

## Documents

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### **Unfolding stories: Narratives of women with breast cancer**

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### **Abstract**

This chapter illustrates how I shifted from post-positivist thinking to a constructivist approach during a research project in the field of nursing. Many Malaysian women, particularly those with breast cancer, tend to seek medical help late, often resulting in advanced-stage diagnoses by the time they consult with their medical team. As a nurse educator, I aimed to understand the reasons behind this delay, particularly in terms of how these women made their treatment decisions. This understanding is crucial for improving the advice and support we provide to women facing similar situations. As I intended to explore why this was happening, I chose a qualitative design and conducted interviews to gain deeper insights. However, as a statistician, I found qualitative research design to be initially challenging for me. This is because there is a constructed multiple reality in qualitative approach that is based on the experiences, circumstances, or situations with consideration of emotions, perceptions, actions, and interaction that is not possible to replicate because each individual's experiences are personal and subjective. The lens of objectivist might limit or not yield the desired result due to the realisation that human beings are by nature vastly different subjects of study even though they are witnessing or experiencing the same event. Moreover, the experiences, views, and perceptions are difficult to measure using empirical methods and numeric assessment because every individual is unique. Therefore, qualitative approach is recognised as having the potential to give a voice to people through the ability to bring out hidden and marginalised stories that may reveal a deeper understanding of the tellers' own lives. By exploring the participants' experiences, I was able to gain multiple perspectives that deepened my understanding of the decision-making processes related to breast cancer. I now understand that different contexts can lead to varying interpretations, even when participants and I share a common language, traditions, and culture. This chapter ends with the conviction that the qualitative research paradigm is crucial in contributing to the existing body of medical knowledge, particularly as it relates to the human experience of illness. © 2025 selection and editorial matter, Su Li Chong.

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