The Human Blueprint for Nurses Part 2

Presented by Thrive Education

Read by Jenny Thrasher

Introduction

Welcome back! I'm excited to explore Part Two of the Human Blueprint with you.

In part one, we explored the foundation of the Human Blueprint – the essential connections between our body, mind, and heart, and how those connections shape who we are, how we heal, and how we show up for others.

In this next part, we'll continue building on that foundation by exploring how our needs, wants, and desires create the conditions for thriving, and how the elements that follow – from instinct and intuition to empathy and behavior – influence the way we experience life and care for others.

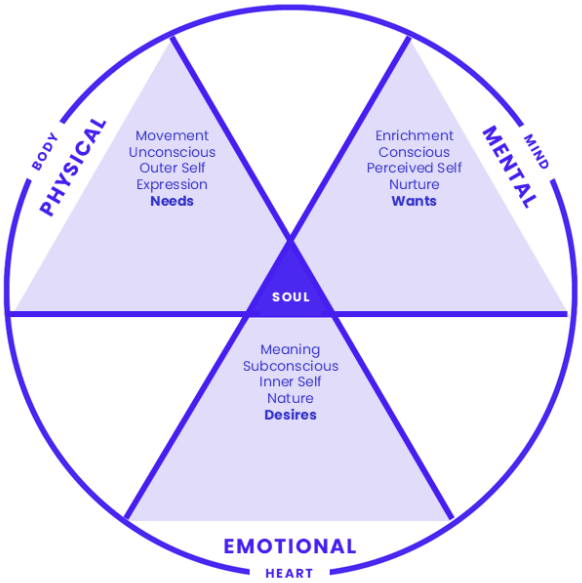
Each element offers practical insight you can use not only to improve patient outcomes and team communication, but to strengthen your own sense of alignment and well-being as a nurse and as a person.

So, let's begin Part Two of the Human Blueprint – and discover how understanding these next elements can help us continue to move beyond surviving and into thriving.

#6 🎙️ Needs, Wants & Desires: Creating the Conditions to Thrive

As we begin to understand what makes change possible, we also have to ask – what supports it?

One of the most powerful ways we can create the conditions that support our ability to thrive is by learning to recognize the difference between what sustains us … and what silently drains us.



In this next section, we'll explore three key aspects of the Human Blueprint – our needs, our wants, and our desires – and we'll learn how to distinguish between what subtly keeps us stuck in survival and what moves us toward thriving.

We'll look at the difference between fear-based needs and essential needs, between complacent wants and intentional wants, and between superficial desires and innate desires.

This is where clarity becomes power.

Because when we understand what truly supports our well-being, and we are consciously choosing to live our best life, we start choosing what's aligned with who we truly are and how we truly wish to live.

This isn't just a self-awareness tool – it's a framework for prioritization, resilience, and sustainable well-being.

Especially for nurses and caregivers who often put others first.

Let's start by looking at the difference between **Fear-Based Needs and Essential Needs.**

Fear often distorts our understanding of what we truly need. Fear-based needs keep us clinging to what feels "safe," even when it limits us, drains us, or leads us further away from who we are meant to be.

Some examples of fear-based needs include:

- Staying in an unhealthy job or relationship because of fear of the unknown
- Avoiding new opportunities because of fear of failure or rejection
- Overcommitting out of fear of being seen as lazy or selfish

When fear drives our needs, we shrink – we stay stuck.

We say yes when we want to say no.
We stay when we long to go.
We tolerate instead of trusting ourselves and what we know to be true.

Living with this awareness invites us to notice these fears, to acknowledge any patterns we've been stuck in, and to gently refocus on what truly nourishes us. It invites us to focus on our **essential needs** – the ones that create safety, strength, connection, and expansion.

Essential needs are not just about physical survival. They are about creating the conditions for a human being to thrive in body, mind, and heart.

> Our essential needs are the non-negotiables – the things every human being requires to function and flourish, and they go far beyond food and shelter.

- Physical needs ensure that our bodies survive and function.
- Mental needs allow us to learn, adapt, and engage with the world with clarity and purpose.
- Emotional needs nurture our spirit, giving us the courage to dream, explore and love.

> Let's explore some of our essential needs based on the Human Blueprint:
>
> 🏥 **Our** Physical Health Needs include things like:
>
> - Breath
> - Nourishment

- Clean water
- Shelter and rest
- And Access to healthcare

🧠 **Our** Mental Health Needs include things like:

- Psychological safety
- Autonomy
- Learning and stimulation
- And Purposeful engagement

❤️ Our Emotional Health Needs include things like:

- Love and connection
- Peace and passion
- Emotional safety
- And Validation

Without these core needs being met, our bodies go into survival mode, our minds become clouded by fear or exhaustion, and our hearts can start to close off in protection.

True healing and lasting change happen when we recognize that these needs are not luxuries. They are the foundation that ensures that we have the ability to thrive.

When we meet our essential needs across all three systems, we create a state where healing is not just possible, but inevitable. We feel energized, clear, and deeply connected.

And from there, we can live a life where we thrive everyday.

Clinical Application

In healthcare, recognizing unmet needs can change everything.

It helps us move from treating symptoms to addressing root causes. It helps us understand why a patient isn't engaging – or why a nurse experiences burnout.

> It also helps us reconnect with what matters most for our own well-being to ensure that we can continue to show up as our best selves.
>
> And when we show up as our best selves – not just clinically competent, but emotionally present and aligned – it doesn't just improve patient care and outcomes … It helps us remember that what we do matters. That our presence makes a difference. And that healing happens not only through medicine and skill, but through connection and compassion.

Now, let's talk about complacent wants versus intentional wants.

Complacent wants are often driven by habit, avoidance, or societal conditioning. They're the things we chase as well as avoid in order to fit in or experience short-term relief. They are not about true fulfillment.

Examples of complacent wants include:

- Buying things to fill an emotional void - it could be an attempt to fit in or to avoid pain.
- Letting health, finances, or responsibilities slide because you simply don't feel like doing them or because you would rather avoid the discomfort that comes from doing them.
- Engaging in unhealthy activities or relationships out of obligation or desperation rather than alignment.
- Continuing to participate in activities or relationships because they feel good in the moment even though you know they aren't good for you.

In contrast, **intentional wants** arise from conscious thought. They're aligned with our values and they support our goals, our sense of purpose, and our ability to thrive.

Examples of intentional wants include:

- Saving for something meaningful
- Pursuing a career shift that brings you joy
- Setting boundaries to protect your energy
- Having a difficult conversation to heal a relationship

Complacent wants prioritize comfort in the moment without thought for the future. Intentional wants create opportunities for pleasure while prioritizing growth, wellness, and long-term fulfillment.

Clinical Application

As providers, this awareness helps us support patients in making more sustainable changes by understanding what a patient wants and why it matters to them. Is it a complacent want or an intentional want?

It's common to start with complacent wants - for most of us, that's all we've ever known. What I've learned from working with clients is that oftentimes the best way to discover our intentional wants is to first acknowledge what we *don't* want.

It's often easier to name what feels wrong before we can clarify what feels right. But once we do, we can begin to shift our focus in a more empowering direction.

Here are a few everyday examples of how that shift might sound:

- "I don't want to keep dating unhealthy, abusive men" becomes
  → "I want to date healthy, kind, and compassionate men."
- "I don't want to be in chronic pain all the time" becomes
  → "I want to feel healthy, fit, and capable."
- "I don't want to feel anxious" becomes
  → "I want to feel calm, comfortable, and confident."

It's natural for the mind to fixate on what we want to avoid, especially when we're overwhelmed. But in order to truly thrive, we must redirect that focus toward what we do want.

This philosophy is based on the Law of Attraction, the idea that *energy flows where attention goes*.

In other words, our thoughts direct our energy, and our energy influences our outcomes … physically, mentally, and emotionally.

If your internal dialogue is "I don't want to feel anxious," you're still responding to the energy of anxiety which may lead you to explore a quick fix rather than a lasting solution. But when you shift your focus to "I want to feel a sense of calm, comfort, and confidence," your body, mind and heart are being guided towards that experience. You'll begin to discover the tools and techniques that help you achieve what you want.

Think of it like this:

If you tell your GPS, “I don’t want to go to Target.” All it hears is “Target.” Guess where you’re going to end up?

When we help patients (or ourselves) identify intentional wants that are rooted in clarity and self-awareness, we activate something powerful:

- Personal ownership
- Empowerment
- A new sense of curiosity
- And genuine excitement for what’s possible

And that’s the kind of energy that supports not just change… but lasting transformation.

Now, let’s explore desire.

Desire is often viewed in a negative light, associated with selfishness, indulgence, or even sin.

But in truth, there are two types of desire: superficial and innate.

Superficial desires are shaped by the outside world. They are often based on trends, comparisons, addictions or the need for validation.

Examples include:

- Obsessing over the latest gadget
- Chasing the perfect image
- Craving a “fix” or an escape from the real world
- Seeking approval from others

The relief we feel from obtaining these desires fade quickly. Superficial desires leave us chasing the next thing without ever feeling truly satisfied.

Innate desires, however, are part of who we are.
They include the deep longing for connection, love, purpose, creativity, and growth.
They are steady, timeless, and come from within.

Examples include:

- *Inner peace*
- *Participating in activities that leave you feeling connected to something bigger than yourself.*
- *Meaningful connections.*
- *The ability to express yourself fully and authentically.*
- *Feeling proud of the way you show up in the world.*

When we live in alignment with our innate desires, life feels more meaningful.

Clinical Application

As nurses, we can utilize this awareness in palliative care, in grief support, and even in patient goal-setting.

When we help people reconnect with their innate desires, we help them feel more connected to what matters most to them. This allows them to move forward feeling more confident and secure – even in the face of pain or change.

Sadly, many people have found themselves trapped in a cycle of fear-based needs, complacent wants, and superficial desires – leaving them feeling exhausted, empty, and disconnected, even if they seem to "have it all."

But here's the beautiful truth: We don't have to remain trapped. Once we prioritize our true needs, wants, and desires, we will stop living out of fear and start living out of love, purpose, and alignment.

And it doesn't require a massive overhaul overnight. It can begin with one small shift. One simple decision that leads to another, and then another – until, before we realize it, we are no longer just surviving. We are thriving.

When we prioritize our essential needs, choose intentional wants, and honor our innate desires,we stop living reactively… and we start living intentionally.

And that is the foundation for resilience, clarity, and true well-being.

Case Study Group #6

Needs, Wants & Desires – *Creating the Conditions to Thrive*

Let's explore how understanding the difference between needs, wants, and desires can play out in clinical settings. As you listen to this case, think about how these internal drivers can impact both the nurse's behavior and the quality of patient care.

📖 Case Scenario

Lena is a charge nurse in a busy ICU. Lately, she's noticed herself feeling increasingly irritable during staff meetings and resistant to making decisions that she normally handles with ease.

When asked how she's doing, she often jokes that she just wants to get through the day without having to put out any fires, but underneath, she's feeling exhausted and unappreciated.

She admits that she's not sure what she needs anymore – she just knows she's losing interest in the job she used to love.

🔍 Reflection Question

After learning about essential needs, intentional wants, and innate desires, what might help Lena clarify what's truly missing – and take steps toward more sustainable, fulfilling engagement?

🎧 The following response was provided by Marisol in Santa Rosa, CA:

"This scenario felt uncomfortably familiar. A couple years ago, I was feeling burnt out, short-tempered, and honestly just trying to survive each shift.

I began to realize that it wasn't my job that was causing me to feel so drained, it was my fear of disappointing people.

I started asking myself: *What do I actually need to feel grounded? What do I truly want so that I feel good about my job?*

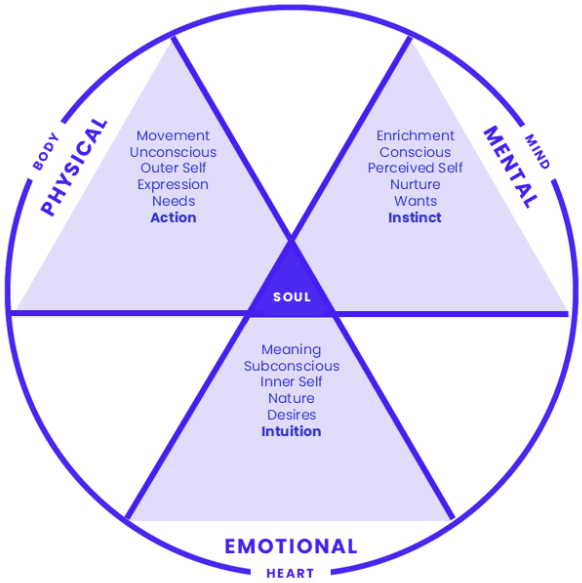
I made a list. It wasn't fancy, but it included things like: quiet mornings, a supervisor who listens, to be part of a team that genuinely cares for one another and our patients, and dedicated time for me to explore my creative side.

Then I picked one. Just one, but one that I knew was within my control. I started protecting my lunch break. Rather than using that time for charting or catching up on what felt like a never ending 'to-do' list, I began using that time for me. Sometimes I went for a walk, or I'd listen to a book or a podcast while I ate my lunch. I even started bringing a small sketch book to work that I'd take outside on my breaks and draw whatever caught my attention. It felt small, but it reminded me that my needs matter.

And that little shift is what pulled me back from feeling so burnt out and helped me start enjoying nursing again.

I'd say that Lena doesn't have to fix everything overnight. But if she can reconnect to even one thing she loves – or one thing she needs to feel more like herself – that's a start."

#7 🎙️ Action, Instinct & Intuition: From Surviving to Thriving: How We Move Through Experiences



As we deepen our understanding of what supports our well-being, the next level of awareness is learning to recognize the difference between **instinct** and **intuition**.

These two forms of inner guidance are often used interchangeably – but they are not the same.

Both are rooted in pure consciousness, but they arise from different places within us, and they serve different purposes - one helps us survive while the other prompts us to thrive.

Instinct is fast, protective, and automatic – its primary function is survival. Intuition is quieter, deeper, and more connected – its primary function is to guide us in living our best life.

When we learn to understand the difference between them, we begin to make decisions with more clarity. We start to show up with greater confidence. And we become more skilled at supporting others without projecting fear, urgency, or confusion.

In this next section, we'll explore how instinct, intuition, and action work together – and how refining this awareness helps us intentionally respond to life, not just react to it.

Instinct is connected to our mental health. It is the self-preservation mechanism hardwired into us to ensure survival. Intuition, on the other hand, is connected to our emotional health. It is the quiet voice of the heart, guiding us toward the path that leads to deeper fulfillment and growth. And how we respond to each – how we act on our instinct or our intuition – is tied to our physical health.

Instinct is the rapid, reactive part of us that helps us avoid harm – the part that doesn't overthink. It just *moves.*

For example: When you swerve to avoid another car, or jump at a loud noise.

Your body reacts before your brain even has time to process what's happening.

That's instinct. It's fast. It's primal. And its primary job is to keep ourselves and others safe and alive.

Clinical Application

In nursing, **instinct** kicks in during high-stakes moments.

It's the immediate, automatic response that helps you move without overthinking – like reacting during a code blue or recognizing danger before your mind even has time to process it.

But when instinct is **overactivated** – especially under chronic stress – it can shift from helpful to **hypervigilant**. That's when we begin to react to **everything** as a threat.

Hypervigilance is a state of constant alertness and scanning.

And while it may start as a protective response, over time it can impact our physical, mental, and emotional well-being.

It can lead to:

- Chronic stress and anxiety
- Sleep disturbances
- Difficulty focusing or regulating emotions
- Strained relationships
- And a reduced quality of life

One of the most effective ways to reduce hypervigilance is by learning how to tune into and trust your intuition.

Unlike instinct – which is fast and reactive – intuition is quiet and guiding. It's the inner knowing that guides us in how to move forward, even without external proof.

For example:

Imagine you're choosing between two job offers.

One looks better on paper, but something about it just doesn't sit right.

That internal nudge – the soft but steady knowing – is your intuition speaking.

Intuition is not loud. It is not scared and it does not push.
It is a calm and steady whisper.

And when we're disconnected from our emotional health, it can be hard to hear.

Clinical Application

In caregiving roles, intuition often shows up as a *felt sense* –
That moment when you walk into a room and something just doesn't feel right… even if vitals look okay.

Or when you sense that a patient is struggling, even though they're saying all the right things.

The more we strengthen our own emotional health, the more clearly we can access our intuition, trust it and act on it. The more we act on our intuition, the less we have to rely on our instinct.

Think of it this way … intuition is like preventative care while instinct is like crisis intervention.

You can have all the insight in the world, both from what has been learned and from what you simply know to be true, but if you're physically depleted, you may struggle to act on it.

In addition to that, when we regularly act from instinct or simply out of habit – without checking in – we may move quickly… but not wisely.

Clinical Application

> This is why physical health matters so much for healthcare professionals.
>
> Because if our nervous system is taxed, our body is burned out, or our energy is drained, we default to automatic behavior rather than conscious, grounded choice.

Having awareness of instinct, intuition and how we act on each improves our ability to maintain harmony between each of them which helps us to make clearer decisions.

We also feel more centered allowing us to move through our day with intention and discernment rather than living in a state of reaction.

> **A Quick Tip: How to Know when its Intuition vs Fear or Greed**
>
> Intuition is a quiet, calm knowing, often felt as a subtle nudge in the body. It’s not rushed or urgent – it’s aligned with your true values and purpose, guiding you from a place of inner knowing.
>
> Fear, on the other hand, comes from a desire to avoid something negative and it feels tight, anxious, or constricting. It's reactive and often rooted in past experiences or future worries.
>
> Greed is driven by a sense of lack or a desire for excess. It feels insatiable, and is focused on possession or control, rather than true fulfillment.
>
> To discern the difference, check in with your body: While fear and greed create tension and anxiety along with a sense of urgency … intuition brings peace, certainty and a sense of calm.

It’s important to remember that intuition doesn’t always lead us toward what’s easy or comfortable. It guides us toward alignment, and that sometimes means stepping into situations that feel uncertain or unfamiliar.

But when we learn to lean into those moments – to stay open, present, and curious – we often discover that they are essential to our growth. They bring clarity, healing, or even the fresh start that we didn’t know we needed.

And when we look back, it’s not uncommon to feel a deep sense of awe and gratitude ... Not in spite of the discomfort, but because of all that it revealed.

[Pause]

Case Study Group #7

Action, Instinct & Intuition – *From Surviving to Thriving*

Let’s take a moment to apply what we’ve covered about instinct and intuition to a real life scenario. As you listen, consider how a deeper awareness of these internal processes could affect safety, communication, and the quality of care.

📖 Case Scenario

Darren is a float nurse assigned to the emergency department. During a particularly hectic shift, he’s preparing to discharge a patient with a minor injury.

Vitals are stable. Labs are normal. Everything checks out.

But something feels off which causes Darren to review everything one more time. While doing so, he notices that the patient seems unusually fatigued and has suddenly disengaged from their conversation and seems to be having trouble making eye contact.

There’s no clinical protocol requiring further observation, but Darren decides to delay discharge and asks the attending for a second look. Within the hour, early signs of sepsis begin to present – something that might’ve gone unnoticed had Darren followed the original plan.

🔍 Reflection Question

Based on what we've learned about instinct, intuition, and action, how might Darren's decision-making process be viewed through the Human Blueprint – and how can this kind of inner awareness protect both the patient and nurse's well-being?

🎧 The following response was provided by Elise in Rochester, MN:

"I'm so glad this case was included because I've had moments like that too. Where the data says one thing, but something in me just knows that *something's off.*

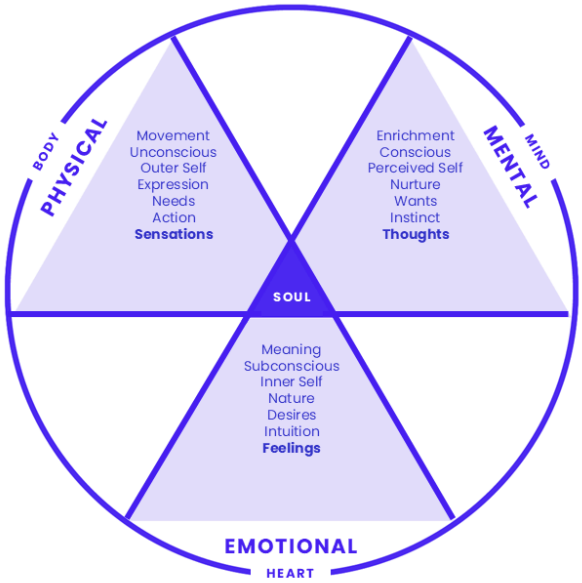
For a long time, I thought those moments were luck, or if I'm being honest, just a bit of anxiousness over what could happen if I missed something. But this section helped me understand that it was my intuition.

I think many nurses, myself included, have great instinct during life and death situations, but I've learned that having a strong intuition is just as important. It's not reactive like instinct. It's quieter and calmer. It's that nudge that says, *slow down and look again.*

I've also learned that listening to my intuition helps **reduce burnout**. When I trust myself, I don't waste so much energy second-guessing myself. I act with more confidence and clarity. As a result I don't carry the same mental load home.

For me, intuition isn't just about what's right for the patient – it's about what's right for me, too."

#8 🎙️ Sensations, Thoughts & Feelings: How We Experience Life & The World Around Us



Once we begin to understand how instinct and intuition shape our actions, it's just as important to explore **how we experience the world** through our sensations, thoughts, and feelings.

This trio shapes how we respond to every moment.
And when we learn to recognize them for what they are – and not who we are – we create space for clarity, calm, and meaningful connection.

[Small Pause]

Each belongs to a different system within the Human Blueprint:

- **Sensations** are connected to our physical health
- **Thoughts** to our mental health
- **Feelings** to our emotional health

Let's take a closer look at each so we can understand them, observe them, and respond with greater intention.

Sensations, simply put, are what we experience through our senses. Whether it's the taste of food, the feeling of a breeze, or the sight of a colorful sunset, these are sensations entering our awareness.

While it was once believed that humans had five senses – seeing, hearing, smelling, tasting, and touching – there is now a growing recognition of multisensory perception. This includes the five physical senses **as well as deeper, non-physical awareness**, such as intuition and the subtle presence of the soul.

This expanded perception allows us to recognize and respond to insights beyond the physical world, creating a life of greater meaning and purpose.

Thoughts are the constant stream of mental activity, often referred to as the "voice in your head." They are the mind's way of processing, organizing, and interpreting what we sense and feel. They also give meaning to our experiences. If left unchecked, our thoughts are easily filled with worries, judgments, and anxieties which can become a source of distraction from inner peace and joy.

We must remember that our thoughts are the stories we tell ourselves. Sometimes they're accurate, but other times they are not. Our thoughts are easily influenced by past experiences, our mood, the environment we're in, the people around us, and our level of awareness.

Feelings arise when sensations and thoughts are filtered through our emotional body. If we recognize emotions are the energy of the heart, then feelings are the way we interact with that energy.

While thoughts are mental processes, feelings are felt as sensations in the body. In addition to feeling the vibration of emotions, we also feel the energy of our environment and every person we interact with.

Feelings can serve as intuitive guides, letting us know such things as when we feel safe or when something feels off. However, similar to thoughts, feelings are often influenced by subconscious patterns or old emotional wounds.

That's why it's important to ask:

Is this feeling coming from a past narrative that no longer serves me?

Or is this my intuition guiding me in the present?

Michael Singer teaches that sensations, thoughts and feelings are simply energy moving through us. The key is to relax and allow each one to pass without resistance, and without attachment.

> When we feel a sensation and resist the urge to try to control it, we reclaim our ability to stay grounded.
>
> When we recognize that thoughts are interpretations, not facts, we reduce their emotional grip.
>
> And when we observe our feelings without getting carried away by them and with the intention to release them, emotional energy can finally move through us, be cleared from us, and allow us to move forward with a greater sense of peace.

The ability to observe sensations, thoughts and feelings without judgment or attachment is where deep freedom lives.

Keep in mind that while Singer often refers to sensations, thoughts, and emotions as a three-ring circus constantly vying for our attention.

Our job is not to shut down the circus. Our job is to remember that we are not the performers … We are the audience.

This isn't about ignoring sensations, thoughts and feelings. It's about giving yourself the space to experience it all without being consumed by it.

It's a skill. One that takes practice. But with time, it becomes second nature, and it can radically transform how you engage with yourself and the world around you.

When we learn to observe instead of react, we shift from reactivity to intentionality. We stop taking things so personally. We let go of the need to control. And we begin to respond from a place of grounded awareness.

Clinical Application

For nurses and healthcare professionals, this kind of self-awareness is more than personal growth – it's a **clinical strength**.

> When we can observe rather than be consumed by what's happening inside of us we amplify our ability to:

- Stay calm in emotionally charged situations
- Communicate with greater empathy and less reactivity
- Recover more quickly from challenging moments
- And preserve our emotional bandwidth so we can continue showing up with intention and compassion

This ensures our own well-being while tending to the well-being of others.

Case Study Group #8

Sensations, Thoughts & Feelings – *How We Experience Life & the World Around Us*

Let's take a moment to connect this concept to real clinical practice. As you listen to this case, consider how the ability to distinguish between sensations, thoughts, and feelings can improve therapeutic communication and prevent emotional overwhelm during high-stakes moments.

📖 Case Scenario

Jamal is a new nurse in the oncology department who is assisting with a family meeting for a patient who has just received a terminal diagnosis. The conversation becomes highly emotional, and while sitting at the table, Jamal notices his chest tightening and his heart racing. He has a sudden urge to leave the room, but he manages to stay until he feels he can make a discrete exit.

Later he tells a colleague, "I just froze. I didn't know what to say or do. And honestly, I just wanted to get out of there."

Jamal feels embarrassed by how overwhelmed he felt and he questions whether he handled the moment professionally.

🔍 Reflection Question

After learning about sensations, thoughts, and feelings as distinct but interconnected processes, what could help Jamal stay more grounded in emotionally charged moments?

🎧 The following response was provided by Kayla in Ventura, CA:

“I’ve been in similar situations and honestly, I used to feel guilty for freezing in emotional situations. I thought it meant I wasn’t strong enough to handle the moment, but over time and with the support of my leaders, I learned ways to stay grounded and be a source of comfort in those difficult moments.

Tying in my own experiences with what I’ve learned from this course, it’s easy to say that the tight chest and racing heart were the sensations he felt from his body responding to stress. Then came the thoughts: *I should say something, but what do I say? I’m not doing this right. I shouldn’t even be here.* And under all of that was most likely the feeling of helplessness and maybe fear.

I know how that feels and how it all seems to hit at once. Like a tidal wave and you’re suddenly drowning in a sea of emotions and uncertainty.

I used to just focus on my breathing, but now I approach those moments with more awareness. I’m intentional to slow everything down by literally naming what’s happening in my head: *Okay, this is a sensation. This is a thought. This is a feeling.*

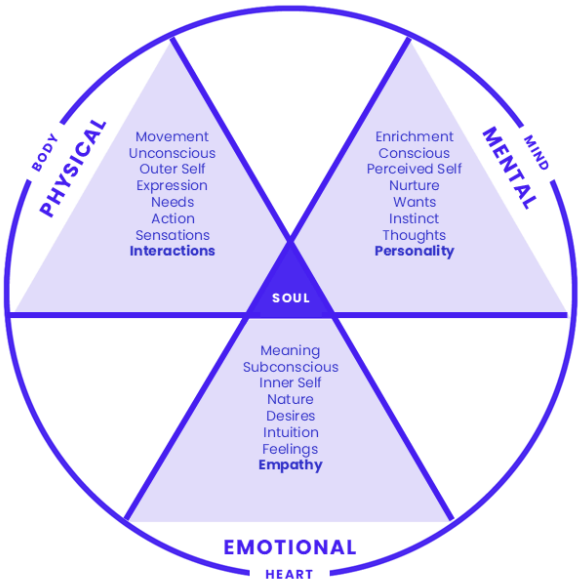
It sounds simple, but that awareness helps me stay present. It keeps me from making it all about me and any discomfort I might be feeling in that moment. It allows me to stay focused on the patient and their family.

And honestly, I’ve found that *holding space* and just being there while maintaining a calm disposition, without trying to fix anything, is often exactly what patients and families need most.”

#9 🎙️ Interactions, Personality & Empathy: How I Connect with Others

Cultivating meaningful connection is essential for our overall well-being, happiness, and sense of purpose. Meaningful connections aren’t based on how long we’ve known

someone, but on mutual respect, trust, and genuine interest. They can exist in friendships, romantic partnerships, family relationships, or through professional and community bonds. They can even take place with a complete stranger in the most unlikely of places, such as grocery stores, airports, coffee shops or even parking lots. It isn't how much time you spend with each other, but the depth of connection created and gratitude you feel as a result.



Within the Human Blueprint, three elements help us connect with others:

- **Interactions**
- **Personality**
- **Empathy**

Let's start with **personality**, the element found within our mental health. Our personality includes our preferences, communication style, thought patterns, and the roles we tend to perform in relationships.

It's not who we are at our core; it's how we've learned to show up. Often, our personality is shaped by early life experiences, family dynamics, or the need to feel safe and accepted.

When we become aware of the patterns within our personality, we gain clarity around which parts feel authentic and healthy versus the parts that may be outdated or holding us back from deeper connection. From there, if we choose to do so, we can make the conscious choice to change our personality so that we are always showing up as our true self.

Now let's explore **empathy** – the emotional bridge that connects people.

Empathy allows us to recognize and respond to the emotions of those around us. It also helps us understand the perspectives, needs, and intentions of others. It is a cornerstone of compassionate patient care and effective therapeutic communication.

According to Hodges and Myers in the Encyclopedia of Social Psychology, "Empathy is often defined as understanding another person's experience by imagining oneself in that other person's situation."

We can do this in two ways … through emotional empathy and cognitive empathy.

Emotional empathy is the degree in which we can relate to what another person is feeling. It is an innate response that stimulates our own set of emotions that mirror what the other person is feeling.

Cognitive empathy is the ability to understand another person's emotional state through logic and reason. It's about recognizing the reasons behind their emotions – seeing the situation from their perspective and understanding the "why" behind what they feel, but not actually feeling the emotions associated with it.

Put simply, emotional empathy is a shared feeling, while cognitive empathy is an intellectual understanding without feeling it yourself. Both are essential in nursing. Emotional empathy allows us to connect on a human level. Cognitive empathy helps us respond with clinical clarity and support, even in difficult or emotionally charged situations.

While emotional empathy elicits an emotional response, it is not the same as feeling the emotions or energy of another person. Emotional empathy allows us to feel what another person is feeling simply through our ability to relate to their situation and how it might feel if it was us. Empathic abilities, on the other hand, is the degree in which we feel the emotions of another person regardless of whether we are aware of their reasons for feeling them. We will dive deeper into empathic abilities and their connection to empathy in Part 2 of The Human Blueprint.

So why does understanding empathy matter in nursing?

Empathy isn't just a nice skill to have – it's essential for effective patient care.

- It builds trust and rapport, which improves patient outcomes.
- It reduces anxiety and fear in patients and families, and promotes a sense of safety.
- It strengthens teamwork and communication among colleagues.
- It supports patient-centered care by helping us better understand each person's individual situation.
- And it reminds us why we became nurses in the first place – to connect, to care, and to make a difference.

While our emotional empathy level is often a natural part of who we are, our cognitive empathy can be strengthened with practice.

Here are a few ways to build it:

- **Practice active listening.** Focus fully on the person speaking – without interrupting or judging.
- **Take on the perspective of others.** Imagine how they might feel in their situation.
- **Stay curious.** Ask open-ended questions that invite deeper sharing.
- **Read fiction.** Stories help expand emotional insight by allowing us to "step into someone else's life."
- **Engage with diverse communities.** Stepping outside our norm broadens our understanding of different experiences and perspectives.

In healthcare, empathy, whether innate or learned, is one of the most powerful tools we have for building trust, calming fear, and creating therapeutic rapport.

Now let's take a look at **interactions.**

Interactions are the *physical expression* of connection. They include body language, eye contact, tone of voice, proximity, and touch. It's through interaction that personality and empathy are expressed. And even the smallest gesture – a gentle touch, a warm tone, a few seconds of eye contact – can transform a moment of care into a moment of *healing*.

Positive interactions also trigger the release of **oxytocin**, the bonding hormone. This promotes trust, reduces fear, and strengthens emotional safety.

Meaningful interactions act as a buffer against stress, reduce loneliness, and even support **physical health** – potentially lowering the risk of illness and improving longevity.

Here are 5 Simple Ways to Interact with Patients that offer comfort and build trust:

1. **Validate emotions** with statements like: “It’s understandable you feel this way.”
2. **Practice engaged listening** – Limit distractions, make eye contact, and remain fully present
3. **Educate clearly** – Use simple language and supportive resources
4. **Build rapport** – Remember personal details to make them feel valued as individuals and not just another case
5. **Offer small comforts** – Adjust pillows, provide blankets, or ensure a clean and organized space

Every interaction is shaped by our personality and our ability to express empathy. As nurses, and as humans, it’s up to us to meet each moment with awareness, compassion, and care.

Case Study Group #9

Interactions, Personality & Empathy – *How I Connect with Others*

Now that we’ve explored how personality, empathy, and interaction influence connection, let’s apply these concepts to a real-world clinical scenario.

As you listen, consider how a deeper awareness of your own personality patterns and empathy level might influence how you connect with patients. And how even subtle choices in how you interact can impact trust, comfort, and the care experience overall.

📖 Case Scenario

Emilia is a night-shift nurse in a step-down unit who describes herself as “efficient and independent.” She prides herself on getting things done quickly and the fact that she rarely asks for help.

Lately, though, she's been noticing tension with a few coworkers. One quietly avoids her, another recently told their charge nurse that Emilia makes her feel "dismissed."

This surprised Emilia. She insists she's just focused and direct, and that people are being too sensitive, but she's starting to wonder if there is anything she can do differently so that she and her colleagues feel better about working together.

🔍 Reflection Question

Based on what we've learned about interaction, personality, and empathy, how might Emilia reframe this feedback and use it as an opportunity to improve connection with her team?

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

"I've always identified as a 'get it done' kind of nurse – fast, efficient, and focused. And I used to think that's what it took to be good at my job.

But a couple years ago, I started hearing similar feedback. People said I came off as cold or intimidating. At first, I was defensive and constantly found myself wondering, *Why should I change just because some people are sensitive?*

But then I realized that it's not about changing who I am. It's about being aware of how I'm showing up.

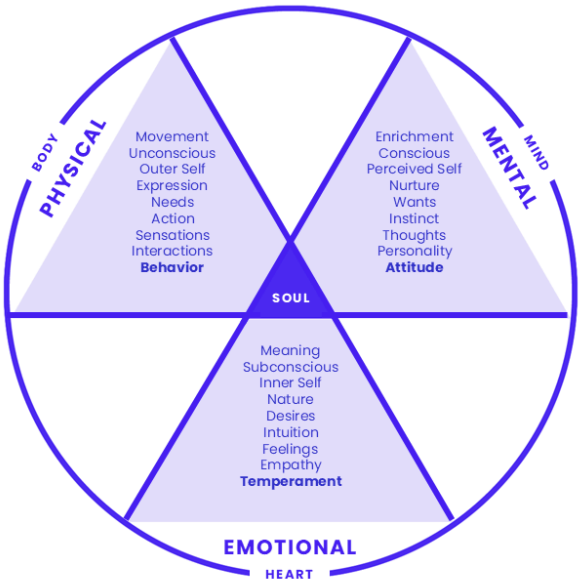
This section reminded me that interactions are an exchange of energy. It's not just about what I say … it's how I say it.

I started practicing small things: being mindful of my tone, making more eye contact, and checking in instead of assuming. And I worked on my empathy in an attempt to help me understand how others might be experiencing me.

Now, I still get things done, but people feel safer coming to me and my overall work environment feels more relaxed and fun."

#10 🎙️ Behavior, Attitude & Temperament: Why We Act The Way We Do

Have you ever wondered why people act the way they do – yourself included?



In this section, we'll break that down through three key elements:

Behavior, Attitude, and Temperament.

Each one offers insight into how we show up, how we respond to people, environments and situations, and how our inner world influences the way we move through life and care for ourselves and others.

Behavior is the most visible and is connected to our physical health. It includes all observable actions and reactions, shaped by both our internal state and the environment around us.

Everything from the way we speak, move, respond, or withdraw can offer valuable insight into what someone might be experiencing – physically, mentally, or emotionally.

Even subtle behaviors are a form of communication. A furrowed brow, a quiet sigh, or a sudden outburst all tell a story about what's happening beneath the surface.

Our behavior is influenced by a mix of genetics, environment, personality, and lived experience.

Behavior impacts how we connect, how we learn, how we protect ourselves, and how we grow.

When we take time to understand behavior – whether our own or someone else's – we gain:

- Better communication
- Deeper relationships
- Greater compassion
- And more effective ways to support others in moments of distress or dysregulation

In healthcare, understanding behavior isn't just helpful – it's essential. It allows us to offer more intentional care, recognize when something deeper may be going on, and respond in ways that build trust and safety.

Clinical Application

In nursing, we're constantly observing behavior … It's part of every assessment. But behavior, while informative, doesn't always tell the full story.

While behavior is often shaped by how a person was raised, what they've survived, and what they've learned, it can also be a symptom – a surface-level expression of deeper physical, mental, or emotional discord.

- A patient's agitation might actually be fear – or even a food intolerance.
- Their silence might stem from shame.

- An inability to sit still and focus might be a side effect of something they're consuming.
- What looks like noncompliance might really be confusion, trauma, or lack of trust.

When someone's physical, mental or emotional health is out of harmony, behavior tends to become more erratic, reactive, or withdrawn. But when the body, mind, and heart are aligned, and in harmony, behavior becomes more consistent, grounded, and intentional.

As nurses, recognizing this difference allows us to pause before we judge, to stay curious and look for root causes, and avoid making assumptions that could contribute to ineffective treatment care.

Attitude is closely connected to our mental health. It reflects our evaluations of people, environments, and situations, whether our favorable or not. While some people may be known for always having a good attitude or for notoriously having a bad attitude, it is quite common for most of us to have a positive attitude about one thing while having a negative attitude about another.

Our attitudes are shaped by various factors, including upbringing, personal experiences, our personalities, and our values. Once formed, our attitudes tend to stick until something meaningful shifts our perspective.

Our attitude influences both **our mood and our behavior**. In many ways, our **attitude is the energy we bring into the room.**

And that energy can be felt.

Whether subtle or strong, positive or negative, our attitude impacts:

- How we perceive situations
- How we express ourselves
- How others experience us

Whether we mean for it to or not.

A negative attitude can create discomfort, frustration and animosity, while a positive attitude can foster a sense of enthusiasm, comfort and joy.

Why understanding attitude matters:

1. Our attitude shapes how we interpret events and how well we respond to any given situation.
2. It affects our motivation, communication, and connection with others.
3. It plays a major role in our resilience, success, and overall well-being.

Our attitude influences our behavior, often more than we realize, but here's the good news:

Once we become aware of our attitudes, we can choose which ones we keep and which ones we're ready to let go of.

Clinical Application

> Whether we're walking into a patient's room, leading a conversation with a colleague, or reflecting on our own challenges, our attitude sets the tone. Attitude affects team dynamics, communication, and patient trust. It's also highly contagious.
>
> When we take a moment to check in with our own attitude, we take responsibility for the energy we bring into the room – not just the tasks we complete.

Temperament is connected to our emotional health, and runs deeper than both behavior and attitude. It refers to our innate, biologically-based tendencies – the emotional and energetic patterns we're born with that shape how we naturally respond to the world.

> Are we quick to engage or slow to warm up?
> Are we more adaptable or more cautious?
> Are we highly reactive or more even-keeled?

These responses often show up early in life, and while they can be shaped by experience, temperament tends to remain steady throughout our lifetime. It's not something we choose. It's part of the unique emotional wiring of who we are.

Here's what makes temperament distinct:

- It's innate – present from infancy, rooted in biology and genetics

- It's consistent – relatively stable across time and situations
- It's foundational – it forms the emotional canvas that personality builds upon
- It's multidimensional – it includes traits like activity level, intensity, adaptability, and sensitivity
- And it's influential – shaping not just how we feel, but how we respond, relate, and regulate

Clinical Application

Understanding our temperament, and the temperament of others, helps us to stop taking things personally and to meet people where they are rather than where we expect them to be. In healthcare, understanding temperament helps us move from frustration to curiosity.

When we recognize that a patient's resistance, withdrawal, or intensity may reflect *their natural emotional wiring*, we can approach them with less judgment and more awareness and empathy.

- A "slow-to-warm" patient may need more time before engaging in conversation
- A high-sensitivity patient may become overwhelmed by bright lights, noise, or fast-talking providers
- A persistent, intense patient may benefit from collaborative decision-making and clear communication about what's taking place

The more we understand these emotional baselines, the better we can adjust our communication, set realistic expectations, and create a safer care environment for every patient.

And just as importantly, this awareness helps us better understand our own temperament so that we can seek out the people, environments and self-care practices that best match our own needs.

Behavior, attitude, and temperament aren't isolated traits … they're interconnected layers of the human experience.

- Temperament is our emotional baseline – rooted in biology, relatively steady over time.
- Attitude is the lens through which we interpret the world – shaped by both nature and experience.
- Behavior is our visible response to what we think and feel - it is how we express both attitude and temperament.

Each one influences the others. And together, they help explain *why* we act the way we do.

A simple way to think about it:

- **Behavior** is what we do
- **Attitude** is how we view what we do
- **Temperament** is the emotional tone underneath it all

While behavior is easy to observe, attitude and temperament are often quieter, shaping the background of every interaction. When we understand all three, we gain insight into both ourselves and others.

And that awareness empowers us to show up with more compassion, to communicate more clearly, and to support the people around us with deeper understanding.

In healthcare, this translates to better care, stronger relationships, and more grounded, resilient teams.

Clinical Application

> Kim Stumne, one of our lead research consultants shared the following:
>
> One of the most important lessons we can learn as nurses is that our own behavior and attitude greatly impact the outcome of any situation. When we pause to remember that, it can help us shift from judgment to curiosity, and from reacting to responding – and that shift can change everything.

I'll never forget a moment early in my career when I floated to a new unit. As soon as I arrived, a coworker warned me, "Whatever you do, don't get assigned to Hall 1 on 3 East. The worst nurse works there – she's mean to everyone." Naturally, that's exactly where I was assigned, and she was my partner for the day.

Rather than bracing for conflict, I decided to get curious. I asked her questions, complimented her deep experience as a nurse, and jumped in to help wherever I could without expecting anything in return. By mid-shift, something unexpected happened: she broke down in tears.

Through sobs, she told me I was the first person to simply be kind to her, and to offer help without judgment. She then shared that her husband had just received a terminal cancer diagnosis, and she was trying to figure out how to tell their special needs son that his father wouldn't be there for his graduation.

In the weeks that followed, we formed a genuine friendship. Her leader and colleagues noticed a dramatic change in her demeanor and interactions, and asked me what I had done. My answer was simple: "I didn't do anything special. I just listened, asked questions, and offered support."

This experience taught me that what is seen as "negative behavior" is often a reflection of pain that we can't see. As nurses, we have the opportunity every day to extend grace, to be present, and to lead with empathy–not just for our patients, but for one another.

Case Study Group #10

Behavior, Attitude & Temperament – *Why We Act the Way We Do*

📖 Case Scenario

Priya is a float nurse who works in multiple units throughout the hospital. Clinically, she's reliable — efficient, competent, and adaptable. But some charge nurses have voiced concerns about her "cold" demeanor and "off-putting energy."

She rarely joins team huddles or informal conversations and often responds to feedback with flat affect or brief replies. One manager mentioned that her presence "changes the whole tone of the room."

When asked directly, Priya insists she's just focused on her work and doesn't see the problem.

🔍 Reflection Question:

How could understanding the difference between behavior, attitude, and temperament help Priya — and her team — navigate this dynamic with more clarity and compassion?

🎧 Response from Michael in Modesto, CA:

"It's always been very important to me to do my job well, but I also realize that part of the way I approach work is because of my temperament. I tend to be quiet, serious, and very focused. I'm more internal and I prefer more one-on-one interactions over group activities. But I've learned that some people perceived my focus and introverted tendencies as disinterest in being a team player.

What helped me shift was realizing that while I can't change my temperament, I *can* be more mindful of how I'm showing up for others. Recognizing that I prefer one-on-one interactions, I started seeking those out and being intentional to connect with my peers in a meaningful way in between patient interactions. My colleagues now know why I avoid team huddles and we all engage in friendly banter about what excuse I'll have to miss the next one.

I now see how my efforts to connect with my team members in a way that worked for me has not only created a space where I feel seen and supported rather than judged, but my team now knows that they can rely on me even if I'm 'too busy' for a team huddle.

I think it's fair to say that its changed my attitude towards my team and it's changed their attitude towards me, and the best part is that I actually feel like I'm even better at my job than I was before.

For Priya's team, I'd encourage them to recognize that what they're seeing on the surface may not actually reflect how Priya feels. This could help them approach her with less judgment. If they're wanting a more unified team environment, they could check in with her and try to get to know her on a personal level to see how they could work together to create team better dynamics.

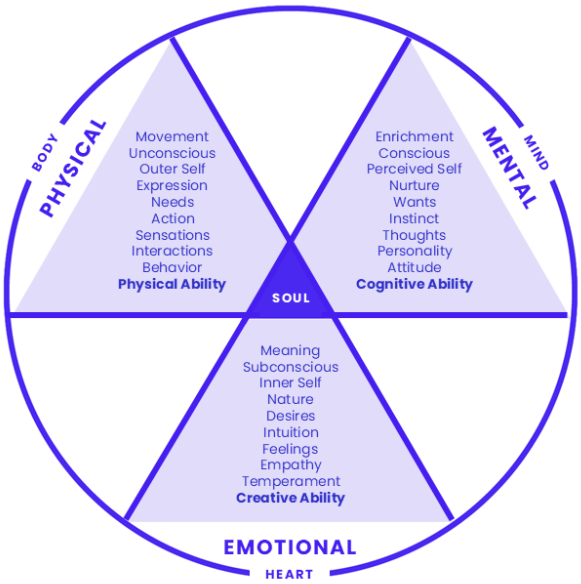
Even though we're all nurses, it's important to remember that we are all unique. We have to stop expecting everyone to show up the same way and start creating

space for people to be themselves *and* part of the team in whatever way is most beneficial to everyone.”

#11 🎙️ Physical, Cognitive & Creative Abilities - How We Engage in Body, Mind, and Heart

As we continue exploring how the Human Blueprint helps us understand ourselves and others, we arrive at a critical part of human development – **our abilities.**

Our abilities are not just signs of health or markers of talent, but are core expressions of resilience and key contributors to how we show up in our roles, both personally and professionally.



In this section, we'll explore our **physical, cognitive, and creative abilities.** Each one connects to a different system within the Blueprint, but overlap in how we care for others, solve problems, and sustain our own well-being.

Whether it's the physical stamina needed to respond under pressure, the cognitive flexibility required to adapt to complex situations, or the creative problem-solving that drives patient-centered care – these abilities are not extras. They are essential tools in the work we do every day.

When we understand and engage them with awareness, we not only support our own resilience – we elevate the quality of care we deliver, and the relationships we build in the process.

Our **physical abilities** reflect how we move through life with our bodies.

They include strength, speed, endurance, balance, flexibility, and coordination. Whether we're hiking up a mountain, dancing in the kitchen, or adapting to a disability, these abilities allow us to engage with life in a tangible, embodied way. They also help us release stress, regulate our energy, and stay grounded in the present moment.

It's important to acknowledge that some people may face physical disabilities that limit certain movements or activities. Yet even within those challenges, many find incredible ways to nurture strength, resilience, and connection to their bodies.

Supporting someone with physical disabilities often comes down to two simple, powerful things: meeting them with respect for their autonomy and celebrating their strengths rather than focusing on limitations.

Clinical Application

> In healthcare, the focus is typically on deficits – what's missing or what's broken.
>
> But part of whole-person care means honoring and building on what *is* working – even when someone has limited mobility or a physical disability.
>
> Supporting physical ability isn't just about function. It's about helping people feel connected to their body – whatever that looks like for them.

Our cognitive abilities are all about how well our minds are functioning.

Cognitive abilities include attention, memory, reasoning, language, and problem-solving. It's how we make sense of our experiences, how we learn, how we plan, and how we adapt. Strong cognitive abilities help us move through daily life with clarity, flexibility, and confidence.

It's also important to recognize that cognitive diversity exists. Neurodivergence – including ADHD, autism, dyslexia, and other variations – can bring unique challenges as well as unique strengths. Support here isn't about trying to "fix" someone's thinking style; it's about creating environments where different ways of processing information are respected, valued, and encouraged.

Clinical Application

In patient care, understanding someone's cognitive capacity helps us tailor education, communication, and expectations.

And for ourselves, protecting cognitive health is essential to long-term resilience.

Lack of sleep, burnout, poor diet, or chronic stress can cloud cognitive functioning – leading to mistakes, emotional reactivity, and self-doubt.

It's important to note that cognitive challenges can stem from a variety of physical, mental, and emotional factors – including head trauma, chronic stress, inadequate nutrition, and even undiagnosed food sensitivities.

The good news?

With proper awareness, support, and care, many cognitive functions can improve – sometimes significantly. While not all delays are fully reversible, the brain is adaptable. Thanks to neuroplasticity healing and meaningful progress are possible.

Simple tools that support cognitive function:

- Brain games that range from mild to moderate challenge levels
- Hydration
- Physical movement
- Meditation
- 8 hours of sleep
- Proper nutrition

Creative abilities are expressions of the heart and are the soul's playground.

This is where we tap into imagination, innovation, and authentic self-expression. Creativity isn't limited to traditional forms of art such as painting or making music; it shows up any time we solve problems, build something new, dream of possibilities, or express ourselves from the heart.

Sometimes, creativity can feel blocked – especially during times of stress or transition. If you're feeling stuck creatively, a few simple practices can help reignite your spark:

- Try moving your body in a new way – dance, stretch, walk without a destination.
- Change your environment – a new view often brings a new perspective.
- Give yourself permission to create without judgment – even if it feels imperfect or messy.
- Reconnect to your curiosity – ask yourself questions and let yourself explore freely.

When we are in flow with our creativity, everything feels more alive.

> We lose track of time.
> We feel energized.
> And we remember who we are.

Clinical Application

> In nursing, creativity helps us respond to challenges with flexibility – Whether it's finding a new way to comfort a patient, de-escalate a tense situation, or reframe a difficult conversation.
>
> Creative expression is also a great way to regulate the nervous system and restore emotional energy. Whether it's painting, dancing, baking, or any other form of creativity, these activities help us shift from "fight or flight" to "rest and digest," which allows the body to relax and release previously trapped emotional energy.
>
> This happens because creative expression activates the parasympathetic nervous system – the part of us designed for healing and restoration. As that

system kicks in, we naturally experience a drop in heart rate, blood pressure, and cortisol. Our body gets the message: you're safe now.

Physical, cognitive, and creative abilities are not independent of one another. They are deeply interconnected – each one influencing and supporting the others.

When we move our bodies, we often clear our minds and calm our emotions. When we solve problems, we draw on creativity and feel ready to take action. And when we're in a state of creativity, our body relaxes and our imagination flows, allowing our body, mind and heart to experience both peace and passion.

Whether we're supporting our own well-being or caring for others, this awareness moves us beyond survival mode to a state of thriving.

And remember: thriving isn't about making others proud. It's about giving ourselves permission to pause, to explore, and to nurture our natural abilities so that we are living in a way that fills us with both peace and a passion for life.

Case Study Group #11

Physical, Cognitive & Creative Abilities – *How We Engage in Body, Mind & Heart*

Let's take a moment to explore how our physical, cognitive, and creative abilities influence how we engage as nurses.

As you listen to this case, consider how a more holistic understanding of ability can impact clinical effectiveness, communication, and adaptability in the healthcare environment.

📖 Case Scenario

Nina is a high-performing nurse in a surgical unit known for her stamina and organization. But lately, she's been making documentation errors, struggling to find the right words during patient education, and forgetting things that used to come easily.

While she appears to be physically healthy, Nina is starting to worry that her mind just isn't what it used to be. She tells a coworker, "I don't quite feel like I'm falling apart, but I definitely don't feel as sharp as I'd like to be."

Her coworker points out that she's noticed that Nina has been working longer hours lately … coming in early, staying late and often working through lunch. Nina admits that she's been using work as a way to distract herself from a recent breakup.

🔍 Reflection Question

Based on what we've learned about physical, cognitive, and creative abilities, how might Nina address her current challenges and take small but meaningful steps toward restoring clarity, adaptability, and engagement?

🎧 The following response was provided by Denise in Red Wing, MN:

"This really hit close to home. A few years ago, I had a very similar experience – I was physically fit, but mentally foggy. I kept wondering what was wrong with me and joking with people that I must be really be getting old.

What I didn't realize back then is that cognitive decline isn't always about aging or disease. It can be exhaustion, disconnection and lack of nourishment, both mentally and emotionally.

This section helped me understand that my **cognitive ability was depleted because I wasn't taking care of myself. It was my body telling me that I needed to pay more attention to my own well-being.**

For me, the first step was simple. I bought a cheap watercolor set and started painting before bed. I'm not an artist, but it was something I'd been wanting to do, but had never felt like I had the time or energy. Making it a priority has shown me how important it is to lean into the things I feel called to explore. The watercolors are almost child-like play and maybe that exactly what I need after a long day of caring for others. Its nice to now have something that helps me relax and get lost in thought while bringing me so much pleasure.

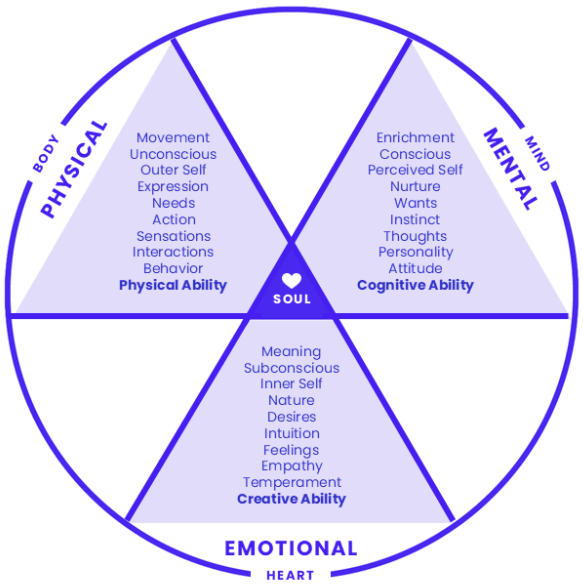
I also made one non-negotiable: eat a full meal mid-shift. No more crackers at the nurse's station and calling that lunch.

My focus came back. Not overnight. But enough to feel like myself again. Not only did I start thinking more clearly, but I my morning workouts got easier. I realized that it wasn't just my cognitive abilities that had been depleted, they were just the most obvious at the time.

I'd tell Nina not to wait for a crisis to give your mind what it needs. Creativity, nourishment, even joy. And if you don't feel like you have time for them, it's probably even more important that you do them. They're not luxuries. They're part of how we stay safe, clear, and connected."

#12 🎙️ Love: At the Core of Who We Are & Connecting All Three Systems

Throughout this course, we've explored various elements that make up our physical, mental and emotional health, but there is one element that unites all three systems and is at the core of who we are, and it is **love.**



Through our mental health, we think about love.
Through our emotional health, we feel love.
And through our physical health, we act from a place of love.

Love for ourselves is what fuels our ability to heal, grow, and thrive. Love for others is how we show compassion, create connections, and cultivate more meaning in our lives. It is the energy that weaves through every part of the Human Blueprint – binding body, mind, and heart into a coherent, radiant whole.

And while we often treat love like an emotion reserved for relationships or the things that bring us joy, it's so much more. Love is energy. It's presence. It's clarity. It is the truest essence of who we are … and the most powerful force we carry within us.

In his book, *The Seat of the Soul*, Gary Zukav shares a powerful insight:

> "Unconditional love is of the soul, instantaneous, universal, not bound."

He describes love as a guiding light that exists within each of us. He goes on to explain that the soul does not experience fear. However, the personality experiences fear when the soul experiences an absence of light.

Meaning that when we feel fear it is a signal that a part of us has drifted away from love, from the light within us, and from who we truly are.

Thriving doesn't happen in the absence of challenge – it happens in the presence of love. Love isn't the reward for surviving the journey. It *is* the journey.

It is the path we walk, the energy that fuels us to take each step, the light that guides us forward, and the destination we have been seeking all along.

We don't need to search for love outside of ourselves when we remember that *we are* the very love we've been searching for. And unconditional love for ourselves is the most significant love we will ever experience.

When we lose touch with that truth … when we forget how to love ourselves, we feel it. In depletion. In resentment. In the quiet, chronic ache of going through the motions.

Without self-love, we attempt to find peace and a passion for life in all the wrong places: money, control, perfection, and even blame. But each of those only offer the illusion of peace and passion – an illusion that never lasts because nothing can truly fill the emptiness we feel inside except the love we offer ourselves.

When we begin to think, feel, and act with love – starting first with ourselves – we ignite the most powerful force for transformation that exists. We shift from living out of fear to living with an awareness of the possibilities. We shift from judgment to discernment, and from complacency to intentionality. And through all of that, we stop simply existing and we shift from surviving to thriving.

Now, when we talk about love in a clinical setting, we're talking about compassion, connection, and care – The very foundation of why most people enter the nursing profession in the first place.

Love, in this context, is about:

- How we listen
- How we speak
- How we respond
- How we see the person behind the chart

It's also about self-care – How we treat ourselves when we're tired, overwhelmed, or afraid.

Clinical Application

Research consistently shows that high levels of kindness and compassion – for ourselves and those we care for – are associated with:

- Improved patient outcomes
- Reduced provider burnout
- Higher team morale
- And greater professional satisfaction

So while "love" may not appear in our clinical documentation, it shows up in how we hold space.

And it's felt – in the tone of our voice, the pace of our care, and the presence we offer.

Case Study Prompt Group #12

Love – *At the Core of Who We Are & Connecting All Three Systems*

Love isn't always loud. It doesn't always look like grand gestures or perfect words.

Sometimes it's in the smallest choices — the way we soften our voice when a patient is scared, the way we speak to ourselves after a mistake, or the way we take care of ourselves and others when we or they need it most.

This next case study highlights the quiet power of love — not just as a feeling, but as a way of being.

📖 Case Scenario

Samantha is a seasoned pediatric nurse known for her calm presence and clinical skill. But recently, her spark has dimmed.

She's become short with coworkers, emotionally distant from families, and increasingly critical of herself. She stays late to "get everything right," but feels like she's falling behind.

When her supervisor gently asks if everything's okay, Samantha breaks down. "I don't know what's wrong with me," she says. "I'm doing everything I can, but it never feels like enough. I used to love this job… but now I just feel numb."

🔍 Reflection Question

How might reconnecting with self-love and self-care help Samantha rediscover her sense of purpose — and support her in showing up with more presence, connection, and care?

🎧 The following response was provided by Elena in Chico, CA:

"I've been there – giving everything, staying late, pushing myself – and still feeling like it wasn't enough.

What shifted things for me was letting go of the belief that taking time for myself was selfish. I now see it as self-care, a way for me to show myself love while recognizing that caring for myself is not an indulgence – it's fuel.

I started small – I started leaving work on time, drinking more water throughout the day, and saying no when I knew that I didn't have the bandwidth to say yes. The more I cared for myself, the more present I became for my patients. I could feel it. They could feel it. And it wasn't long before my team was letting me know that they could feel it too.

I continue to remind myself that … I don't have to run on empty to prove how much I care. And it is just as important to care for myself as much as I care for others.

That's what love looks like for me now and it's amazing how much more I love my job because of it."

🎙️ Bringing it to a Close

Thank you for joining me for part two of the Human Blueprint where we've explored how the interplay between our physical, mental, and emotional health shapes everything from our behavior and communication to how we experience meaning, connection, and growth.

My hope is that what you've learned here helps you not only care for your patients with greater clarity and compassion, but also care for yourself with that same level of intention and respect.

Be sure to take the quiz in order to qualify for Continuing Education credits and then return for part three, where we'll continue expanding on this framework by diving into **the additional key elements that exist within our physical health** – offering deeper insight into how we can move from surviving to truly thriving.

I look forward to continuing this journey with you.