

Unsolicited Written Comments: An Untapped Data Source

Sally L. Maliski, PhD, RN, and Mark S. Litwin, MD, MPH

Purpose/Objectives: To explore methods for analysis of unsolicited comments written on forced-choice surveys related to health-related quality of life (HRQOL) among men treated for prostate cancer.

Data Sources: Unsolicited comments written on surveys administered as part of a study investigating HRQOL for men receiving surgery, external beam radiation therapy, or brachytherapy for prostate cancer were abstracted from the parent study database at baseline (pretreatment) and 1, 2, 4, 8, 12, 18, and 24 months after treatment.

Data Synthesis: Researchers read through all of the comments for each timepoint. They coded each comment for the main idea expressed by each statement in each written comment. They grouped codes into categories and counted the number of participants writing comments in each category at each timepoint. They were displayed graphically. Of 375 subjects completing surveys, 87% wrote unsolicited comments on at least one of the surveys. Thirty-four codes were derived from 3,175 comments. Grouping of the codes resulted in eight categories.

Conclusions: Analyzing unsolicited comments proved to be feasible and useful in revealing additional information about respondent concerns.

Implications for Nursing: This type of analysis has value in its ability to reveal patterns in previously unused data that then can be used to explain or deepen survey findings or suggest avenues for more in-depth qualitative or quantitative nursing investigation.

Key Points . . .

- ▶ Unsolicited comments on forced-choice surveys may provide deeper insights into data.
- ▶ Coding and theme identification proved useful to categorize and graphically display unsolicited comments.
- ▶ Unsolicited comments provided explanation, elaboration, and context for responses to survey items.

respondents' satisfaction by surveys, especially related to their treatment experiences and quality of life (QOL) across the illness-treatment trajectory.

Numerous surveys have been conducted to assess QOL among men who have been treated for prostate cancer (Arai et al., 1999; Bacon, Giovannucci, Testa, Glass, & Kawachi, 2002; Bacon, Giovannucci, Testa, & Kawachi, 2001; Brandeis, Litwin, Burnison, & Reiter, 2000; Clark, Rieker, Propert, & Talcott, 1999; Eton, Lepore, & Helgeson, 2001; Fowler et al., 1995; Krongrad, Litwin, Lai, & Lai, 1998; Litwin, 1994, 1995, 1999; Litwin et al., 1995; Litwin, McGuigan, Shpall, & Dhanani, 1999; Litwin, Melmed, & Nakazon, 2001; Litwin & Penson, 1998; Litwin, Shpall, Dorey, & Nguyen, 1998; Lubeck et al., 1999; Lubeck, Litwin, Henning, & Carroll, 1997; McCammon, Kolm, Main, & Schellhammer, 1999; Penson et al., 1998; Yarbrow & Ferrans, 1998). Studies have investigated general health-related QOL (HRQOL) and prostate cancer-specific HRQOL similar to the longitudinal study from which unsolicited comments were abstracted for this methodologic exploration. Findings of various studies have indicated that general HRQOL does not suffer greatly following treatment for prostate cancer, even in the presence of symptoms such as incontinence and erectile dysfunction, which men indicate to be bothersome on prostate cancer-specific HRQOL measures (van Andel et al., 2004). Only a few studies have explored HRQOL longitudinally (Eller et al., 2006), and few of those lasted longer

Sally L. Maliski, PhD, RN, is an assistant professor in the School of Nursing and Mark S. Litwin, MD, MPH, is a professor in the Department of Urology in the David Geffen School of Medicine, both at the University of California, Los Angeles. (Mention of specific products and opinions related to those products do not indicate or imply endorsement by the Oncology Nursing Forum or the Oncology Nursing Society.) (Submitted January 2006. Accepted for publication June 14, 2006.)

Digital Object Identifier: 10.1188/07.ONF.142-147

Unsolicited written comments on forced-choice surveys are a rich, untapped source of data. Often, participants write comments on surveys in the margins or at the end, perhaps because of a need to convey an experience, context, or feeling that is not captured by the survey items and their choices. This practice may be understood based on the assumption that individuals make sense of experiences by putting them into narrative form (Brunner, 1990; Gee, 1985; Mishler, 1986). Forced-choice surveys do not allow individuals to act on a tendency to create stories to make meaning out of situations (Reissman, 1993). Surveys, in essence, fracture the essential meaning-making structure of narratives (Reissman), perhaps compelling some individuals to add written comments to provide more complete pictures of their experiences. Thus, unsolicited writings may provide insight into issues of importance to their writers. In addition, identifying time points in the illness-treatment trajectory when more individuals are likely to write unsolicited comments may indicate times when the need to narrate in the process of making meaning is more intense or may contribute to understanding the time trajectory of the meaning-making process. However, unsolicited comments can be challenging to analyze, because they are not purposefully or systematically collected. Nevertheless, they may provide useful insights into aspects or details not covered to some