who were experts-by-experience. Increasing the diversity of the storyteller and story content in future health podcasts may improve audience engagement.

4.3. Practice implications

Given the reach of the podcast, these findings suggest that there is value in using podcasts to disseminate personal stories relating to health information to engage a diverse audience. This strategy may be particularly useful when communicating narratives that capture commonly underrepresented experiences, such as menopause. Therefore, future health podcasts should consider communicating experiences using the voice of storytellers to create materials that can be perceived as authentic and acceptable due to being delivered by experts-by-experience. The findings support Fisher's narrative theory [2] and inform practical recommendations, namely ensuring diversity in the characteristics of the storytellers and enabling the audience to access a diverse range of experiences to increase identification and transportation with health information.

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CRediT authorship contribution statement

Philippa Shaw: Conceptualization, Methodology, Formal analysis, Investigation, Data curation, Writing – original draft, Writing – review & editing, Project administration. **Amy Sumner:** Conceptualization, Methodology, Formal analysis, Investigation, Data curation, Writing – original draft, Writing – review & editing, Project administration. **Candida Halton:** Conceptualization, Methodology, Writing – review & editing, Visualization, Supervision, Project administration, Funding acquisition. **Stacy Bailey:** Conceptualization, Methodology, Data curation, Writing – review & editing. **Michael Wolf:** Conceptualization. **Emma Andrews:** Writing – review & editing, Funding acquisition. **Tina Cartwright:** Conceptualization, Methodology, Data curation, Writing – review & editing, Visualization, Supervision, Project administration, Funding acquisition.

Submission declaration and verification

This paper is a secondary qualitative analysis of data collected and explored elsewhere (Edwards et al., 2021). The authors declare that the analysis and findings presented in this paper have not been published previously and are not under consideration for publication elsewhere. The publication of this study is approved by all authors and explicitly describes the responsible authorities where the work was carried out. If accepted, this study will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright holder. I confirm all patient/personal identifiers have been removed or disguised so the patient/person(s) described are not identifiable and cannot be identified through the details of the story.

Competing interest statement

Philippa Shaw was remunerated for the current project through funding provided by Pfizer to the University of Westminster. Philippa is also a freelance researcher at Studio Health, which has received consultancy fees from Pfizer, Roche, Takeda, MSD, and AstraZeneca. Amy Sumner was remunerated for the current project through funding provided by Pfizer to the University of Westminster. Amy is also a freelance researcher at Studio Health, which has received consultancy fees from Pfizer, Roche, Takeda, MSD, and AstraZeneca. Candida Halton is a director at Studio Health which has received consultancy fees from Pfizer, Roche, Takeda, MSD, and AstraZeneca. Stacy Bailey reports that she has received personal fees from the University of Westminster related to the conduct of this study. She also receives grants (via her institution) from Merck, Gordon and Betty Moore Foundation, National Institutes of Health, Eli Lilly, Pfizer, and Lundbeck. She has received personal fees from Sanofi, Pfizer, and Luto outside the submitted work. Michael Wolf reports that he has received personal fees from the University of Westminster related to the conduct of this study. He also receives grants (via his institution) from Merck, Gordon and Betty Moore Foundation, National Institutes of Health, Eli Lilly, Pfizer, and Lundbeck. Michael has received personal fees from Sanofi, Pfizer, and Luto outside the submitted work. Emma Andrews receives salary and stock from Pfizer Inc., where she is an employee. Tina Cartwright reports that she has received research funding (via her institution) from Pfizer for this study. She has

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Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at doi:10.1016/j.pec.2022.09.003.

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