

Ep #27: Prioritizing What Brings You Joy with Heather Brittain



Full Episode Transcript

With Your Host

Sarah Michelle

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Welcome to *Becoming a Stress-Free Nurse Practitioner*, a show for new NPs and students that want to pass their board exam the first time and make that transition from RN to NP as seamless as possible. I'm your host Sarah Michelle. Now, let's dive into today's episode.

Sarah: Hey, hey friends, I met up with our guest today here recently. And I felt so aligned with her views on nursing, nursing education, and really the transitional space that occurs from being a student, to being a nurse, to then one day being a real deal nurse practitioner.

I think sometimes it can feel a little bit taboo to discuss the topic of leaving the bedside, but I feel it is so incredibly needed to do so. Because maybe you've been feeling this way too about the nursing world, and you've just been a little bit too afraid to voice it openly.

And so, Heather, welcome to the show. Can you just give us a brief introduction to you and your background in the space that you're working in currently?

Heather: Hey, Sarah. Yeah, first off, just thanks for having me this morning.

Sarah: Yeah, of course.

Heather: It's always such an honor to talk to other leaders in the nursing space, so super appreciate the space to be here today. A short introduction, okay, I'll try and give the cliff notes.

So I grew up very uneventfully. I had a really great childhood with a great family and grew up in Colorado. And I was a competitive swimmer my entire life. So when I went off to college, I wasn't really thinking of majors much, I just wanted to swim.

So I swam division one out in North Carolina. And I think this bred maybe some of my raging perfectionism. And then at some point I recognized that I didn't want to be on a wait list for nursing until I was 30 by trying to stay an

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athlete, because you can't do the two at the same time. And so I decided to leave swimming and go to nursing school.

I always knew I wanted to help people intentionally and purposefully. And I was always putting myself out there to help others. When you're 19, 20 years old it's not always straightforward how you're meant to help others. And so I was kind of pushed in this direction, whether it was my own expectations or others, to go into nursing school.

So I left my then boyfriend, now husband. Me and my cat went to Arizona all by ourselves with no family, no friends, just hanging out in the middle of the desert.

Sarah: Brave soul.

Heather: And we went to, we I say, me and my cat, I went to an accelerated BSN program. And it was okay. Like I said, I'm a really good perfectionist so I did great in school. I had a 4.0, I was winning all these honors, I was a tutor in school. I was doing very, very well. But as most of us know, we don't get to the clinical portion until about halfway through school.

And so I felt aligned at the time. But then once we got into clinical, I remember my first day on the med surge floor and I came home, and I ended up just crying. Because it was undoubtedly not the way that I felt aligned to help others by any means.

I didn't like the idea of just feeling like I was passing out medications all day to patients and not getting to know who they were. And not having that intimate connection that I had really hoped for with the career path. But I was living in the middle of the desert by myself and was halfway through the program. And so I felt, at the time, there wasn't an option to not continue forward.

So I kept going through school. I did really, really good in school, like I said. And then because you do really good in nursing school, you're really

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primed into these critical care paths, or ER, or flight nursing. Whether it be by your clinical leaders and instructors or by your classmates.

It's really taboo to say I actually don't want to do that fancy critical care work. So, I followed suit. And once I graduated, I had five critical care job offers. And I took the job in the pediatric ICU, which I felt at the time was my "dream."

And from the moment I started that role I was just, again, wildly misaligned. And I tried so hard not to be because I wanted to fit into this box so much. I wanted this to be my purpose. I wanted this to be my passion. I really liked littles and I wanted to like critical care because it felt very courageous to do that career and very noble.

And so I continued on and all I remember is telling the leaders of the PICU, you know, my educator and whatnot, that this was not going well for me. That I was a good nurse in this space, but I didn't enjoy the work that I did.

And I had so much moral fatigue and so much anxiety coming into the shifts, and so much rumination after the shifts. And at home, I was never at home, I was at work 24/7 thinking of my patients. And that was just not healthy for me mentally, physically, or emotionally.

So, I was also working night shift at the time, which was not kind to my body. Some people rock it, I was not a person that rocked it. I never ate, and if I did eat, I was like binge eating orange chicken at 9am when I got home.

I didn't exercise anymore. Which is a huge red flag because I was a division one swimmer, movement was my sanity. And I didn't have the energy to move my body anymore. I obviously did not sleep, I slept like three daylight hours a day.

And I continued on this path, and I continued to force myself to fit this mold of what I felt was the real nurse, the expected nurse. The expected path I

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was to take. And it didn't really hit that this was not it until I started having physical manifestations.

So I would have recurrent illness, emergency surgeries. It manifested into extreme physical pelvic pain, which made no sense, that came out of absolutely nowhere. And my whole life was controlled by this pain now, which was very confusing to me.

And I just didn't know who Heather was anymore as a person outside of nursing, outside of career. And I was just so wildly unfulfilled in so many directions and anxious and depressed, and just really struggling all around.

I ended up leaving the PICU for two whole days to go to labor and delivery because I thought maybe a switch of units would be helpful to me. But I knew that it was just the hospital setting in itself. Bedside was not my jam and not where I could utilize my best strengths.

So I went there for two days. And then I said, "I'm going to waste your time here because I cannot check another cervix again." And I went back to PICU, but only for maybe an hour. And I was so anxious, so depressed already, and I said, "I cannot do this." My pain was through the roof. I couldn't even care for my vented patients because I was in on their bathroom floor trying to curl up, and that's not safe for anyone.

And so I quit my job on the spot. I said, "I'm so sorry, I just cannot come back here." I didn't have a plan. I didn't have a job lined up. I didn't know where I was going or what I was doing. I didn't have a financial backup or anything like that. I just knew that I couldn't be there.

And some people say that's so brave, that's so empowering. It really wasn't like that. It was really just, it was better to not know and to step into this very scary space than to be where I was.

And so I quit on the spot. And for three months I just sat in this very dark space pondering what do I want to do with my life? Who am I? What is my

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next step now? I ended up going into elementary school nursing. And all while this time I started really implementing therapies to help heal myself.

So I did journal therapy. I did a meditation. I started doing exercises that were kind to my body and finding embodiment through movement. And all of these different things because my goal was also to come off of the 15 prescription meds I was on for this pain.

And eventually, over a six month time, I was no longer on any prescription medications. Not taking any over the counters. I have not touched a single prescription medication in years. And so I think that speaks volumes to how detrimental my career was to my health.

And I went into elementary school nursing, loved it. All the children were alive all the time and they're so cute. So it was a really great switch up for me. And I could go into this preventative realm and be in the classrooms and have more intimate connections and relationships with these kiddos and their families.

But it still wasn't totally it. And so, obviously, over the pandemic children were not in school, so neither was the school nurse. And so I was home for a period of time, and really just taking the time to discover how do I want to help others? How can I step into this space that I'm so afraid of, and has so many unknowns, and is so out of my control?

And I started studying for my certified holistic wellness coach. Didn't know the full direction that it would end up going. And I was actually resentful of trying to work with nurses at first because I wanted to get away from the profession and transition entirely.

But then I realized how powerful of a space this is to sit. Because I recognized when I started opening up the doors saying I was not happy, I was really struggling, so many nurses flooded to me and said, "Oh my gosh, nobody else has said it. I really need a shift too."

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And that was incredible to me because these nurses that I thought had it all together and were incredible critical care nurses or bedside nurses, they were struggling too. But nobody wanted to say it because it was very taboo to leave bedside, leave hospital, especially just a few years in.

So maybe that wasn't the cliff notes version at all.

Sarah: That's all right. It's all so good, it's all good.

Heather: But yeah, I hope that gives an overview.

Sarah: Yeah, definitely. When we were talking a couple weeks ago, when we first met up, it was like everything that was coming out of your mouth that day, I was like, "Oh, my goodness, that's me." I was like, "Oh my goodness." I thought it was literally just me that felt these things and so I've got to keep these deep down, because nobody else can know these things.

Heather: Yeah, absolutely.

Sarah: Now, having a lot of thoughts again, about everything you said, I think it's really ironic how your dream job almost never ends up being what you imagined to be. And maybe a piece of that is we have these dreams at 17, 18, 19, a lot of people don't know.

I was 17 when I went to college. Did I really know what I wanted to do for the rest of my life? Probably not. But I picked something, right? I made it work.

And then you get to halfway through a nursing school program and now you're thrown into clinicals. And it's like, "Oh, I've been like working and working and working towards this?" I think there's definitely a deficit there. I think there should have been a more introductory, like this is what nursing is, instead of –

I understand the purpose and the point behind taking anatomy and biology and those sorts of things and building up to nursing school. But it's almost a little bit of a culture shock when you get to that point of like, "Oh, this is

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what nursing is? Is this what I anticipated it would be?" Does that make any sense?

Heather: Absolutely, it's entirely different. And I know that there's a lot of people say, "Well, if you're book smart, then you don't really like the hospital setting. If you're clinical smart –" All of these different terms that you have, right? It's possible to be smart at both and not enjoy it.

Sarah: Yeah, that's the piece, the enjoyment piece.

Heather: Yes, and so when you're 18, 19 years old you're told to fit yourself into a box. Here's your choices. Here's what you kind of like doing. Here's one strength that you have, now fit yourself there, right?

And you're exactly correct. I loved those classes that I took, I even now get nostalgic over taking anatomy and microbiology. And I'm like, "I wish I could just go sit in those classrooms and study and take those tests." Which is crazy.

But by the time I got to my clinical I did not enjoy helping intubate. I did not enjoy helping putting lines in. I did not enjoy running ECMO, or those things. Those were not my strong suits. It's not that I was bad at it. I certainly took really great care of my patients, but it wasn't what lit me up. I left my shifts feeling so depleted, versus having any ounce of fulfillment.

And so I think that's where you have to take a step back. And the education does kind of prime us in the wrong ways, I think, because it's so focused on grades and passing rates and acing your interview. Which is all great things, if you know that what you're going into suits you. And waiting until you're four semesters in to be in that real spotlight is a huge disservice, like you mentioned, I agree.

Sarah: Yeah, it's really tough. And actually, I was talking to my sister yesterday, and I hope she'll listen to this episode. Because my sister, she's in her mid-20s now, she just became a nurse a year ago in the pandemic. Literally, she graduated in March and became a nurse.

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And so we were having this conversation yesterday. And she was like, "I'm not sure this is what I anticipated." And she's like, "And I've been looking at these remote nursing jobs." She's like, "Having five or six patients on the –" Because she works a Progressive Care cardiac floor.

And she's like, "Having five or six patients is exhausting. I can't safely keep up sometimes just because there's so many of them. And I anticipated I was going to have four and staffing ratios is a whole other question."

But the part of the conversation that got me and she was like, "But what would people think of me if I wasn't a bedside nurse?" And I was like, "Who are these people?" I was like, "I'm not going to think any differently of you. Our family's not going to think any differently of you. And at the end of the day, you have to do what's best for you."

And I think that's the piece that's lacking a lot of times. People get hung up in what people will think of them or what the expectation of them should be. But I'm like, if remote nursing makes you happy, and you get enjoyment from this career, I'm not really sure the profession is the problem. It could just be literally where you're working at, and you've had no experience elsewhere. You know?

Heather: Absolutely. What I've recognized is that there's an overwhelming amount of people pleasing tendencies in nursing.

Sarah: Yes.

Heather: A lot of us are perfectionists, not to add blanket statements. But a lot of us are people pleasers because we want to help others. And that often is detrimental when we're trying to figure out what brings us joy and what moves we should take next. Because we do think of those perceived judgments from others.

And I mean, it's not always perceived, there really are judgments. And there really are, you know, when I was talking about leaving to go to a clinic or an urgent care or school nursing, I was just kind of perusing these ideas.

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And I remember one nurse that had been in PICU for years and years and years. She was a lifer they say.

And she was like, "I mean, yeah, you can go there when you want to retire. Those are jobs you retire to, you just take some vitals and that's it." And those kind of statements, which are both untrue and cruel in some degree, are also just not helpful to anyone's personal growth and transition. And we need nurses in those spaces as well.

I remember even just not feeling like there were other options that made me a real nurse. Because in school you're really just primed to graduate, go into med surge, then choose your specialty after two years, right? Or if you're lucky, you decided to be brave and just go into your specialty right away.

And that's just really unfortunate, because I remember when I was at my one year eval, I was already struggling quite a bit, but it hadn't manifested physically yet. But I was unwell mentally and emotionally. And I was there for my eval.

And I came out after and I was just talking to one of the experienced nurses and seasoned nurses and I was like, "I'm just really unhappy and I'm just really struggling." And her statement back to me is, "But what else would you do?"

And that is such a scarcity mindset that we have in nursing. Where when you look at it more abundantly, it's like, what else could I do? There's so many spaces to be filled.

Sarah: It's infinite.

Heather: It really, really is. And if it's not a space for you, like I realized. I was trying out all these different places, and they weren't it, I had to create it. And that's perfect, too. And we cut off nurses to this abundant mindset. And that's really unfortunate because I think that – Yeah, it's just unfortunate, I don't know.

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Sarah: Yeah, I think, I myself, I just kept continuing to go to school. Like literally, I had been out of school for a year and I'm like, "Okay, I'm going to get my master's in nursing education now because I know one day I want to teach." And then I finished my Master's in nursing education, and I didn't get a teaching job right away. Ironically, like pretty much as soon as I got accepted to nurse practitioner school, I got a teaching job.

But then I went back to nurse practitioner school because I was like, "Well, I'm unhappy here." And it's not that I hated what I did by any means. And I was really good at my job. I worked in bone marrow transplant and oncology. And I loved my patients and I loved making that connection with them, but it was kind of like you were talking about earlier with that rumination piece.

I could never come home and leave work at work. And so that piece was starting to destroy my personal life because I was just so hung up in it all the time. And there are so many high emotions attached with being in oncology. And so I just kept going back to school over and over and over.

And I remember there were nurses that were like, "You're going to be a nurse practitioner after five years of bedside nursing?" And I'm like, "Yeah, because I'm charging for my happiness. And maybe I'll be happy if I do this." And then, luckily, I got that teaching job. And I'm like, "Oh, wait, this is it. This is my enjoyment factor, I know where I'm meant to be."

And then, obviously, that eventually evolved into this business. But I never had that vision then. I kept searching for what's going to make me happy, what's going to make me happy? And it took me a lot of decrees to figure that out.

Heather: Yeah, you touched on so many good points there. I'm so glad you brought up the extra degree. I forget that I even have my master's because that's how little it means to me at this point. But it was an exit strategy, just like you mentioned. I love when you said that because it's so true that

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oftentimes I see so many nurses that come to me and get coaching and they're like, "Well, I'm going to nurse practitioner school now."

That's great. But oftentimes it's because they're so burnt out at the bedside and they're so unfulfilled at the bedside that then that's the natural paved path, to go into a higher degree of education. And then I find that many nurses come back to me in those higher roles, and they say, "Hold up, this is just as bad, if not worse." Because they never addressed the underlying burnout, the reason for the unfulfillment. And now you're in this larger scope, still with the same feelings festering underneath.

So I do think there's a huge culture right now of using education as an exit strategy. And that's certainly not to say everyone, because we have some killer NPs and advanced practice nurses out there. And I'm so grateful for them. They are the people that I go and see for my care. But I think that it is overwhelming, the amount of nurses that are going simply because that feels like the only way to get out of the unfulfillment they're feeling now.

Yeah, that's a really, really great point. And what you mentioned about having it bleed into your personal life, that's a super huge red flag. Oftentimes, we tie our identities so closely to our career. Like I was a nurse, like I am Heather the nurse, right?

Before that, I was Heather, the swimmer. And I didn't understand the spaces between those things. I was never just Heather. What did Heather like? What did Heather do? What was her purpose? What was her passion? And I didn't have that separation.

And so even it was as simple as seeing those red flags, that's when my husband was like, "Hey, we need to go to the grocery store today." And I would just start crying because I didn't have the capacity to even go to the grocery store. You know, I had a patient that died this week, and I can't possibly go to the grocery store with this grief.

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And that just bleeds into your personal life and that's a huge red flag. And that's a huge sign that, hey, maybe I need a little shift. And that is not a bad thing.

I was listening to a wonderful podcast by Brené Brown and Angela Duckworth on the Dare to Lead podcast, and it was about grit. And they were talking about how they tell their kiddos to go try something. And then if they don't like it, cool, great. Do it till its completion, you know, commit to whatever amount you commit to. And then take that and what strengths did you find in that? What small bits did you find that you did like in that? And move it forward into something else.

We often think that we have to, one, tie our identity to our career. But also stay in that one identity and that one career forever. We have to become a lifer, we have to find those spaces that this is forever. And life is an ebb and flow, I don't think it should ever be that way.

Sarah: Yeah, I absolutely agree. I think we just get so trapped. And maybe part of it is, is just we're all deciding so young. And I do understand there's second degree nurses and those sorts of things, and people who become nurses later in life.

But at 17 it's almost impossible that that doesn't become intertwined with your identity. And that's something that I've actively had to work on, even in the last year. Where I'm like, "Okay, who is Sarah as a person? What hobbies does Sarah have?" Because I've been working so hard for so long.

I mean, when I was in nurse practitioner school, I was working as an educator, I was working as a nurse full time, and I was doing clinicals full time. Most weeks I was somewhere at least six days a week, if not seven. And so to try to now pick that apart and like, "Oh, what do I do if I have free time? What do I enjoy to do?" It's been kind of an interesting ride because I've never had the time to even think about it before.

Heather: Yeah. Yeah, and isn't that just American culture as a whole. We just work our whole lives away. And I always told myself when I was a kid,

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“I refuse to work to retire. I refuse to wait until retirement to start living and to start thriving and to be happy.”

Because one, I don't even know if retirement will come, right. We don't know what's in store for our lives. And two, it's just what wasted time that is to be unhappy when we only have, depending on your religious views, we only have one time here, one life to live. And it's just such a waste to be unhappy in it and to put so much into our career when it's such a small portion of who we are.

I think it's a beautiful opportunity, career is, to enhance some of those strengths we have and to offer them to the world in a great way and to contribute to the world. But we've got to find that separation because it's not all that we are.

Sarah: Yeah, I think ironically, being an oncology nurse specifically was a huge draw for me to go back to school. Because I was like, “Life is so fleeting.” Like we never know because I was working with blood cancer patients. And so I mean, we might have a 17 year old come in with blood cancer. And blood cancer is really rough and there's not super high survival rates depending upon what type people were diagnosed with.

And so it was like every day I went to work I was confronted again with my own mortality, as bizarre as that sounds. And so I was like, “I've got to find what do I enjoy. What do I enjoy?” And it just took a lot of school to be able to figure that out. And just a lot of inner work for myself too. And just taking that step back to be like, “Okay, what parts of my job do I enjoy? What do I not enjoy?”

Which is kind of how you're talking about working in labor and delivery for two days. I worked in the PACU for a very brief stint because I was like, “Oh, oncology is draining, let me flip flop that. I'll go work in PACU where patients just come in and out of surgery, I won't make that connection.” But that did not make me happy either.

Heather: Yeah. Yeah, no, I completely resonate with all of that.

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Sarah: So to kind of get back on track, maybe just a little bit. Because I get on a tangent about this stuff super easily.

Heather: Yeah.

Sarah: Right now, you're kind of working as a transitional coach. So what does that look like? How are you able to help nurses through some of these tougher transitions?

Heather: Yeah, so I love that you mentioned your own inner work, because I am just, I geek out on inner work. So I help nurses in transitional spaces. What does that mean?

Whether you are coming into practice, or you are in practice feeling unfulfilled, feeling like you need to transition. But maybe being confronted with some of those expectations and perceived judgments and taboo feelings of leaving, I help you through that space. Or if you're to the point, whether that be a year in or 20 years in, where nursing in itself is just not it anymore, I help you through that space.

The reason I love sitting with nurses in transitional spaces is because there is, one, a lot of inner work to be done. So I add in all of those healing therapies that I do. I do a lot of journal therapy. I do a lot of meditation, a lot of embodied movements. All of these things to start mobilizing our emotions.

And I love, love, love, inner critic work and fear-based thinking, because those are huge barriers to us transitioning. We're often our own biggest critic, and we keep ourselves stuck for far longer than we ever need to. So revisiting, where did this negative self-talk come from?

Because our inner critic is often someone who's actually really trying to comfort us and protect us. Because she was born from spaces of negativity. Spaces where we felt harmed, whether emotionally, physically, or mentally. And so our inner critic is a good person. She's a kind person, but she's a little bossy and a little loud.

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And so I love getting to know people's inner critics. And we start peeling out that negative self-talk, peeling out the fear-based thinking. And now how do we mobilize that? How do we decipher fear from truth? How do we take back our own inner truth, our own inner voice, and kind of balance out our inner critic? And trust our path and trust what our journey is? And be okay in not being in control and not knowing at all and moving forward because that's what feels right to us, trusting our intuition.

So I do a lot of work with self-forgiveness, self-compassion, self-acceptance. All of these things that I began realizing really lack in not only the nursing community, but in our culture as a whole. We don't have a huge focus on these things, and it feels selfish, right? So I do a lot of mindset work and a lot of inner work.

And I think I'm so passionate about helping in this transformative space because I never had anyone to sit in that space with me. And had I had someone there when I was both going into school, or when I was trying to shift out of the PICU when I was so miserable and so unfulfilled. Had I had someone to sit there and just listen and help guide.

I always say I'm the guide, you're the guru. You know your mind, body, and spirit better than I ever, ever could. But let's blend our experiences, me in you holistic wellness coaching and mindset work and inner critic work, and you in you. And let's trust that path.

I got off on a tangent. I don't remember I was going with all this. Oh, because I dreamt of having someone hold that space for me. And just holding space is the most powerful thing that someone can have when they're looking to lead a passion-fueled life.

Sarah: Absolutely. I love everything you said about the inner critic as well, because, ironically, at my mastermind last week we had a whole presentation where we talked a lot about how loud that inner critic can be and how we can kind of combat that with self-acceptance. Which for

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some people I know sounds frou-frou or woo-woo or whatever word that you're thinking of.

But when I really sat down and thought about it, I was like, "All this makes perfect sense." If we can work to better accept ourselves, then we can start to tone down that inner critic a little bit. And it was a really interesting presentation because it was actually, her name is Laura Gallaher, and she is an organizational psychologist.

And she helped to come reframe NASA after the Columbia explosion, I guess that's the word I'm looking for. And reframe their work culture. And it was all about self-acceptance in the end. And I was like, so if someone with a PhD is up here, and they've reshaped NASA with this concept of self-acceptance, how could I not believe this is legitimate and something I should be actively trying to do every day?

Heather: Yeah, it's huge because how often do we make even the smallest decision, like what should I wear when I go out tonight? And you send pictures of your outfits to your 15 closest friends, right? When you have this self-acceptance and you just have self-compassion, which lacks so, so much. We're so mean to ourselves.

Sarah: Over and over, yes, every day.

Heather: Yes, when we have these things, we don't need the opinions of others. We can make decisions and trust that it will work out one way or another and it's guiding us to something. Whether it's the most enlightened, experience or not, it's there for a purpose and we can trust ourselves to lean into that.

Whereas that's a huge lack right now, is believing that we're making the right decision. And like you were speaking about your sister, well what will others think of me? When you have more self-compassion, more self-forgiveness, more self-acceptance, that question becomes less than less. And those that are in your circle will support you for whatever decision you make.

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But the closest friends that I keep to me are those that when I go to them with a decision that I need to make, which is pretty few and far between these days. But when I go to them and they say, "It sounds like maybe you need to do some journaling, Heather." Because they know me, and we live in this culture of advice giving and of needing everyone's opinions to make the decision that's "best for us." When really, all we need is someone to hold the space for us to determine what that is.

So yeah, those are really huge. And I love all of the leaders that are stepping into this space and really showing up and saying this is something we need to focus on.

Sarah: Yeah, just having that awareness is key. That's what it boils down to at the end of the day. If you can be aware of that inner critic, then we can work to, I won't say combat it, I don't think combat is the right word. But we can work to better manage it, right?

Heather: Yeah, absolutely, find that balance. And I think it's also a lot about remaining curious and seeing where it goes, seeing where it's leading. And where did it come from? Not to be mean to it or to try and push it away, to try and silence it.

Because the more we try and silence our inner critic and the more we lean into toxic positivity and our gratitude checklists and all these things. All these self-care checklists, they're great. They're great, but they're surface level.

And the more we focus on that, the more inner critic is going to be like, "Hey, girl, we're still here. I'm louder than ever because you're not listening to me." So accepting all of us, not just the parts that we want to. Not just the parts that we want to be more vibrant and more fulfilled. We have to accept our shadows too.

Sarah: And that's so difficult to do.

Heather: It is, it's really hard work.

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Sarah: Yeah, I think that's the piece where we're like, "I don't know about this anymore." Once they really get into it it's like, "Do I want to face all of these shadows? And how am I going to be able to handle that when I do?"

Heather: Yeah, that's why I think it's so important to have a support system in place. So not only a coach or a therapist or whatever suits you in that space.

Sarah: Or both.

Heather: Or both, yes, I would highly recommend, 10 out of 10. But family, right? So I've had nurses that have come to me, and we start doing some shadow work and some inner critic work. But they don't want their family to know that they're doing this. Well, that's a really hard space to sit too. Because we have to be open and vulnerable during this healing work.

So privacy is key, but also support is key and letting people into your space. That's a hard thing to do too, right off the bat. So having support when you're doing this inner critic work is key. Or any, you know, anxiety, depression, any of those things. I'm so thankful that it's becoming such a strong point in our society now.

Like all my friends have therapists now and I'm so thankful for that. We're like, "Oh my gosh, my therapist said this the other day." We're like sharing what our therapist told us. And it's just a cool space to sit because I think it is still largely taboo in the generation that came previous to us.

Sarah: Oh absolutely. One of the people in my mastermind, her name is Tiffany Rose, she's super cool if you guys haven't checked her out. And literally like her slogan is therapy is cool. Like she has it trademarked even.

And to watch her talk about what she calls the mental health game and being able to remove the stigma around mental health. And I will very openly tell anyone I have a coach, but I also have a therapist as well. And that is what gets me through week to week. I really need to have that balance.

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And I think a lot of what you're talking about with support versus privacy essentially, there's a good healthy balance that can be found there, too.

Heather: Absolutely. Absolutely. And I think it's also important, when you were saying that it just made me think of how often we turn to – I saw this meme that was like, “I don't need a therapist when I have five co-workers that I can talk to about it.” That's the issue, is we are trauma bonding with our co-workers.

And it's not helpful, we're picking up other people's emotional baggage and we're carrying that on top of our own. And our emotional reserve bank is so depleted already that then when we start trauma bonding with our co-workers, we have nothing left.

And so I think there's a clear difference between talking with your co-workers about what's happening on the unit, because I found that to be extremely toxic in my work environment. Versus going to someone that's holding space for you and can help guide you.

Sarah: Yeah, absolutely. Heather, thank you so much for coming on my show. I think so many people are going to be inspired by you and your story, and what you've talked about today, and your transitional coaching. Because I'm sure many of the listeners are going to be like, “That's something that I've been looking for that I didn't even know I was looking for. This is something I need help with.”

And what's really going to be the best way for people to get into contact with you?

Heather: Yeah, absolutely. Well, thanks again for having me.

Sarah: Yeah, thank you so much.

Heather: I'll say it again that it's such an honor to be in this space. And I think I would have dreamt of hearing this conversation when I was

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struggling. So thank you for your podcast and the things that you bring light to.

Where you can find me, my business is technically called Bare Root Health. However, my Instagram is coach.heatherbrittain, that's B-R-I-T-T-A-I-N. Coach.heatherbrittain, and that's where I am most active. Or you could also email me at coaching@bare, B-A-R-E, root, R-O-O-T, health.com.

Sarah: Awesome. Thank you so, so, so much. And maybe you can come back in a couple of episodes. Maybe we can talk about some of the other things too that you have going on behind the scenes, like your workshops, and those sorts of things.

And for listeners who are in my student community or new nurse practitioner community, definitely keep your eye out for that because that is something that's going to be coming to you guys here soon too. But other than that, I'll see you guys next week, okay?

Heather: Thanks so much, Sarah.

As an extra bonus, friends, if you're looking for support no matter what phase of your nurse practitioner journey that you're currently in, I have communities available for both students and new nurse practitioners. In these communities we work to uplift one another and grow this profession together every single day. Links to join will be included for you in the show notes.

Thanks for listening to *Becoming a Stress-Free Nurse Practitioner*. If you want more information about the different types of support we offer to students and new NPs, visit stressfreenp.com. See you next week.