The Human Blueprint for Nurses Part 1

Presented by Thrive Education

Read by Jenny Thrasher

Introduction

Imagine having a simple but powerful map that could help you understand why some people thrive, while others silently struggle.

A map that makes it easier to identify where distress begins, where healing is needed, and how real, lasting change can happen.

In this course, you're going to discover that this map exists and it's called the Human Blueprint.

The Human Blueprint is a groundbreaking model – developed through years of lived experience, research, and application – it brings together our physical, mental, and emotional health into one cohesive framework.

It not only helps us better understand and address mental health challenges, but when used regularly it acts as a guide to ensure that we are thriving.

In this course, you'll learn how small shifts in awareness can create powerful ripple effects, how to recognize the difference between symptoms and root causes, and how to support not just your patients and clients, but also yourself, in a more informed and empowered way.

Whether you're looking to strengthen your own resilience, prevent professional burnout, or improve therapeutic communication in your clinical practice, the Human Blueprint offers an essential new lens for growth, healing, and thriving.

I'm Jenny Thrasher – founder of Thrive Education and the creator of the Human Blueprint. I'll be your guide for this journey.

I've spent more than two decades exploring what helps people not just survive, but truly thrive, especially in the face of overwhelming life experiences. And what I've learned is that the real key to transformation isn't more checklists or fear-based protocols.

It's about connection. It's about clarity. And it's about developing a better understanding of how our physical, mental and emotional health are connected, how they impact each other and how they impact every aspect of our lives.

And this is where the Human Blueprint comes in. It helps us see these connections and identify where we are thriving and where we may need some extra attention. This knowledge improves our ability to show up as our best selves – professionally and personally.

Because when we understand the Human Blueprint, we don't just improve patient care – we enhance therapeutic communication, reduce emotional exhaustion, and strengthen our ability to thrive in every environment.

The Human Blueprint is made up of more than twenty years of research, lived experience, and real world application. Given the volume of information being presented, we've intentionally divided this course into five parts, each of which consist of **60- to 90-minutes of content as well as a quiz.**

This approach ensures that each section is easily digestible and clinically relevant while allowing you the opportunity to earn **continuing education credit** as you move through each part, rather than waiting until the end of the final module.

Each part builds on the last, deepening your understanding of the Human Blueprint while giving you time to apply what you've learned before continuing to the next stage.

In this course I'll provide an overview of the Human Blueprint followed by a more thorough explanation for how we can use this information to help us overcome challenges, build more meaningful connections, and consistently show up as our best selves.

Throughout the course I'll provide case studies that are grounded in real-world nursing challenges and are meant to spark awareness – not just in how you show up in your role, but in how practicing intentional care for yourself directly improves the quality of care you provide to your patients and your team.

You're encouraged to pause the audio after each case study to reflect on how you would respond. However, please note that all of the case studies are provided in your written material and are available for you to access at any time.

Introduction to the Human Blueprint

Now that you have a sense of what this course is about and why it matters, let me tell you where the Human Blueprint began – and how this framework came to life through personal experience and professional application.

The Human Blueprint was born out of necessity.

In the spring of 2019, after supporting my daughter through a severe mental health crisis, I found myself regularly answering late-night calls from other parents who were desperate for guidance.

Each conversation came with the same questions: "What helped her? What was the one thing that made a difference?"

I'd then take on the task of explaining that it wasn't just one thing, and that in fact, it had been a combination of seventeen things - some big, some small, but each one played a role.

I would spend hours offering comfort while sharing the various tools we'd used in helping her shift from suicidal to thriving. While speaking with these parents, I realized that I needed a simpler way to organize, explain, and apply all of the knowledge I had spent more than twenty years acquiring … all the knowledge that helped us move through one of the darkest, most difficult times we had faced as a family.

Before the end of that year, I received a phone call from a company leader in Costa Rica who was looking for answers after they had lost their third employee to suicide. It

was the final push I needed to create the first version of the Human Blueprint – a simple visual that helped people see the interconnectedness of health in a new way.

After delivering the training in Costa Rica, it was clear how powerful the model could be. Having a diagram that illustrates how the elements within our physical, mental and emotional health are connected, helped participants understand that no one chooses to have a mental health crisis, and that when a crisis occurs there is more to it than simply our mental health.

The biggest thing I took away from my time in Costa Rica was that when people can see the connections clearly, they feel empowered to respond with more confidence and compassion, whether it is for themselves or someone else.

While each of us is unique in our genetics, personalities, and lived experiences, we also share a common foundation. The Human Blueprint brings that foundation into focus. It simplifies our understanding of the human experience so that we can take informed, intentional action – not just to heal, but to thrive.

You'll find that the elements within the Human Blueprint aren't new to most people. What is new and what makes the Human Blueprint so powerful is how they come together. This model helps make sense of what often feels scattered or overwhelming. It offers a roadmap to wellness and it invites us to notice the often-overlooked aspects of ourselves and those we care for.

The Human Blueprint is built on three core systems:

- Physical
- Mental
- Emotional

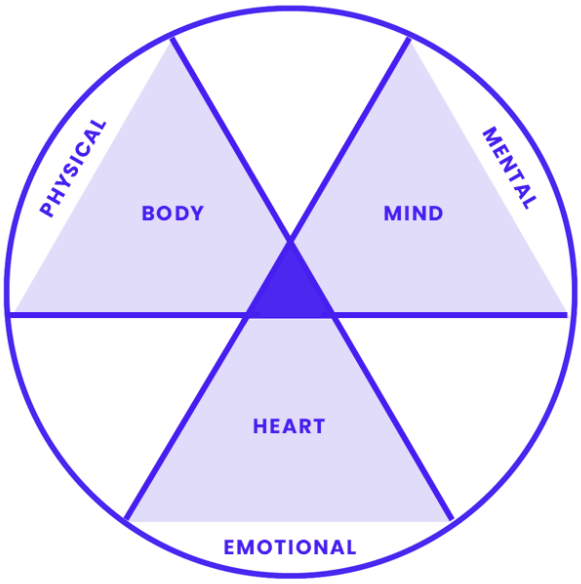
Each system contains essential elements. When we understand how these elements work, we're better equipped to uncover root causes and make choices that help us thrive by choice rather than by chance.

As I developed this model, I began to identify groups of corresponding elements. Each of these groups contains an element from each system which helps us to see how our physical, mental and emotional health are connected.

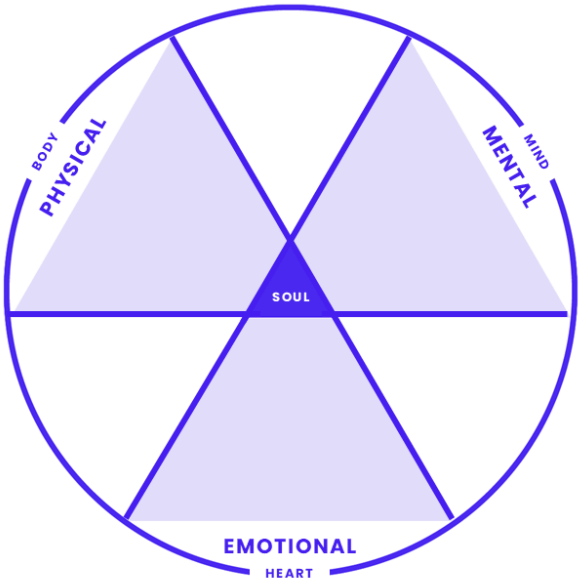
Altogether, I've identified 12 groups of corresponding elements, which not only show how the three systems are interconnected, but also help us explore the answers to meaningful questions like:

- Who am I?
- What do I need to thrive?
- Can people really change?

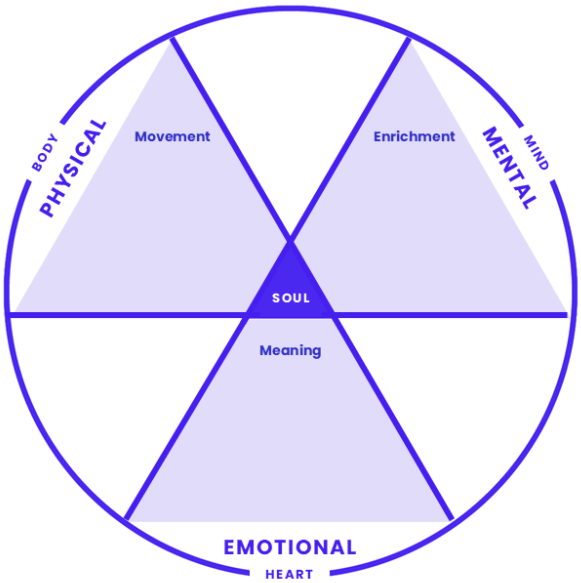
Let's begin our journey of understanding with an overview of the 12 groups of corresponding elements that form the foundation of the Human Blueprint. From there, we will explore a deeper discussion about how each element plays a role in our ability to thrive.



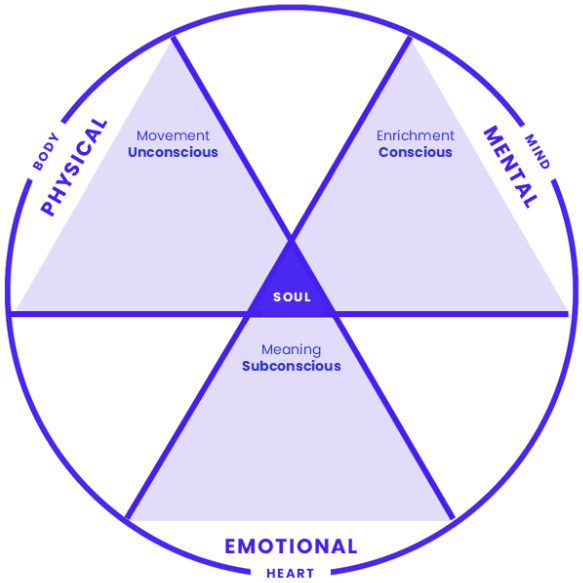
#1 Our physical, mental and emotional health are three interconnected systems, and the elements that represent them are our **body, mind and heart**.



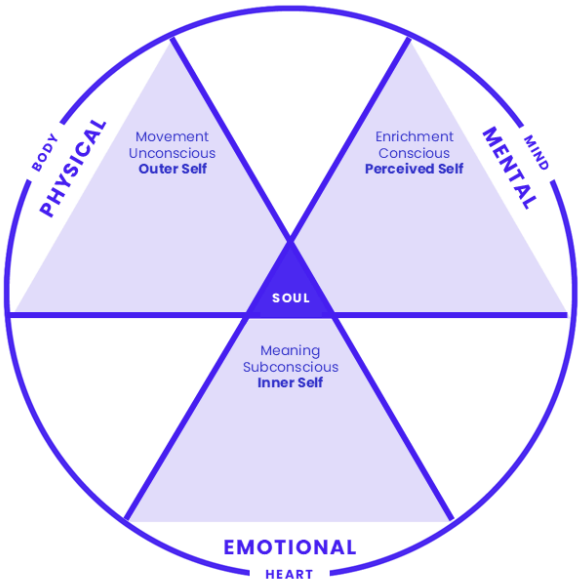
At the center of these systems enlivening each one is our **soul,** the element also known as vitality, qi, and prana, among other names.



#2 The following three elements are foundational practices for thriving - they are how we achieve and maintain wellness, and they are: **movement, enrichment and meaning**.

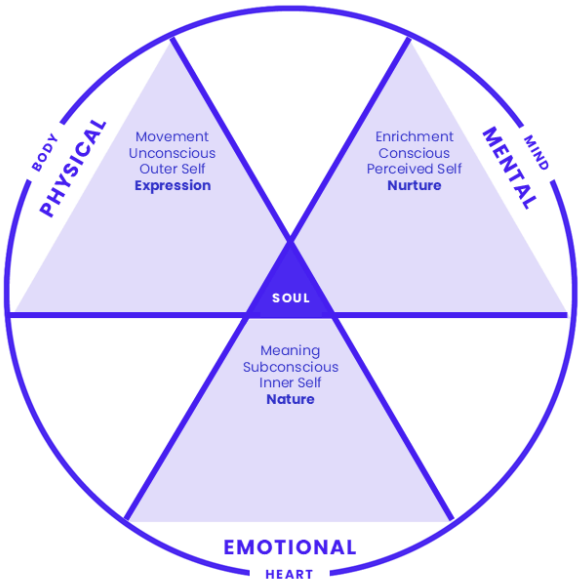


#3 The elements that make up the human mind are the **unconscious, conscious, and subconscious**. Three minds working as one - each influencing how we experience life.

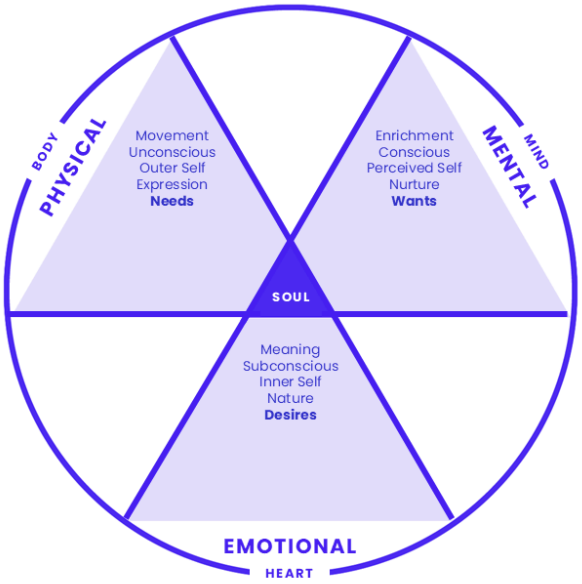


#4 Next we have the elements that answer the common question of, ‘who am I.’ Through the lens of our physical health it is our **outer self**, through the lens of our

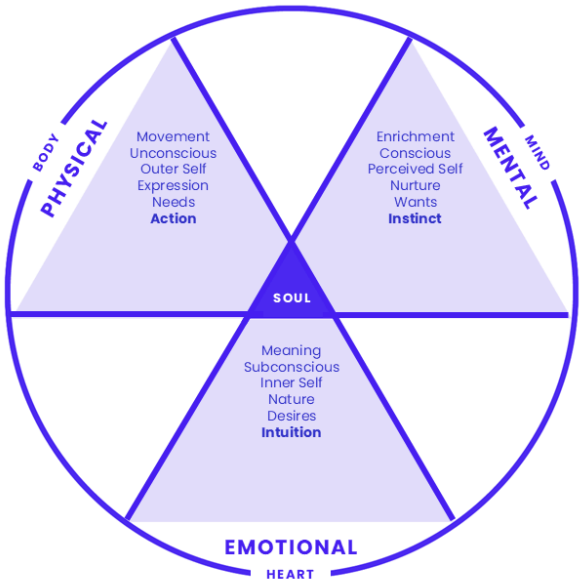
mental health it is our **perceived self,** and through the lens of our emotional health it is our **inner self.**



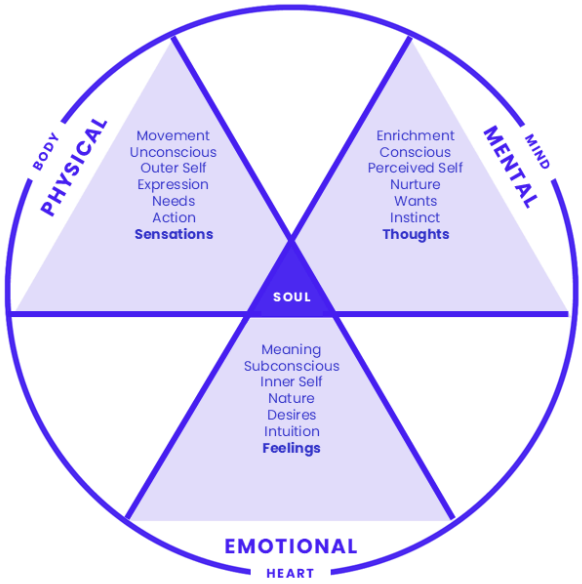
#5 ‘What makes me me’ and ‘can people really change’ - two common questions that can be addressed by exploring our next set of elements which are: **expression, nurture and nature.**



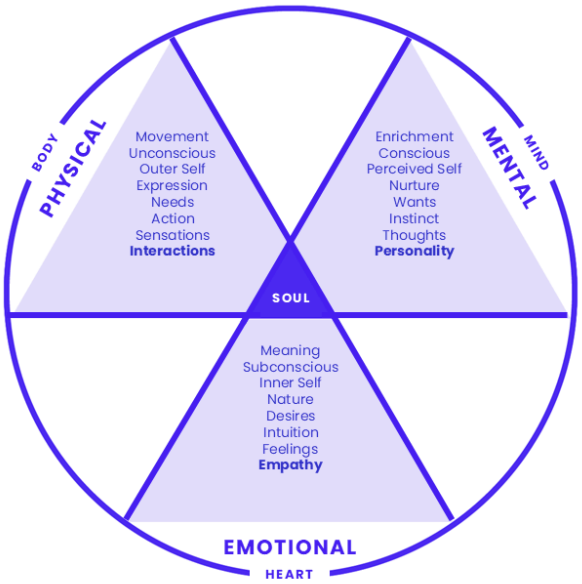
#6 The elements we focus on when we're creating the conditions to thrive are **needs, wants and desires**.



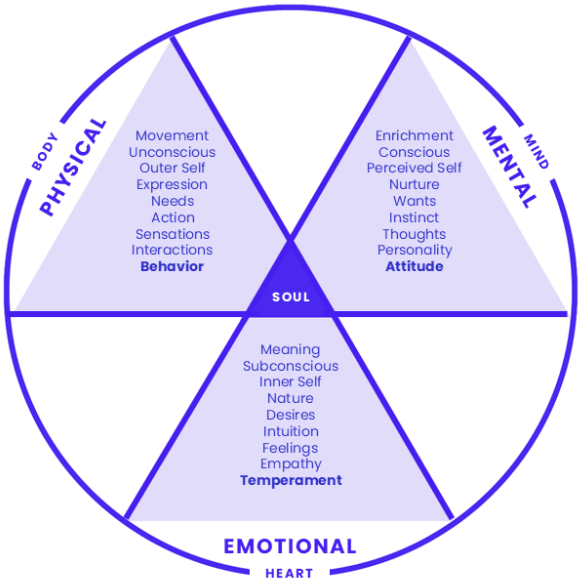
#7 To better understand the difference between surviving and thriving we must explore the following elements: **action, instinct, and intuition**.



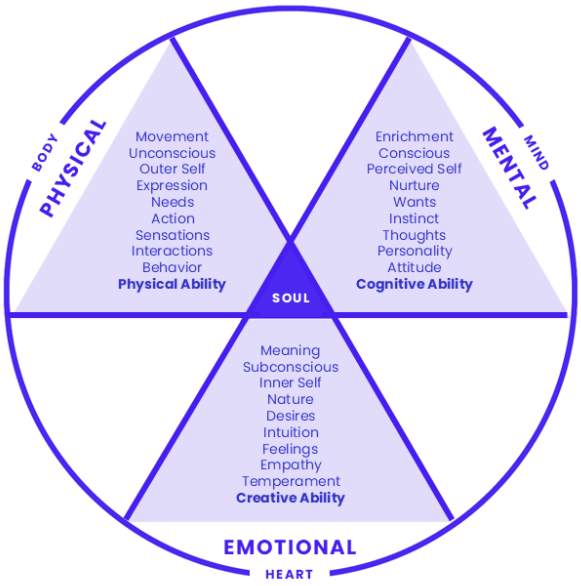
#8 The elements we use to experience life and the world around us are **sensations, thoughts and feelings**.



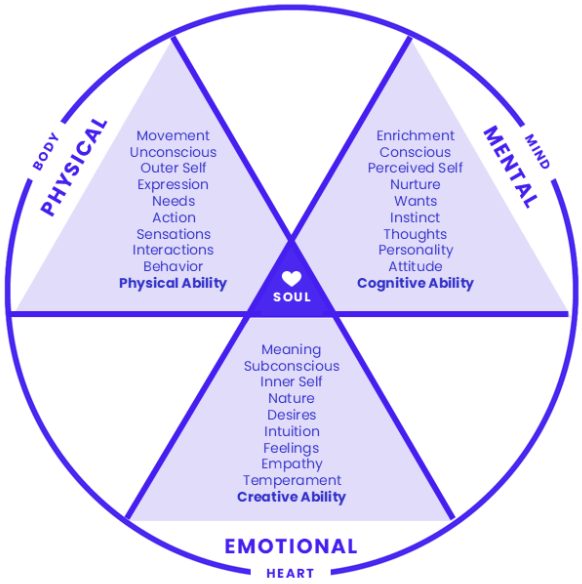
#9 The elements we rely on to connect with others are **interactions, personality, and empathy**.



#10 To understand why we act the way we do we'll explore the elements of **behavior, attitude and temperament**.

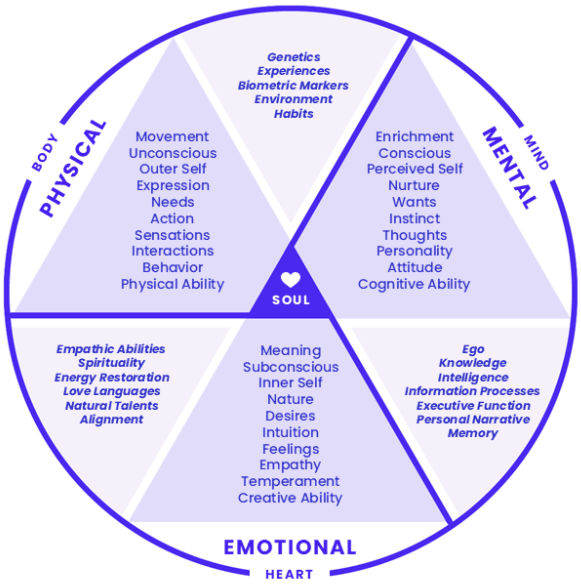


#11 The elements that influence how we engage with the world in body, mind and heart are our **physical abilities, cognitive abilities and creative abilities**.

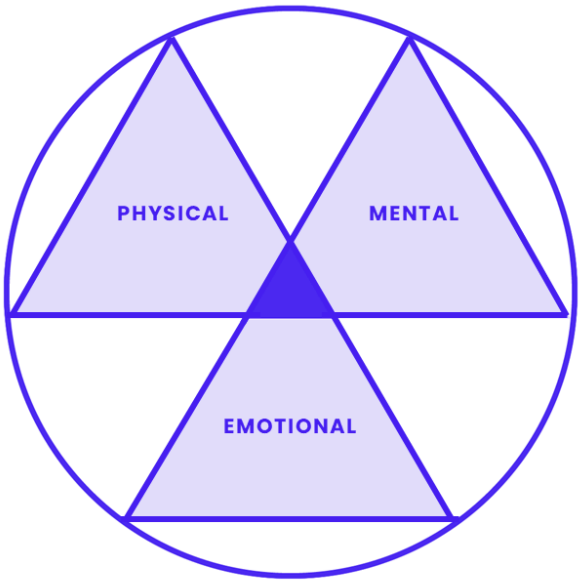


#12 At the core of who we are and the element connecting all three systems is **love**.

Now that you have the full picture of the Human Blueprint, let's take a deeper look at the elements found within the corresponding groups.



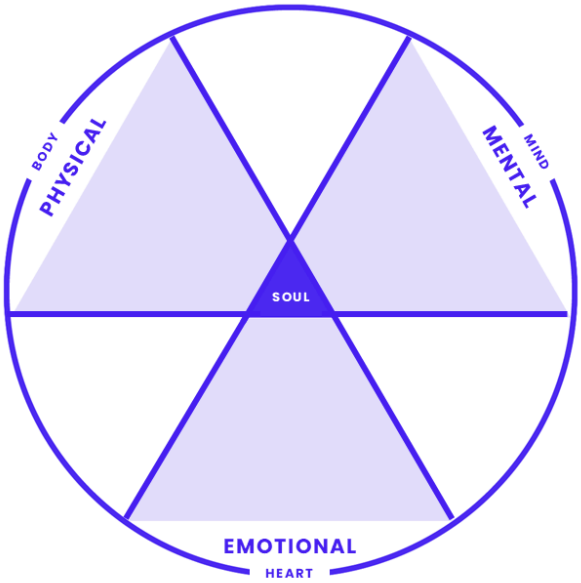
#1 🎙️ Body, Mind & Heart: Three Interconnected Systems



The Human Blueprint is made up of three interconnected systems: our physical, mental, and emotional health. Each one plays a vital role in who we are and how we experience life.

To fully understand the Human Blueprint, we must first recognize that we are energetic beings. Every element within us – every thought, sensation, and experience – is a form of energy. When even one element in any system falls into discord, it can disrupt the harmony across all three systems. By developing an understanding of how these systems are connected we become far more equipped to identify root causes and take the steps needed to restore harmony.

Within each system are a number of elements that influence our overall well-being. While some of these elements could arguably belong in any one of the systems, I've placed each element in the system where it's most likely to originate or where it tends to have the most significant impact.



Our physical, mental, and emotional health are represented by our body, mind, and heart. At the center of it all, connecting and enlivening each system, is the soul.

The soul is often described as the purest essence of who we are. It is both pure consciousness and the life-force energy that moves through us which is also referred to as prana or qi (pronounced “chee”). The soul is commonly thought to have three core components: will, mind, and emotion.

These line up naturally with the three systems of the Human Blueprint:

- The Will of the Soul is reflected in our physical health. It’s the part of us that drives action, motivation, and forward movement.
- The Mind of the Soul aligns with our mental health. It governs our knowledge, logic, and critical thinking.
- The Emotion of the Soul lives within our emotional health. It’s the source of our creativity, connection, joy, and depth of feeling.

By understanding these connections, we begin to see that healing isn’t about fixing what’s broken. It’s about creating and maintaining harmony - harmonizing the energy within and around us with awareness of each system. It’s about reconnecting with who we truly are, and learning to trust the wisdom that lives within us – so that we’re not just healing, we’re thriving.

Clinical Application

As nurses and healthcare professionals, understanding the presence of the soul as "human vitality" – or in other words, the capacity to live, grow, and develop – reminds us that healing is not just about restoring function.

It's about restoring connection: to ourselves, to others, and to our purpose.
And that connection is vital.

In clinical settings, it is not uncommon to encounter the diagnosis of *failure to thrive*. We most often see it in both infants and the elderly, and while the physical symptoms vary, what they have in common is profound: a lack of growth, engagement, and vitality.

Failure to thrive is not just about body weight or appetite – it's about the absence of spark. The absence of connection.

Failure to thrive is a powerful example of what happens when human vitality begins to fade – when the soul's presence, that animating force of life, is dimmed.

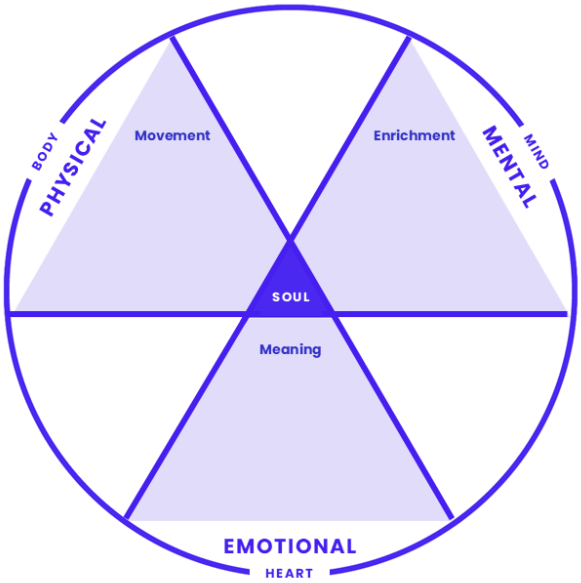
Recognizing this connection elevates the quality of care we provide. It also protects our own ability to stay grounded, compassionate, and resilient in demanding environments.

#2 🎙️ Movement, Enrichment & Meaning: How We Achieve & Maintain Wellness

Now that you have a clear visual for how our physical, mental, and emotional health are all connected – let's explore what it looks like to actually support each one in everyday life.

The truth is, thriving isn't something that happens by accident. It's something we create – through small, consistent choices that support our overall wellness by caring for our physical, mental and emotional health.

Our ability to achieve and maintain wellness starts with simple, practical actions that strengthen the foundation of who we are – so that we can show up more fully in every part of our lives.



In this next section, we'll look at how movement, enrichment, and meaning aren't extra tasks to add to your to-do list. They are foundational and essential practices that help you reset, reconnect, and restore – so you can continue doing the work you're called to do, without losing yourself in the process.

Let's take a closer look at what each one really means.

Movement is what our physical body needs to remain healthy and it is exactly what it sounds like – getting your body moving in ways that feel natural, energizing, and sustainable. This isn't about punishment or performance. It's not about logging miles on a treadmill unless that's something you genuinely love.

It's about honoring your body's need to move and allowing that movement to support you. Movement can look like dancing in your kitchen, stretching on your bedroom floor, walking, swimming, lifting weights, chasing your kids around the yard, or simply swaying to your favorite song.

The beauty of movement is that it doesn't just support our physical health, it can also stimulate our mental health and soothe our emotional health. It helps you shake off stress, boost your mood, reconnect with your body, and shift stagnant energy. It's a powerful and accessible way to support your overall well-being.

Clinical Application

> Movement is one of the most accessible ways to regulate the nervous system – And for nurses, who spend long hours in high-stimulation environments this is an incredible tool to regularly utilize.
>
> When you move your body intentionally, even for a few minutes, you're supporting your physical health, reducing mental fatigue, and making space for emotional clarity.

Enrichment is how we keep our minds flexible, curious, and alive. It could look like reading a book that challenges your thinking, learning a new skill, solving puzzles, writing, or having deep conversations that expand your view of the world.

Enrichment isn't just about collecting knowledge – it's about keeping your mind agile, adaptable, and resilient. It supports our cognitive health, strengthens self-confidence, and reminds us that growth is always available to us at every stage of life.

Clinical Application

> Enrichment is about keeping your brain agile – It boosts focus, enhances memory, and protects against burnout-related brain fog.
>
> And beyond function, it helps you feel engaged as you move through your day.

Participating in activities that add **meaning** to our lives is at the heart of tending to our emotional well-being. These are the activities that cultivate an inner peace and a passion for life. It's about creating space for what calms your nervous system and what lights up your soul – sometimes both at once.

These are the activities that make your heart feel full, that anchor you in the present, and that ignite your excitement for life. For some, it might be journaling, meditating, praying, or spending quiet time in nature. For others, it could be painting, singing, hiking, or cooking. It could even be something more adrenaline pumping such as rock climbing, sky diving or base jumping. There's no single path. The key is finding what makes you feel deeply connected to yourself and nurturing it without guilt or apology.

If you don’t already know what brings you peace or fuels your passion, start paying attention.

Notice what kind of movement your body craves.

Notice what sparks your mind.

Notice what brings your heart peace and what sets your soul on fire.

These practices aren’t luxuries - they’re vital to your ability to thrive. They cultivate your ability to remain grounded while also amplifying your excitement for life. They are the building blocks of a life that feels whole, joyful, and lived to the fullest.

Clinical Application

In high-burnout professions like nursing, regularly connecting with the things that add meaning to our lives, that bring us peace and fuel our passion, isn't a luxury – it's a clinical imperative.

It improves emotional regulation, strengthens immune response, and enhances professional longevity.

Remember … you don’t have to overhaul your life overnight.

But you can start with these three things …

Everyday find a way to:

Move your body.
Stimulate your mind.
Engage your heart.

These are real-world, sustainable habits that help you go from simply surviving to thriving.

In your guide you will see that I’ve included the Thrive Checklist. In it you will find examples of different things you can do to support your physical, mental and emotional health on a daily basis.

THRIVE 101

Thrive Checklist | Activities

Activity Ideas

Mental Activities	Physical Activities	Emotional Activities
❑ Brain games	❑ Sports	❑ Journaling
❑ Puzzles	❑ Yoga	❑ Listening to music
❑ Word search	❑ Walking	❑ Meditation
❑ Crosswords	❑ Running	❑ Prayer
❑ Reading	❑ Hiking	❑ Time in nature
❑ Sudoku	❑ Dancing	❑ Breathwork
	❑ Weightlifting	❑ Tai Chi
	❑ Rock climbing	❑ Creative expression
	❑ Ninja gym	❑ Singing
	❑ Boxing / kickboxing	❑ Playing an instrument
	❑ Swimming	❑ Pottery
		❑ Art
		❑ Writing

jennythrasher.com

THRIVE 101

Thrive Checklist | Raising Awareness

How do the following make Me feel:

What I'm …

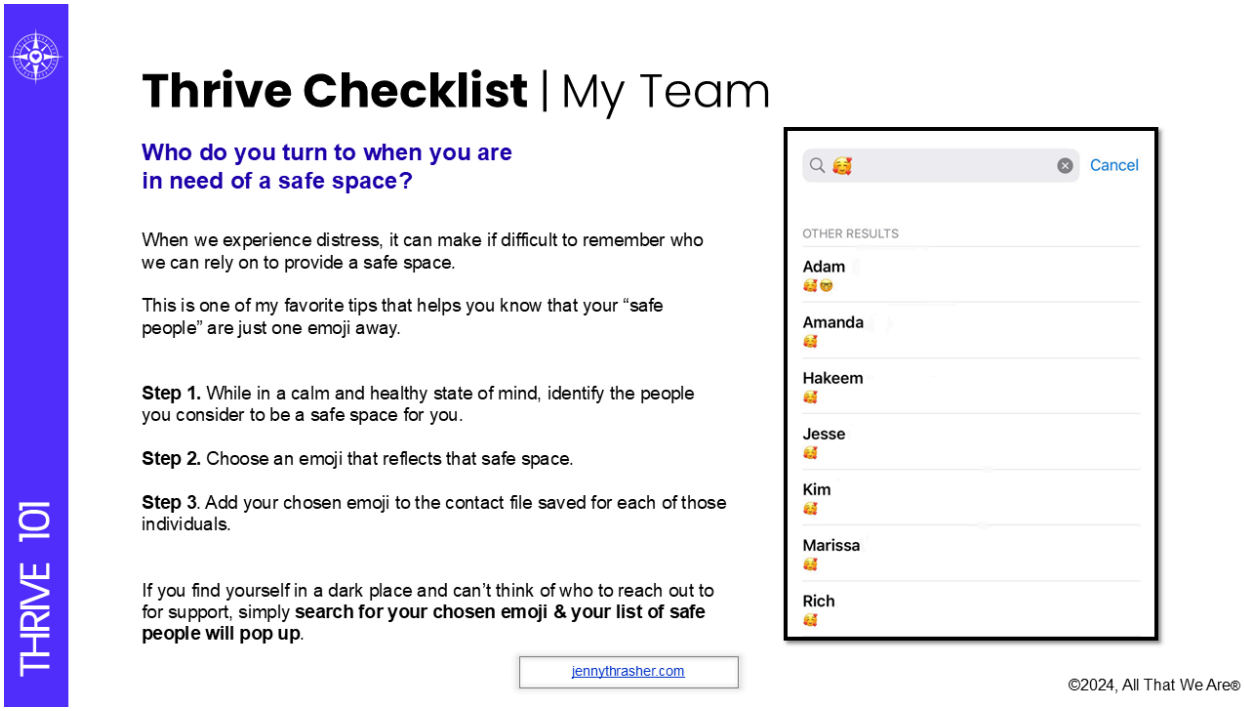
- ❑ watching
- ❑ reading
- ❑ listening to
- ❑ participating in
- ❑ eating
- ❑ drinking

As well as …

- ❑ the space I'm in
- ❑ the products I'm using
- ❑ the people I spend time with
- ❑ my thoughts
- ❑ my words
- ❑ my actions

Be mindful to limit your exposure to people and situations that disrupt your mood or increase feelings of anger, anxiety, or distress, especially during difficult times.

Focus on what lifts your spirits and brings a sense of calm, confidence, and well-being. Prioritizing what nourishes you physically, mentally, and emotionally is essential to living a life you love.



While it may feel impossible to dedicate more than a few minutes at a time to self-care, when we consistently embrace micro-practices, such as 5-10 minutes of movement, breathwork or meditation - those few minutes when done regularly add up and truly support sustained focus, emotional regulation, and a greater sense of presence in all that we do.

Case Study - Group #2

Movement, Enrichment & Meaning – How We Achieve and Maintain Wellness

Let's explore how movement, enrichment, and meaning contribute to sustained performance and presence in nursing. As you listen to this case, think about how you might support your own well-being in a way that protects your capacity to provide excellent care.

📖 Case Scenario

Tasha is a med-surg nurse who has always been known for her precision and calm demeanor. Lately, though, she's been catching herself snapping at coworkers, forgetting routine tasks, and feeling emotionally flat by mid-shift. When a friend asked what brings her joy outside of work, she couldn't come up with an answer.

Her days off are usually spent in bed, mindlessly scrolling, or binge-watching shows she barely remembers.

She's not in crisis, but the disconnection she feels is starting to affect how she shows up.

🔍Reflection Question

How might reconnecting with movement, enrichment, and meaningful engagement help Tasha restore her energy and connection to others both at work and in her personal life?

🎧 The following response was provided by Sofia in Riverside, CA:

"I've been there! That 'blah' feeling – not quite burnout, but definitely not my best.

What really landed with me in this section was the reminder that we don't have to wait for a full-blown crisis to start taking care of ourselves.

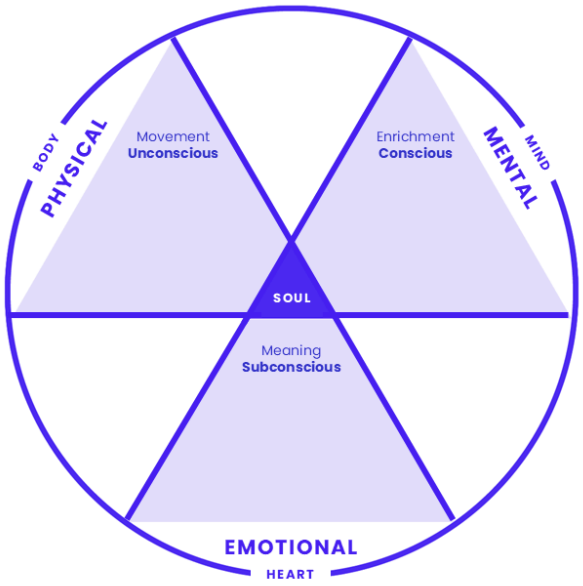
Since taking this course, I've been more intentional about walking to a nearby coffee shop before work. It gets me moving, gets me outside, and gives me something small to look forward to. It's shifted my whole morning – I actually *want* to start my day now.

I've also started listening to audiobooks instead of defaulting to my phone when I have downtime. I feel more engaged, less drained, and honestly more excited to connect with people again – even if it's just to talk about what I'm reading."

#3 🎙️ Unconscious, Conscious, & Subconscious: Three Minds Working As One

Now that we've explored the practices that help support our physical, mental and emotional health, let's shift into something even more foundational – how our mind influences the way we move through the world - impacting every action, thought and feeling we experience.

Our responses to stimuli, our communication with others, and our ability to stay present in any situation is influenced by the inner workings of the mind.



The Human Blueprint helps us understand these inner workings as three distinct parts: the unconscious mind, which drives our automatic behaviors; the conscious mind, where we make sense of what's happening around us; and the subconscious mind, which holds the beliefs, emotions, and memories that can quietly shape everything we do.

Let's take a closer look at how these systems work – and how they can either support or sabotage our ability to stay grounded, clear, and connected in high-pressure environments.

When we look at the inner workings of the mind through the Human Blueprint, we see that each part of the mind is associated with a specific system.

The **unconscious mind** is associated with our physical health. It's the part of us that regulates the essential functions of the body without requiring conscious thought. From our heart beating to our ability to breathe, swallow, blink, speak, and move, the unconscious mind is constantly at work behind the scenes.

Serious injury or illness can sometimes interrupt these functions, requiring us to bring conscious awareness to actions that would normally happen automatically. But under

normal circumstances, the unconscious mind handles these vital processes effortlessly, allowing us to live without having to think about them.

The **conscious mind** is connected to our mental health. These are the thoughts we are actively aware of throughout the day – the running commentary of our lives. It includes our memories, perceptions, reflections, fantasies, and self-awareness, as well as our understanding of the environment around us. It's the part of us that analyzes situations, makes plans, solves problems, and engages with people and ideas moment by moment. The conscious mind is what empowers us to choose how we move forward.

The **subconscious mind** is linked to our emotional health. It is vast compared to the conscious mind, and it holds all of our long-term memories, learned experiences, deeply rooted beliefs, and emotional patterns.

The subconscious mind stores everything – every event, conversation, lesson, and experience, whether we consciously remember it or not. These stored experiences quietly shape our personality, behaviors, and emotional responses. Without realizing it, our subconscious can influence the way we feel, the way we interpret the world, and the way we act.

In 2023, I took a class on the subconscious mind that offered a beautiful way of understanding this dynamic. The instructor explained that whenever two people are having a conversation, there are actually four minds actively engaged at once: Two **conscious minds** (what each person is aware of) and two **subconscious minds** (what each person is unaware of).

Meaning that beneath the surface, there's a subtle exchange of energy, assumptions, memories, and emotional undercurrents influencing the outcome of every interaction.

When we become aware of this, we stop taking things so personally – and we start communicating with more empathy and curiosity.

Our ability to thrive is at the greatest risk when we are living in an unconscious state, meaning that we are simply going through the motions. Our everyday life has become automatic and requires no thought. When we live this way we are more susceptible to our subconscious mind influencing our thoughts, words and actions. However, when we

are present and aware we can learn to use our conscious mind to access our subconscious and recognize when subconscious patterns are influencing our mood, our words, and our decisions – and we can choose to shift them if they no longer serve us.

Clinical Application

> In patient care, we often speak to a person's conscious mind – explaining treatment options, delivering discharge instructions, and asking them how they feel.
>
> But if the conscious mind is overwhelmed or distracted, those messages might not register fully.
>
> That's why repetition, simplicity, and trust are so important in therapeutic communication.
>
> And it's knowing that how we say something matters just as much as what we say.
>
> This is about creating safe spaces where patients and care teams can ask questions, share ideas, and explore possibilities so that everyone can discover their own path to thriving.

By developing an understanding of how the unconscious, conscious, and subconscious shape our experiences, we are opening the door to deeper self-awareness, stronger connections, and increased accountability which all result in greater personal freedom to thrive. Because when we are aware of and no longer blind to subconscious patterns and we understand that we always get to choose how we move forward, then we are no longer at the mercy of past experiences or external circumstances. Our wellness and ability to thrive is a personal choice, one that we continue to make with every action, thought and feeling.

And in nursing, that understanding allows us to care more fully – not just for the physical body, but for the mind and heart as well.

Case Study - Group #3

Unconscious, Conscious & Subconscious – Three Minds Working As One

Let's explore how this section applies to a real-life nursing experience. As you listen to this case, consider how unconscious patterns – yours or your patients' – might affect communication, care, and outcomes.

📖 Case Scenario

Malik is a critical care nurse who thrives in high-stress situations. But lately, he's noticed a troubling pattern: during patient codes or family escalations, he either becomes overly controlling or emotionally checked out.

Even though he's aware of this, he fears that he won't be able to change it. He's often left replaying situations in his head – feeling embarrassed, exhausted, and unsure of why he reacted the way he did.

🔍 Reflection Question

Based on what we've covered about the unconscious, conscious, and subconscious mind, how might Malik begin to shift this pattern – both in the moment and in how he cares for himself after high-stakes scenarios?

🎧 The following response was provided by Janelle in Duluth, MN:

"I've had moments like that too – where my own reaction surprised even me.

This section really opened my eyes to how powerful the subconscious mind is, and how often it shapes what we say or do – especially when we're under stress.

What I've started doing is paying attention to those moments. Instead of brushing them off or spiraling into shame, I pause and ask: What might have just gotten triggered?

For me, a lot of it goes back to something I hadn't thought about in years – the day my grandfather died of a heart attack right in front of us. I was five. My mom was screaming, my dad went completely silent, my little brother was crying… and I just froze.

None of us were the same after that. And somewhere deep down, I decided it was my job to hold it together so no one else would fall apart.

Even now, I can see how that moment wired something in me – how my subconscious has been trying to protect everyone else from feeling the pain I couldn't process.

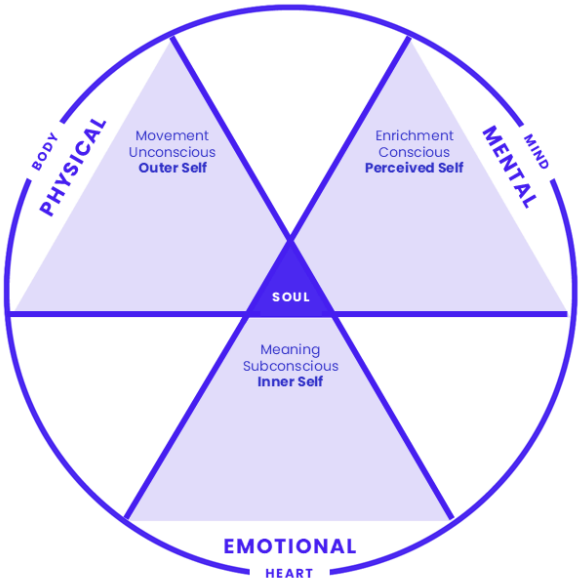
This course helped me finally connect those dots. And since then, I've stopped trying to manage everyone else's grief. I've stopped thinking I can protect people from the heartbreak that comes from losing someone you love.

And honestly … That shift has helped me show up with more empathy – and way less emotional exhaustion."

#4 🎙️ Inner Self, Perceived Self, & Outterself: Who Am I? Identity vs True Self

As we begin to understand how the mind influences our responses and interactions, it naturally leads to a deeper question – one that sits at the heart of healing, connection, and care:

Who am I?



Through the Human Blueprint, identity becomes more than a label or a role. It becomes something we can explore through three powerful lenses: our outer self, our perceived self, and our inner self, in order to fully understand our true self.

This next section is about better understanding each aspect of who we are – not just for your own growth, but to better understand the patients and people around you.

Because when we begin to see identity as dynamic, layered, and all part of the human experience, then we gain insight into why people behave the way they do … and how we can support them – and ourselves – with more clarity and compassion so that we can all learn to thrive everyday.

When we look at this question of ‘Who am I’ through the lens of **physical health**, the answer is our *outer self*. This includes every part of our physical body as well as the environments we move through and the experiences we have. It’s also how others see us, and for many of us, that becomes the first version of our identity.

Long before we fully understand who we are and how we fit into this world, we begin shaping ourselves to meet the expectations of those around us. This early focus on pleasing others can gradually disconnect us from our true selves.

Our physical health influences how we show up in the world, how much energy we have, how we move, and how we engage with our surroundings. When our physical health is in harmony, it is easy to feel more grounded, capable, and present. But when it’s in discord, it can limit our ability to participate fully in life or to connect with others in meaningful ways.

From the perspective of **mental health**, the answer to ‘Who Am I’ is our *perceived self*. This is how we interpret our surroundings and experiences, how we understand others, and how we see ourselves. It’s the lens through which we process the world – and that lens shifts depending on our mental state.

When our mental health is compromised, the lens can feel clouded or dark, distorting how we see ourselves and others. But when our mental health is in harmony, that lens becomes clear, allowing us to experience the world with greater perspective and possibility.

This internal lens shapes everything. It influences whether we feel like the world is a safe place full of opportunities or a threatening place where everything feels like it's working against us.

From the perspective of **emotional health**, the answer to *“Who am I?”* is our *inner self*. This is the part of us that holds our deepest truths – our core values, emotional responses, desires, and intuition. It's who we truly long to be when we are anything other than who we were born to be. And in a world that constantly tells us who we ought to be, it can feel challenging to remain true to our inner self.

Unlike our outer self, which is shaped and reshaped through a lifetime of experiences, or our perceived self, which can be ever-evolving based on the filters in which we experience the world, our emotional self remains constant and unchanged. It’s the heart of who we are. When we’re in harmony with our emotional health, we feel connected, inspired, and at peace. But when we forget who we are, or we suppress what we feel in order to please others or to avoid conflict, we begin to feel disconnected, anxious, or reactive.

The inner self longs to be heard, understood, and honored. When we tune into this part of ourselves, we remember what it feels like to live in alignment, and to love who we are from the inside out.

> Consider this:
>
> Have you ever had an "off day" while at work … one where you just didn’t feel like yourself? At the end of the shift, you may have noticed how it affected your ability to provide care.
>
> We've all been there and in today’s fast paced world most of us feel the pressure to simply push through that feeling in order to get the job done. However, when we feel off, these are the moments when small oversights can lead to medication errors, policies may be unintentionally overlooked, or patients may leave feeling unseen or unheard.
>
> What if rather than dismissing that feeling, we paused in order to get recentered with an awareness that the quality of our physical, mental and emotional health directly influences the quality of care we provide.
>
> While there are several things that can cause us to not feel like ourselves, a primary source within the healthcare world is compassion fatigue. But what does this really mean?
>
> The Human Blueprint shows us that when we talk about compassion fatigue what we’re really talking about is a disconnection from the inner self.

When we continuously overlook our emotional health to support others, we lose access to the part of ourselves that fuels purpose and passion. And over time, that disconnection doesn't just feel tiring – it leads to burnout.

In order to reduce the risk of compassion fatigue it is important that we take a moment to explore emotional boundaries, an often overlooked aspect of self-care.

Having emotional boundaries doesn't mean that we have to be distant and cold. It means recognizing that while we care deeply for our patients and their families, we are not meant to carry their pain as our own.

We can be present with someone's grief without absorbing it. We can validate their suffering without becoming entangled in it.

For example:
Have you ever had to deliver a terminal diagnosis and then found it hard to focus on the rest of your shift?

Maybe you felt emotionally heavy or distracted, and by the end of the day, completely drained.

That's not just physical and mental exhaustion. That's emotional exhaustion.

It's what happens when we unknowingly carry the weight of someone else's pain inside our own body.

Tending to our emotional health means learning how to remain compassionate without losing ourselves in the process. It ensures we can continue to show up … fully present, grounded, and clear-headed for every patient who needs us.

Here are three tools to help you stay true to yourself while reducing the risk of compassion fatigue:

Tool # 1. Practice Mindfulness in the Moment

Being present helps you witness emotions without being consumed by them.

A few slow, intentional breaths – even while rubbing in hand sanitizer before entering a patient's room – can activate your parasympathetic nervous system.

That means:

More oxygen to the brain.

Less tension in the body.

And more clarity for your next interaction.

Practicing mindfulness doesn't require much, and yet it can change everything.

Tool # 2. Practice Releasing Emotions

While sympathy is more a feeling of pity for another, empathy is our ability to feel what another person is feeling.

Empathy allows us to connect deeply, but if we don't release what we feel, we risk internalizing pain that was never meant to stay.

Many of us were taught to hold in our emotions and to keep a brave face, but when we **suppress emotion**, we trap that energy in our body where it can quietly grow into physical, mental and emotional pain or even severe illness.

Instead holding it all in, try this:

When a wave of emotion comes, when you feel your chest tighten and that urge to hold it in becomes all you can think about, *relax and allow yourself to feel it, acknowledge it, and let it move through you.*

Releasing emotion can be as simple as breathing with intention and awareness. Or it may be through a silent tear and sometimes it may even require us to take a quick step away to reset. Regardless of how you release emotions, the key is to make the conscious choice to let them go.

When we stop bracing against pain and we simply allow it to pass through us, we create space for clarity, compassion, and connection.

And what you'll discover may surprise you:

> Emotions move quickly when we don't resist them. And the more we practice, the less afraid we become of what we might feel.

This allows us to keep our hearts open and our wellness intact.

Tool # 3. Practice Saying No When Needed

There are moments in nursing when we're called to go above and beyond, and let's be honest, that often feels like the norm, not the exception.

The pressure to jump in, to stay late, to cover, and to help … It's real. And often, it's part of what makes nurses so extraordinary.

But here's the truth: Chronic overextension erodes your well-being over time.

Saying "no," "not right now," or "I'm at capacity" isn't selfish. It's a skill.

It's how we secure our ability to care with consistency. Not just for one shift, but for the long haul.

[Small Pause]

Still, for many, saying no feels uncomfortable.

- You might worry others will see you as lazy, selfish, or weak
- You might experience the fear of missing out or being overlooked when praise is given
- Or you might feel like you'll disappoint someone who's counting on you

That's why it helps to pause and ask yourself: **Why am I saying yes?**

Is it out of habit … out of fear … Out of guilt … Or maybe even out of a subconscious need for validation?

Or

am I saying yes because…

- I truly want to help
- It aligns with my role and responsibilities in a way that feels sustainable
- I have the capacity – physically, mentally, and emotionally – to do so

Sustainable care starts with honest awareness. And building the muscle to say "no" when needed allows us to say "yes" with integrity when it truly matters.

When we feel out of balance, it clouds our perception, not just of our environment and interactions with others, but of who we are and how we wish to show up. It limits our capacity for empathy, focus, and connection. But when we stay true to who we are and we are intentional about our own wellness, we're able to bring clarity, compassion, and presence to every interaction.

Understanding who we are as individuals and what best supports our own well-being matters – not just for ourselves, but for those we serve.

Let's take a moment to explore the difference between identity and true self.

While the outer self reflects the body, the perceived self reflects the mind, and the inner self reflects the heart, it is important to remember that each of these elements make up our identity, but are not our true self. It is only when we explore the core of the Human Blueprint that we remember who we truly are.

We are our soul, a divine source of life-force energy that gives vitality to our body, mind and heart.

The soul is both the creator of life and the observer of it. It is pure consciousness. It is perfect in every way and impossible to harm, but easy to forget and often misunderstood.

As Michael Singer teaches in *The Untethered Soul*, **you are not the voice inside your head.** You're the one who hears it.

You are not the thoughts. You are not the emotions. You are the **awareness behind it all** … the part of you that's quietly observed every high and every heartbreak, every shift worked and every moment of rest.

Singer calls this the *witness*. The unchanging presence that's been with you your entire life. And when we learn to anchor ourselves there rather than in the constant chatter of our thoughts or the chaos of our emotions, we tap into something far more powerful than just survival:

We find peace. We gain clarity. And we act with intention.

While I identify as a "strong, smart woman with high empathy." I recognize that those are roles I play. Traits I express. They're real and meaningful but they're not *me.*
They're simply how I show up - not who I am.

For each of us, when we look past our identity and explore our true self we remember that we are our soul. The still, steady presence that sees without judgment. The essence that existed long before the job title, the nursing license, the relationships, or the responsibilities.

And when we remember that, especially in the middle of a long shift or a hard season, we begin to move through life with more compassion, more calm, and more courage.

Clinical Application

In the nursing world, being anchored in your true self isn't just a spiritual concept – it's a clinical strength. When you can observe your thoughts and emotions instead of becoming them, you're less likely to be reactive and more likely to remain calm and clear.

This allows you to de-escalate more effectively, communicate with more patience, build trust faster, and perhaps most importantly, you're able to preserve your own energy while still showing up fully for your patients.

Case Study - Group #4

Inner Self, Perceived Self & Outer Self – *Who Am I? Identity vs. True Self*

Let's apply this to real life. Consider the following case and how the material in this section can support you in your role as a nurse and in who you are as a person.

📖 **Case Scenario**
Kayla is a telemetry nurse who's been in the same unit for eight years. Lately, she's been feeling emotionally numb, disconnected from her patients, and uncertain about her role.

She confides in her supervisor that she's just "going through the motions" and isn't sure she even knows if she should continue to be a nurse.

She's clinically competent, but personally, she feels lost and it has started to affect her performance at work.

🔍 **Reflection Question**
After learning about identity through the lens of the inner, perceived, and outer self – what is one way Kayla might begin to reconnect with her sense of purpose and return to the nurse she wants to be?

🎧 **The following response was provided by Marcus in San Diego, CA:**
“I am eight years into my own nursing career and I can relate to how she’s feeling. I have been doing the job, but I haven’t felt connected to it for a while. I had been considering resigning from my position, but listening to this helped me shift – not just my perspective, but how I was *doing* my job. I asked myself:

When I’m at work, what brings me the most joy and when do I feel most like myself?

Asking myself those two questions helped me realize that it wasn’t during the big wins or the high pressure moments. It was when I made someone laugh, or when a patient’s family told me that they felt seen.

This helped me realize that my true self values connection more than perfection.

So I started showing up from that place again. I gave myself permission to lead with who I am – not just what I do.

All of this helped me remember why I chose to be a nurse in the first place. Not only do I enjoy my job again, but I can feel the difference in how my energy is positively affecting my patients and my team as well as my family at home.”

#5 🎙️ Expression, Nurture & Nature: What Makes Me Me?

As we begin to understand the different layers of identity – our outer roles, our inner truth, and everything in between – another question naturally begins to surface:

What makes me me, and why aren’t we all the same?

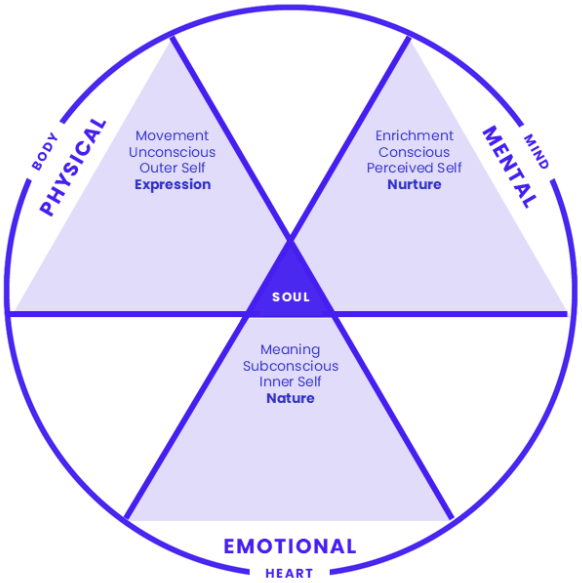
Some parts of us are shaped by experiences – molded by our environments, our relationships, and the roles we’ve had to play.

But other parts of us… simply are. Qualities and characteristics that make up a unique combination that have been present since we were born.

This section is about understanding that difference. Because when we begin to recognize what's been conditioned into us versus what's always lived within us, we open the door to greater clarity – and deeper empathy, both for ourselves and for others.

Which brings us to one of the most enduring questions in psychology, education, and healthcare:

Is our identity based on nature or nurture?



Based on numerous studies, we know that the answer is both, but when we look at it through the lens of the Human Blueprint, we see how each one is tied to a specific system.

Nurture is closely linked to our **mental health**. It reflects the way we've been influenced by our environment, our upbringing, the people around us, and the messages we've absorbed over time. These experiences shape how we think about life and how we make sense of ourselves and the world.

Clinical Application

For nurses and healthcare professionals, understanding a patient's mental lens – shaped by nurture – helps explain why two people can respond very differently to the same situation.

It reminds us that everyone brings a lifetime of learned perspectives into every interaction … including ourselves.

Nature, on the other hand, is most aligned with our **emotional health**. This is the part of us that is innate – it is at the core of our identity. It includes such things as our natural temperament, our deepest values, and our unique desires and talents. It's not something that can be taught or changed by outside forces. It simply is who we were born to be.

Clinical Application

When we understand how emotional health is tied to nature, we become more sensitive to the inner needs of those we serve, recognizing that we are all equipped to handle situations differently.

It helps us hold space for those individual differences… and to honor the emotional landscape that may not always match our perception of external circumstances and how we would navigate them.

Our **physical health** becomes the space where both nature and nurture are **expressed**. It shows up in the way we move through the world, the habits we form, the roles we take on, and the ways we interact with others.

It's the visible intersection of who we are at our core and how we've been shaped along the way.

Clinical Application

A patient who seems hesitant to ask for help might be responding to years of cultural conditioning … Or they may simply have an overly sensitive nervous

system causing them to easily feel overwhelmed and unsure of their surroundings.

These aren't just behaviors – they're physical reflections of the relationship between lived experience and innate qualities and characteristics.

As healthcare providers, understanding this allows us to shift from reaction to curiosity. It invites us to ask better questions.

Instead of "Why is this patient non-compliant?"

We might ask: "What past experiences or natural tendencies could be influencing how this person is engaging with their care?"

Understanding the balance between nature and nurture isn't just an exercise in insight.

It's a way to bring more intention to how we live, how we heal, and how we support those around us.

And that kind of awareness creates intentional and lasting changes.

Case Study Group #5

Expression, Nurture & Nature – What Makes Me Me?

Let's explore how this material connects to a real-world experience. Consider the following case and how your understanding of identity development might influence patient care or team dynamics.

📖 **Case Scenario**

Rosa is a new pediatric nurse who finds herself increasingly frustrated with the teenage patients who avoid eye contact, roll their eyes, or refuse treatment.

During a team debrief, Rosa admits that it's becoming harder to stay positive and kind. "I remember having an attitude when I was a teenager," she says, "but I would have

never treated an adult this way. I can't help feeling disrespected and it's making it hard to stay composed."

🔍 Reflection Question

After learning about how identity is shaped by both nature and nurture, how might Rosa use this insight to shift her response and improve therapeutic rapport?

🎧 The following response was provided by Hannah in Oakland, CA:

"I've definitely been in Rosa's shoes … especially during my first year working with teens. Their walls can feel so thick, and sometimes it's hard to not take it personally.

This section really highlighted the importance of reframing what we're seeing and to remember that a lot of what looks like 'attitude' might actually be protection.

We have to remind ourselves that we rarely know the whole story. And if a patient is being difficult or even hostile, it's not about us. To do our job well, we have to stay grounded, consistent, and present.

When I start to feel flustered by a patient's behavior, I pause and ask:
What experiences have they had that could be causing this behavior?

And I remind myself that I'm in a position to show them kindness. And that I might be the only kindness they experience that day.

Even if they stay guarded, I can still walk away feeling good about how I showed up – for them, and for myself."

This is a powerful reminder that, as nurses, we must meet patients where they are – not where we expect or hope them to be. There's a fine balance between gently encouraging a patient to imagine what's possible and imposing a vision they're not ready – or able – to see.

When we honor their current reality, we create the safety required for progress. Sometimes, the most therapeutic thing we can do is hold space for their truth while remaining a steady source of possibility. It's not about pushing – it's about offering hope without expectation, and believing in the patient's potential even when they can't see it yet.

#5b 🎙️ Continuing with Expression, Nurture & Nature: Can People Really Change?

As we begin to understand how identity is shaped – both by the influences we've absorbed and the truth that's always been present – it leads to a question that is both highly debated *and* quietly considered by many:

Can people really change?

It's a question we ask about our patients, our coworkers, our loved ones… and sometimes, quietly, about ourselves.

It's a powerful question that deserves a thoughtful answer – especially in a clinical context where we often work with people facing patterns they feel stuck in.

There's a familiar saying, "A tiger can't change its stripes." The idea behind it is that people are who they are, and that real change isn't possible.

I get it … I've seen plenty of people who seemed capable of change but stayed exactly where they were. However, I've also seen others who appeared completely stuck in their patterns – resistant, hopeless, even destructive – go on to radically transform their lives.

What I've learned is that **people can change**, especially when it comes to the parts of ourselves connected to our **physical and mental health**.

We can absolutely shift the way we think and the way we act. We can choose new behaviors. We can change our habits, our mindset, our relationships, and even how we show up in the world. But it takes more than just wishful thinking – it takes intention, attention, discipline, and energy.

True and lasting change asks us to go beyond the mental and physical. It invites us to look inward and honor our **emotional health**, which is often the most overlooked and misunderstood part of ourselves. While anyone can work to become a new version of themselves, being in harmony with our emotional health isn't about becoming someone new. It's about remembering who we've always been.

The goal isn't to change who we are at our core. It's to reconnect with that core, to peel back the layers of conditioning, fear, and self-doubt, and to begin living in alignment with our **true self**.

That's where real change happens – not from forcing ourselves to become someone else, but from reclaiming who we truly are and choosing to live in harmony with it.

Clinical Application

In healthcare, we work with individuals at all points on the change continuum – Those who are highly motivated and those who appear resistant… Those who are actively seeking help and those who are skeptical of it.

And what I've seen – in clinical settings, community settings, and with my own personal life – is this:

While people can change, they rarely experience lasting change simply based on guilt trips or lectures on how they "should" be…

Lasting change happens when something inside of them recognizes that what they've been doing isn't working.

The role we play to influence positive change is by helping them to feel safe, seen, and supported enough to try something new. And that means our role isn't to force change – it's to create the right conditions for it.

When a person's emotional health is nurtured – meaning: we feel connected to purpose and we feel safe to express who we are – we're far more likely to sustain the changes that support our physical and mental health.

This is especially important in nursing.

Because when we understand that resistance isn't always due to stubbornness or laziness, and that it could be the result of fear or emotional disconnect, we shift how we approach patient care.

We focus less on forcing compliance… and more on compassionate cooperation.

Case Study Group #5b

Expression, Nurture & Nature – *Can People Really Change?*

Let's take a moment to explore how this section applies to real patient care. As you listen to the following case, consider how this understanding of change could influence your approach as a nurse.

📖 Case Scenario

Teresa is a rehab nurse caring for a 58-year old male patient recovering from complications related to unmanaged diabetes. This is his third hospitalization in the last six months. Throughout the shift, he makes comments like, "It's too late for me," and "I just can't change."

Teresa finds herself feeling frustrated. She wants to help, but every suggestion seems to be met with resignation or sarcasm.

🔍 Reflection Question

Based on what we've covered about nature, nurture, and the emotional conditions required for change, how might Teresa shift her approach in a way that supports possibility without putting too much pressure on the patient, and without taking his resistance to her suggestions as a personal defeat?

🎧 The following response was provided by Rachel in Mankato, MN:

"I'm a nurse in an urgent care clinic, and I've worked with patients like this – where it feels like they'd rather give up than do the work to get healthy. We see a lot of repeat visits for conditions that, truthfully, could have been avoided if people just followed the advice we gave them.

At first, I thought it was stubbornness – or that they just didn't care. But after this section, I see it differently.

Now I think… What if they're not resisting because they're unwilling or lazy, but because they're protecting themselves?

What I learned from taking the time to dive deeper was that some patients are afraid of trying and failing again. Others are afraid that if they succeed, they won't know who they are without the illness. And what surprised me most were the patients who shared that the only time they feel cared for is when they're at the clinic, and that this has become their only real sense of community.

That changed everything for me.

I now know how significant it is that before we talk about blood sugar or treatment plans, we have to see the patient as a person first. I'd encourage Teresa to get curious:

- What's their story?
- What have they seen others go through?
- What brings them joy?
- Who do they have in their corner?

Because once we know that, we can start tying health goals to the things they care about.

When I have a patient who seems really down, I'll say something like:
'I hear you. That sounds incredibly hard, but I see your strength and I believe in you. I can see you overcoming this so you can take your grandson fishing again.'

And for those who've grown attached to our care, I'll say:
'I can't wait for the day you come in just to give us an update on how well you're doing.'

I have to remind myself that I can't make anyone change, but I can keep showing up as someone who genuinely believes they're worth it.

It doesn't always click right away. But when someone consistently feels seen and heard something starts to shift."

Bringing Part 1 to a Close

We are now at the end of Part 1 of the Human Blueprint. I invite you to take a moment to reflect on everything we've explored so far — the connections between body, mind, and heart, and the ways these elements shape who we are and how we show up each day.

What has stood out to you the most?

And how might you begin to intentionally weave this awareness into your everyday routines — both in your personal life and in the care you provide to others?

When you’re ready, be sure to take the quiz if you wish to qualify for continuing education credit and then join me for Part Two of the Human Blueprint, where we’ll explore the next set of elements that help us create the conditions to thrive.
