Unsolicited Written Comments: An Untapped Data Source

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

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 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, McGuian, 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; Yarbro & 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...