

# Ways of knowing persuasive essay



WHEN Is a focus on the primary medical management of women's health throughout the phases of a man's life. Many aspects of a woman's life are variables that will affect her general health and wellness. For example, relationships, children, career, family, finances, environmental factors, spirituality, and other influences collectively impact a woman's health and wellness. In my own nursing experience, I recall a difficult client care situation that perplexed me with serious ethical questions and allowed me to unfold a " bigger picture" of the woman's life.

This woman contracted HIV during her first sexual encounter at the age of nineteen. I had the privilege of knowing her when she was the age of thirty-three which for her was the end of her life due to the disease processes. I spent a good deal of time with her in clinical practice and came to a full understanding and appreciation of her life story but not at first. I created many barriers for myself and for her with respect to vast commodities and clinical needs beyond comparison to many other patients I had encountered.

The barriers were created because of my intolerance and objectivity I had created against the WAITED population. I learned later that she was the loving mother of a child that she could not physically see because she had lost her eyesight. She was alone. She was abandoned by the father of the child who was the carrier of the HIV she had contracted. She was angry. She was scared. She was mistreated and abused by her family and the system. My moment of knowing myself finally came when I was able to see myself as being this person.

She could have been anybody's life story. During this time I was able to re-evaluate my personal feelings and biases and this particular tuition brought to me a nurse that was less judgmental, more understanding, more tolerant, and most importantly more knowing. This happened long before I knew there was Integrated Theory and Knowledge Development in Nursing. All the while, we nurses have been developing ways of knowing and like many of my fellow undergraduate nurses, I did not acknowledge the term "Knowing" in the sense of an art.

Former clinical experiences have influenced how I acquire knowledge in my latter clinical practice. I use an integrated approach to the collection and analysis of data from personal, ethical, and empirical perspectives.

Personally, I am aware that I am human and can easily become consumed in opinions and prejudices. I understand that ownership of a prejudice in nursing creates barriers that will not allow the nurse-patient relationship to flourish. The nurse's failure in realizing the self as a potential barrier is also the nurse's failure in delivering the most therapeutic and holistic care possible.

I consider psychosocial, demographic, ethnic, cultural, and/or religious factors that may bear weight on a therapeutic plan of care. I pay attention to facial expressions, educational level, language, and family members. Are there religious practices that prevent certain treatments? Is the patient in pain? These are important questions that I ask or observe for gathering information and formulating a specific plan of care. What can I do as the primary nurse to be part of a therapeutic clinical plan of care? What can I say to add words of comfort in times of fear?

How can I be proactive in the community to raise a level of awareness concerning senseless acts of violence or the spread of disease and infection? Am I using the best possible aseptic techniques to facilitate the most optimal outcomes during wound care and other invasive procedures? A combination of clinical objectivity, personal knowing, and ethical/disciplinary knowing are utilized during clinical practice to ensure I deliver the best care I can to the patients that I serve. The Phenomenon of Interest that I would like to further examine is as follows: Investigating the quality of life and health in infertility.