Podcast Transcript

Positive Thinking and It's Effect on Practice

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Dr. Ramey is a psychiatric nurse practitioner and an associate professor of nursing. She completed her Doctor of Nursing practice at Vanderbilt University and completed her psychiatric nurse practitioner preparation at the University of Alabama at Birmingham. She has been in the mental-health field for 18 years. Her research and experience focus on child and adolescent mental-health, deprescribing, pre/peri/post-natal mental healthcare, and drug-gene compatibility.

Host: Candace Pierce DNP, MSN, RN, CNE

Dr. Pierce is a nurse leader committed to ensuring nurses are well prepared and offered abundant opportunities and resources to enhance their skills acquisition and confidence at the bedside. With 15 years in nursing, she has worked at the bedside, in management, and in nursing education. She has demonstrated expertise and scholarship in innovation and design thinking in healthcare and education, and collaborative efforts within and outside of healthcare. Scholarship endeavors include funded grants, publications, and presentations. As a leader, Dr. Pierce strives to empower others to create and deploy ideas and embrace their professional roles as leaders, change agents, and problem solvers. In her position as the Sr. Course Development Manager for Elite, she works as a project engineer with subject matter experts to develop evidence-based best practices in continuing education for nurses and other healthcare professionals.

Episode 1: Positive Thinking and It's Effect on Practice

Transcript

Candace Pierce: Hello, and welcome to our podcast series on the power of positive thinking. I'm Dr. Candace Pierce with Elite Learning by Colibri Healthcare, and you are listening to our Elite Learning podcast, where we share the most up-to-date education for healthcare professionals. I am so very thankful to welcome back Dr. Erica Ramey for this discussion. Erica, thank you for taking time to share your expertise with us.

Erica Ramey: I'm glad to be back. Thank you for having me again.

PIERCE: Absolutely. So, in this series, Dr. Erica Ramey and I, we're going to talk about positive thinking. And I really want to point out that it's not just a feel-good concept. It's actually a really powerful tool that's going to transform both practitioner and patient outcomes. So, we'll take a deeper look at some evidence-based approaches that show how our mindset really does influence everything from therapeutic alliances to treatment effectiveness.

But I do want to be very transparent that this is not about toxic positivity or denying the very real challenges that we face. So, as healthcare providers, Erica and I can both attest to those challenges. Instead, we're—yes—so instead, Erica, we are going to explore practical, sustainable ways to really cultivate resilience and optimism in our practice. So, Erica, to get us started.

RAMEY: Absolutely.

PIERCE: What is positive thinking and how is it really defined in psychological terms?

RAMEY: So, I definitely appreciate that you pointed out that we're not talking about toxic positivity, which is what I think some people automatically think of. And we don't want to do that. We don't want to frame it in that way. When we are talking about positive thinking in healthcare, really, we're talking about focusing on constructive solutions. We are remaining hopeful when things are very stressful, and shifting to that sort of mental framework allows us to view obstacles more as opportunities. It helps us to be a little bit more resilient, and it helps us to function better in stressful or overwhelming environments. So, we're really talking about just reframing our approach to stress or problems and things we encounter in the healthcare field.

PIERCE: Absolutely, and I was thinking about this before we met today, but I was thinking when I am sitting in a report, sometimes I don't realize this, but even just in my connotations of when I say things and how I say them to other people, I kind of take that positivity off of whatever it is that I'm talking about, specifically patient outcomes. So, if I'm giving a report and I'm like, well, the patient in, like, room 350, Mr. Jones—and you know, you—that heavy sigh that you start after that, right? And you're just, I really feel like that removes some of the positivity towards that patient. And so, people start to view that patient maybe as being a more negative patient. So that really can affect the outcome of that patient, right?

RAMEY: Absolutely. And we're taking our own negativity in that case, and we're passing it on to the next person. So, we're doing even more harm than if we just had a negative outlook. We're actually trying to spread that negative outlook. And I like your example with report, and it's something I see in academia as well when we're discussing maybe a student that's struggling more. So, it's kind of taking our own frustration and then encouraging the next person to share in that misery with us. You're going to get so-and-so. It's been an awful day. Good luck tonight. And so, we're just—we're asking them to just be as unhappy as we are instead of reframing it with, you know, so-and-so has struggled with this today, but here's what we've changed in the treatment plan. And, you know, offering a little hope to our colleague at shift change rather than the promise of 12 more hours of misery. So that's very damaging.

PIERCE: Right? And it is true—misery, they say misery loves company, and you know, we see that. We don't want to be alone in our misery, but we also don't want to be alone in our positivity either.

RAMEY: Right, right. And both are contagious. It's just so much easier to pass on the negativity because the positivity takes a little bit more effort. It takes some maturity and self-awareness to be able to take a step back and reframe and pass that on. Whereas anyone can be negative. It takes no skill to be grumpy and negative. It's the least amount of effort and tends to be the practice we perpetuate the most, unfortunately.

PIERCE: So basically, what I hear you saying is it's easier to be negative than it is to be positive.

RAMEY: Absolutely. You don't have to be fully awake yet, even. You can just pass the negativity right along before you've even had coffee. Yes, very much so.

PIERCE: Here you go. So true. So, I shouldn't talk to my kids before I've had coffee. Got it.

RAMEY: 10 a.m. is a good time, I think. Yeah, about right now. Yes.

PIERCE: Yeah, that's a really—that's a really good point. I used to say, it was funny when I was in college, I worked in a pharmacy as a pharmacy tech, and there was one particular pharmacist that I would work with, and we did not talk to each other until about 10 o'clock. We just did our own thing, and we knew at like 10 o'clock—All right, we're good to go.

RAMEY: So that's it. Then we're ready. Then we're ready. That's a good example of knowing your team—knowing your team members. I know in one of the teams that I'm a part of, we intentionally schedule our weekly meeting for 11:30 because that gives everybody time to get in, get settled, catch up on some things, and then meet. So that's a great example of working with the team you're given.

PIERCE: Wake up, get some coffee. Absolutely. I do think that's important. I need to be fully awake and able to comprehend what you're saying because I'm not meaning to be negative, and I'm like, what did you say? I have no idea what you said. Are you speaking English? I don't know. What are the key principles and components that are necessary for positive thinking?

RAMEY: So, when we think about positive thinking, again, as I mentioned earlier, we're really sort of looking at reframing our situation. So, you want to consider gratitude. Sometimes it's just taking a step back, reflecting on where we're at—what is going well, perhaps, in the middle of a difficult situation? What are you thankful for? What components of your healthcare team, for example, are you thankful for in the middle of a challenging situation? So, gratitude.

Resilience, which is, of course, our ability to kind of bounce back or press forward when things are very difficult, and a lot of self-compassion. So, a lot of acceptance and self-awareness, but then the ability to be compassionate with ourselves so that we can pass that compassion on to our patients, our coworkers, and the people on our team with us.

PIERCE: It seems like when you're talking about that, it's also—you were just saying knowing your team. And so, having those same attributes towards your team members—knowing when they're struggling so that you can step in and kind of give that affirmation to whoever it is that you see struggling. I see that as like maybe a leadership positive thinking skill.

RAMEY: And the benefit of the doubt there for our coworkers as well. I have some posters up where I teach on the wall in different learning areas of the school. It says, essentially, we start with the basic assumption that everyone there wants to do well, is intelligent and competent, and we all want the best outcome for our students. So just giving each other—and in the healthcare setting, giving each other—the benefit of the doubt that we all want to do a good job.

We all would like to do our best. We just may not have what we need, or the situation may be more challenging. But just kind of giving each other the basic assumption that we do want to do well, that we all kind of want that same thing in our work environment. And so, giving your team members that benefit of the doubt can help us not be so negative with each other and can help us approach the problem for what it is and not our coworkers as the problem, which—that alone—can help.

PIERCE: Yes, absolutely. And grace is really huge in that. And I feel like that also, as you were talking about positive thinking, providing that grace towards people who make mistakes, who mess up, or—you know, I have a thing whenever I'm teaching my students where, and I don't announce it to my students, but I will give grace to every student for one late assignment because life happens.

RAMEY: Positive thinking. Yes. And I think it's easy on a day where maybe we're doing okay to forget that maybe yesterday we were the ones struggling or turning in something late or not giving 100%. And so, reminding ourselves—that's part of that self-awareness there where we want to remember we fall short, and of course so do our colleagues, so do our students, and having that appropriate self-compassion again to pass on that compassion to the people that we're working with.

PIERCE: Absolutely. That's really good. So how does positive thinking influence our mental health and our emotional well-being?

RAMEY: Right. Well, positive thinking in the literature is associated with more resilience, which we've already mentioned as a key feature. It's actually better for our relationships when we have a more positive approach. Again, the basic assumption that others intend well or mean well, and aren't out to get us—that benefits our relationships.

It's associated with better stress management as well, at home and in our careers. Lower burnout. Right? We're less burnt out if we approach the work that we do with a positive mental framework, higher job satisfaction—all these things that we kind of could say, "That makes sense," right? If we're approaching it with a positive mental framework, then there's more optimism, better coping skills, we're more adaptive. So, it really allows for cognitive flexibility that benefits our work and our relationships. So, you know, the evidence is there.

PIERCE: Absolutely. It really is. And it's so interesting to me how we tend to go more towards negative thinking, and we have to work. It's almost—it's almost like it's a—there's a specific word I'm looking for that I can't find out of the air right this minute. But, you know, you continue to practice something, and then you become, you know, basically an expert in that area. So, it's something that you just have to keep practicing and practicing in order for it to become a routine. That's the word I was looking for—a routine. Yes. Yeah, I was looking for one of those. But, you know, I read something somewhere, probably a long time ago, that says it takes doing something a minimum of 40 times before it becomes a habit, a routine, something that you don't have to think about doing anymore. You just do it.

RAMEY: Routine, automatic—there were so many great words there, yes. I didn't know which one you wanted.

PIERCE: Getting up early—I can't make it past like two days of that, but I'm trying to make that a routine. I just haven't got up to 40 in a row yet. I'm still working on it.

RAMEY: That's a lot. I think the weekends might be throwing you off. You could probably do it five days in a row, but then come Saturday…

PIERCE: No, that's very true.

RAMEY: That's something I share with my patients as well. Anytime they are working to develop a new habit or really become more proficient with a particular coping skill, the first few times it's going to feel very unnatural. It's going to feel forced, and you're not going to be so sure about it. But the more we practice that—reframing things or choosing to be more positive—the more we practice, the more it will become automatic, and it won't feel so forced. It will feel like our natural train of thought. And we can oftentimes see our emotions follow our thought processes. So, it's very helpful for us from a mental health standpoint as well.

PIERCE: Mm-hmm, and it becomes more genuine. I know in the beginning it probably doesn’t feel—especially if it’s outside your norm. It’s not who you have been because we can change our character, and people will be like, “What's wrong with her? She's being really positive today.” But the more you do it and it becomes your thought process, the more it becomes really genuine, and people see that genuine change in your character, basically—because that's what it is. You're changing your character, in a sense.

RAMEY: Right. "What's going on?" Yes. Absolutely. And you are more positive. If you're constantly working through things with a positive mental framework, you are more positive, which will make you happier in the day-to-day stressors that you encounter, and people can see that, absolutely.

PIERCE: Absolutely. We said it together. Yes. Physiological benefits. I mean, I know that we've talked about mental health and emotional well-being, but there are also physiological benefits for maintaining a positive mindset, right?

RAMEY: It's good teamwork. It's good teamwork. Absolutely. So, we can see that—I think the most commonly thought-of thing is just in our blood pressure. We can actually physically, to a

degree, lower our blood pressure by being calm and optimistic and walking through positive scenarios, just like we can raise our blood pressure by inducing stress or anxiety, and we can kind of rev it up.

We know that when we do practice more positive thinking, more mindfulness, we see improvement in immune functioning as well. So, our immune system responds very well to that. Our cortisol stress hormone levels respond very well to a positive mental framework and mindfulness. All of it. We are truly more physically resilient when we practice viewing things through a positive mental framework.

So, positive thinking has literal physical benefits for our body, just day in and day out. And it's something that we can notice some of those benefits within minutes. Long-term sustained effects, sure, we can see over time, but even within just minutes, we can see the changes in our blood pressure, and we can see the physical symptoms. If we have immune-related symptoms like eczema, or some rashes, the skin changes, migraines—things that we can see from inflammation—then the positive mental framework can help reduce the frequency of those episodes. So, we have this beautiful connection between our mind and our physical body. And just like it responds to negative exposure, it responds to positive exposure—just in a positive way, fortunately.

PIERCE: Right. It's just so interesting to me how our mind and our thoughts really do affect our health. I really don't think I started hearing conversations about this until about COVID. Yeah, where it started to make those connections and really to hear people talk more about healthcare providers and, like, PTSD and stress and positive thinking. And I really think it came in the self-care. You know, they all gave their self-care toolkits during COVID, and they're like, "Hey, now let's focus on this."

And it's just interesting to me that this was not a part of the conversation earlier on. I mean, this should really be earlier in our careers—probably in nursing school. When we first are going through nursing school, we should talk about what self-care looks like and how we can really have—I really think this goes back to how much joy and fulfillment that you find in your career. Because there is a lot of negativity in healthcare right now.

RAMEY: And I think a lot of the emphasis on that connection, with my background being in mental health, we discuss extensively the negative implications of stress with things like PTSD or trauma, like adverse childhood experiences—the big Kaiser Permanente study. So, we have a pretty considerable amount of knowledge and attention that we give to the negative effects of stress.

But as you're mentioning, it would be equally beneficial, if not more so, to promote resilience in nursing school and promote that self-care and actually have faculty—and speaking to myself as well—who model appropriate self-care and appropriate boundaries so that our students, who then go on to become nurses themselves, aren't burnt out and are taking care of themselves. Otherwise, they may find themselves leaving the profession because we couldn't quite find that balance there for taking care of themselves and reducing burnout. So completely agree. That's an excellent point.

PIERCE: I will say one of the things that I see on social media, especially with influencers in healthcare—and while I get that it's funny and they're being funny and having that comedic feel to their platforms—what you see modeled is: you come home from work and you grab a wine bottle. You grab the whole bottle. You don't even take time to pour it in a cup. Those types of things being modeled, where I think we should take time—if you have a platform—to model, like you're saying, what it actually looks like to take care of yourself when it's hard.

RAMEY: Right, right. And that's something that we saw sort of peak in the pandemic as well. So, the increased alcohol use—even some excessive alcohol use—was made funny or more commonplace, like moms need this and healthcare professionals need this. And personal preference and boundaries for whether you consume alcohol or not aside, at the end of the day, it's not a healthy coping skill. It shouldn't be our go-to coping skill, right?

So, jokes aside, it would be great if we saw healthcare professionals actually modeling how to practice healthy coping skills. You know, do you debrief with other friends who are in healthcare and can kind of commiserate with you, share in that, and provide some understanding? Do you have a practice of maybe journaling or jotting down some thoughts so that you can put it aside when you get home and actually be present with your family? Or do you listen to your favorite podcast and sing really loudly on the way home so that you can shift your mindset so when you walk in the door again, you can be present with whomever you love?

So really, it would be excellent if we did have some more examples that were popular in the same way of promoting those healthier coping skills. That would be great.

PIERCE: So, can you explain the concept of the placebo effect and its relation to positive thinking?

RAMEY: Yes, so the placebo effect, I do want to say, is still an effect. We do benefit from the placebo effect. Regardless of short term or long term, there's still an effect.

And with positive thinking, when we're thinking about the placebo effect in general, there is some benefit from positive reframing or mental reframing. But we don't want to limit the reframing to just in that moment, just to feel good and have that be the benefit. We don't want to stop there.

The positive thinking should carry over to finding some solutions for the situation in which we feel that we need to implement that positive thinking to begin with. So, it should really kind of be viewed as a mental framework and not just, "Everything is great. It's sunshine, butterflies, rainbows." But rather a tool to promote reframing—almost a therapy skill, if you will, if we can bring in some therapy into this podcast.

PIERCE: Yes, bring some therapy. Me—I need all the therapy I can get.

RAMEY: The goal is to restructure how we think, how we approach complex situations, and then how we're interacting with others on our team and those in our life. So, we really want a sustainable mental framework shift when we're talking about positive thinking rather than a placebo effect or a band-aid over a difficult emotion.

PIERCE: So, you're saying that you don't expect us to have positive thinking in such a way that my world is painted in watercolors and rainbows and unicorns and butterflies. Like, we do have hard times, but maybe it's just that shift in how we think—such as the big one that I say to my kiddos when I remind them of how they're not being unselfish: "You don't have to; you get to. You get to go put your stuff up because you have stuff to put up."

RAMEY: That's exactly right. Yes. And again, you're reframing. So, you're modeling that reframing. Not only would I say that we shouldn't have our head in the sand and just pretend everything is positive—that's actually counterproductive. What we will find is when we remove our head from the sand, our problem that we were avoiding is now bigger than it was when we went into the sand.

So, no, I would not encourage you to do that at all. We're just creating more problems for our tomorrow self. Instead, it is really reframing what we have. And that's part of where the gratitude comes in, which sounds like some of what you're doing with your kiddos there. It's not that you have to; it's that you get to. Same thing—son complaining about soccer practice. It's not that you have to; it's that we're on a team, and you get to go practice with these other kiddos, and you get to travel and play soccer with them. It's an opportunity and, frankly, expensive. So, it's—you get it. That's right. That's exactly right. You will follow that commitment. Yes. So, we don't want to blindly be fake optimistic. That's not the goal. It's about being genuinely hopeful for a better outcome.

PIERCE: Yes, it is. I have a soccer player, and I say, "You chose." I don't say, "You get to"; I say, "You chose to do this, and you've got to see it through."

RAMEY: Framing it in a way that we are appreciating the good in the situation and then using that to work out some solutions to improve our outcome. Moving from there. And that can be in very small things, like a conversation with your spouse or an encounter with a patient that is maybe more difficult—or in much more complex work issues that we're running into, system issues, if you will. So, it's really keeping the good and then using the negative as an opportunity for moving forward. And that's a vague way to say it, but I have to be vague because it applies to everything. So, you have to kind of shape it for that particular situation.

PIERCE: You've mentioned a couple of times the terms resilience, and we talked a little bit about stress management, but how does that reframing into positive thinking really impact stress management and resilience of, you know, a healthcare provider or even in our everyday life?

RAMEY: Right. So, our ability to cope with stress is improved when we have an exit, an outlet, a plan. I always tell my patients, anxiety loves a good plan. Its favorite thing is to know we have a plan. So, that's really beneficial.

If we are approaching a problem and we see or feel that it's all negative—there's really nothing to be grateful for here—then we can start to feel very stuck. And that's where we experience a lot of burnout in the workplace, disengagement, or disappointment in our relationships, just feeling overwhelmingly frustrated because here we are, we're stuck, and we can't do anything about it.

Positive thinking builds into resilience and lowers burnout and frustration by giving us, one, gratitude. Again, we're reflecting on—it's not all bad. Here's my silver lining: I have good coworkers, or I really do have a good kiddo, or my spouse really does mean well, whatever our silver lining is.

And then we're looking—not making it about the other people—we're making it about the issue that we're approaching. So, okay, this is a good place to work. Right now, the situation, the system we have set up isn't functioning well. So, I'm thankful for my coworkers—let's approach this issue.

And then we can actually start brainstorming how to improve the situation that we're in. So, we're never stuck, right? We don't have to feel as burnt out because we aren't just spinning our wheels. We have some potential outlets and potential options.

And we can think more constructively when we have that positive outlook and then actually be more creative towards finding a solution. So, it's sort of a self-fulfilling prophecy. In the same way that an everything-will-go-wrong mindset contributes to things going wrong, having a mindset of okay, well, there's some potential opportunities here can start spinning the wheels for us to actually see some potential opportunities and start thinking about solutions to what we're encountering in the workplace or at home.

PIERCE: I really like what you said. Let me make sure I have it right: anxiety exits with a plan.

RAMEY: Yes, it loves it. Anxiety loves a good plan. So, if you're feeling anxious, if you're feeling overwhelmed, one of the best things we can do to sort of immediately reduce anxiety is to make a plan. What really are our options? What are we looking at here? What facts do we have? And then we start working through a plan there.

And that can help just bring anxiety down because we know, okay, at the end of the day, we have a plan. We love a good plan. We love a good plan. Yes, yes.

PIERCE: Yes. I do. I am a planner to a tee. I know throughout this episode, we've talked about some of the more common misconceptions about positive thinking, about how we're not saying that everything is sunshine and there are times where life is hard and life is tough. But what are some more of those common misconceptions that people have that maybe hinder them from wanting to reframe into positive thinking?

RAMEY: Well, I think a big roadblock to also consider is just—again, it's easier to be negative, and it takes a lot more work to take a positive mental approach. Please excuse the cat. It takes a lot more work to be positive because what you're having to do is reframe and shift, and you can't just sit and complain and be uncomfortable. You have to actually be a catalyst for improvement. And so that's very difficult.

I love that we've mentioned it's not sticking your head in the sand. It's not denying that there's an actual problem and pretending everything is okay or even pretending everything will be okay if we don't change what we're doing. So, it's not saying, it's going to be fine—this new

electronic medical record system we're using that doesn't work. It's all going to be great. It's not that.

RAMEY: This new electronic medical record system has a lot of issues. Maybe it's helpful that we keep a log of the issues we're encountering and bring that to the next meeting. Or maybe it's, okay, what parts of the system are working well that we can communicate to leadership, et cetera. So, again, its creative problem solving. It's not denial of a problem.

PIERCE: Absolutely, and maybe not focusing on the problem itself, but focusing on what you're learning through the problem and how to fix the problem.

RAMEY: Absolutely. Solutions. We're very solutions-focused here. Yes, absolutely.

PIERCE: Yes. Are there any other misconceptions that are common?

RAMEY: I think it's worth mentioning that sometimes I encounter with my patients some resistance to positive thinking because they might feel like their mood has to be really good first before they can engage in positive thinking. Whereas actually, if we can engage in the positive thinking, as I sort of alluded to earlier, we can shift our mood to follow that line of logic. So, you don't have to be happy to be positive. I will say: you don't have to be calm and not anxious to be positive.

We can start shifting and reframing our approach to problems, and then we can find that our mood will follow along with it. Sometimes, not always—of course, there are always outliers—but in general, we can approach the problem logically and then get our mood to kind of follow suit. We think more positively when we're looking at things more positively.

PIERCE: And I think it's more of working through how to do it—teaching yourself to do it.

RAMEY: Yes, and again, it's awkward when you are first starting out. It doesn't feel natural. It doesn't feel authentic. It can feel very awkward. But with practice, as we just naturally start to approach things that way, then it will feel more automatic, and it will become more authentic because it will be how you approach problems.

PIERCE: So, we are out of time for episode one. Thank you for joining us for this episode of The Power of Positive Thinking. We hope you now have just a better understanding of the principles and benefits of positive thinking. Make sure to check out episode two, where Erica will walk us through just some more practical strategies for how to really incorporate positive thinking into our daily life and clinical practice.

Episode 2: Positive Thinking and It's Effect on Practice

Transcript

Candace Pierce: Welcome back to The Power of Positive Thinking. In episode one, we really laid the groundwork for understanding how positive thinking transforms our practice, and not only

our practice, but also our life. In this episode, Dr. Erica Ramey and I are going to roll up our sleeves and really dive into more of the practical applications of what practicing positive thinking could and should look like.

I want to really start our discussion, Erica, with effective techniques. What are some of those effective techniques for really cultivating a positive mindset?

RAMEY: Great question. I would like to start with its counterpart and first maybe discuss some things that are very damaging for a positive mindset—things that I think for many of us might come more naturally. So, these are things not to do. I'd like to start with that.

First—yeah, let's just start with what we shouldn't do. All right, write this down, write this down. So, things that we know will make it very difficult to have a positive mindset: first, going ahead and jumping to conclusions. So, if this happens, then this will definitely happen, and then the whole day is ruined.

Sort of catastrophizing things. Worst-case scenarios. Going ahead and assuming the worst about other people: Well, you know, so-and-so is not going to do that because she's just not like that, and she's just selfish. Just always worst-case scenarios, very negative, jumping to conclusions.

All of those things are the enemy of a positive mental framework. So, let's just start by acknowledging that those things are destructive to positive thinking.

So now that we know sort of what not to do with that approach, it helps us think a little bit more about what to do. I think we mentioned in episode one—assuming the best in others, especially in our coworkers or teammates.

I think that's beneficial for our patients too—to assume that they, in most cases, do want to get better, that they are doing what they can with the resources that they have, and recognizing that there may be factors contributing to how they take care of themselves—or do not take care of themselves—that we may not be aware of.

So, we start by assuming the best in others. We start also by fact-checking. So, this is sort of the opposite of jumping to conclusions or worst-case scenarios.

For fact-checking, we take a step back and we say, Well, wait a minute—do I actually know that this bad thing is going to happen, and then this bad thing is going to happen, and then the whole day is ruined? Or am I just assuming that and sort of speaking it into existence?

So, we fact-check a little bit. Then we take a step back and look at the things that are actually within our control. So, what is within your control—what do you have the ability to actually impact or influence—and can you start with that?

First and foremost, our attitude, right? We can't choose all of our circumstances, but we absolutely can choose how we respond to our circumstances. And we can make things better for ourselves and coworkers, or we can make things harder for ourselves and our coworkers.

So really, kind of keeping stock of our attitude and being self-aware enough to recognize if we are contributing to the solution in a positive way or if we are actually being destructive and making improvement more difficult.

And that takes a lot of self-awareness, and sometimes it is hard to acknowledge that we are part of the problem, or that we are the problem for someone else. So, it can be very difficult.

PIERCE: True. And what you're saying about our reactions—I teach my kids this, I teach my students this. At the end of the day, I am not responsible for how other people treat me or what they do, but I am responsible for my actions. And so just like what you're saying, I'm responsible for my thought process too.

RAMEY: Right, right. And our thought process will inform and shape how we respond and what our response is. So again, if we are thinking the worst about the person we're interacting with, that's going to show itself in the way that our body language responds. Our face—our face. Same. My face is having whole conversations with people without my permission. So, it will…

PIERCE: My face—my face is not quiet. My face is loud.

RAMEY: You're not keeping your thoughts about someone else in as well as you think you are. It's coming out in tone. It's coming out in assumptions and the words that we choose. It's coming out in our body language. Even those of us who are maybe skilled and very practiced in trying to modulate that—think, and of course, mental health professionals—no one is perfect.

So, if we are thinking negatively towards our patient, towards our teammates, towards our family members, it will shape how the conversation goes, the words that we choose, whether or not we make progress. That's why that positive assumption that we've mentioned is so important. So yes, our face—we really have to watch the nonverbal body language for all of this.

PIERCE: Isn't it like 80% of our communication is nonverbal versus 20% verbal?

RAMEY: It's drastically high, and you could argue different people, different personalities—and so that influences some of that. But people are paying attention to your tone, the words that you choose, but more so, do you seem open? Do you seem empathetic? Or do you seem like you're done with this conversation? You're not really listening. People notice, absolutely.

PIERCE: Yes, nonverbal communication is—I think that is huge in all of our relationships. Our patients—it really affects how well they're accepting of us and how well they trust us. Our nonverbal communication—even with our spouses, our children—there are also misunderstandings and perceptions.

RAMEY: Yes, well, and again, if we are assuming the best about other people, we are less quick to jump to conclusions about their intentions—thinking that we can judge their intentions when we only know our own motivation and intentions. But if we are thinking negatively towards someone or about someone, we're more likely to assume that they have negative intentions,

which is going to erode trust and make it very difficult to work as a team or to reach a solution together.

Because now you're pitted against the other person instead of working alongside the other person.

PIERCE: Very good. Working in healthcare today—the things that you're talking about, the techniques—how can we integrate that positive thinking, the techniques to help us get into positive thinking, into our daily routines?

RAMEY: So, this can be used from, again, like a top-down systems approach, all the way down to an individual conversation with a coworker. And what I love to see from leadership is a positive framework toward issues that they encounter. Instead of viewing it as, this is an employee issue or this is a personnel issue, if we can take a step back and assume, my employees want to do a good job, and assuming they're good, competent employees—that's why we hired them—what can we look at?

How can we reframe this to see, is there an issue in our system that may have contributed to this error, or to this problem, or to the safety concern?

So, it can go all the way from leadership down to us having a conversation with our team for the day about how we're dividing patients and looking at it. Say you've got a coworker who doesn't want to work with—I think in episode one it was—

Ms. Jones, who's been especially difficult. Poor Mr. and Mrs. So instead of assuming our coworker is lazy or never wanting to take responsibility, perhaps we can give them the benefit of the doubt.

Maybe there's some counter-transference with this patient, or maybe it's their fourth 12-hour shift in a row, and really, they don't feel that they're in a good spot to provide the best care for this patient. Maybe we need to look at our system for assigning this person. Maybe we need to kind of rotate care so that we're all sharing in the patient outcome.

PIERCE: And not burning out on that. I mean, because it is true—I mean, you do have difficult patients. I'm not trying to say that we don't, but a lot of times the difficulties that get passed along limit how often people will go in the room to help them, or how sincere they are about whether or not the patient actually wanted some pain medicine. It definitely affects patient care.

RAMEY: Well, and it also affects the patient's perception of the competence and compassion of the staff, which then in turn affects how the patient interacts with the staff, which then makes it more difficult for the staff.

So, it really just sort of spirals and makes the problem bigger than it started out because of the negativity, the assumptions, and just kind of passing that along.

PIERCE: Absolutely. And you usually see a nurse or two where they get along really well with the difficult patient. And now it makes me wonder—I just want to think back, I want to research it now—were those the ones that had positive thinking? Maybe that was just built into their personalities.

RAMEY: I mean, absolutely, it may have been, or they may just be good at giving the benefit of the doubt. Or perhaps that patient reminded them of someone that they have compassion toward, and they were able to kind of reframe the patient's needs with some empathy. Empathy plays a big role in that positive regard for people.

PIERCE: And I'll be honest, positive thinking is not built in automatically to my personality. You know, like, that is something that I have to work on every day—reframing my thought process, reframing my perceptions of circumstances and people.

And I don't know—I mean, is positive thinking built into people's personalities, or is it really something that is learned?

PIERCE: Or is it something that is learned where we automatically jump to the negative thoughts and negative self-talk, which then, you know, we outwardly bring that forward?

RAMEY: That's a good question. And I would suggest, as with anything sort of mental health-related, it can be both, right? Our personalities are somewhat innate. We are, to some degree, born with certain personality traits, but our environment and our upbringing certainly shape that.

So, if you grew up with parents or guardians who were just unbelievably positive and empathetic and believed the best about other people, to some degree, it will be unavoidable for you to at least receive that mental framework.

Now, whether or not you choose to use it—that's your choice, of course—but it's there. So, you'll have that modeled for you, and it will be present.

But it can be learned. So even if you didn't grow up with it modeled, it doesn't make you a lost cause. It can still be nurtured and developed, and we can work it to be more natural for us.

I do think, though, for many of us, we are better at seeing other people's concerns or situations and being able to kind of work through that framework than our own.

So, sometimes when I'm working with a patient, I may say, Well, what advice would you give your friend or your loved one if they were experiencing or walking through what you're walking through?

And oftentimes, our insight is really better when we've removed it from our personal situation, and we're able to be more objective. And so, this is no exception. It's harder to see things clearly when it's our personal situation than it is if someone else were describing it to us.

PIERCE: It's that tunnel vision where we can only see what is in front of us versus taking a step out of the situation and looking at it from a broader perspective.

RAMEY: And taking some emotion out of it. There's usually a lot of emotion when it's us personally, yes.

PIERCE: That's why I don't respond to negative emails after I write them. I let them sit in my inbox for about 24 hours before I respond. Yeah, do I really—do I really? Do I really want to say that, or do I just want to let it go, you know? So yeah, that's definitely a practice I picked up, you know, especially teaching, because you get a lot of snippy little comments that—

RAMEY: Okay, before you hit send, I just delete, delete, delete.

PIERCE: And so, I just learned, you know what, I'm going to let that sit there for a while, and then I will come back to it when my feelings have simmered down, and I'm more objective and not emotional.

RAMEY: Yes. Yes. And again, that's where teamwork can come in. I do a lot of team teaching. And if it's, you know, a student where there may have been a few more negative interactions, the ability to be self-aware enough to recognize I might not be the best faculty member to respond to this email and working with your team—without just passing on negativity—but saying, Look, I want to make sure we're being positive and supportive for this student. I'm not maybe in the best place for that right now.

Same with our patients. We're not always the best person to provide care if we can recognize some counter-transference or maybe we are getting more frustrated with them. If we're noticing a change in our behavior that sort of cues us to there being some issues there, then maybe we work with our team. We pick up some area for them, and we allow them to provide the best possible care for that patient or for that student.

Because we're not perfect—we are people. And we are not checking our personal life at the door. That's not possible. So, we need to be able to work with that while still having the best outcome for other people in mind and still having a positive mental framework.

But again, it's not sticking our head in the sand, and it's not lacking self-awareness and pretending everything is great: I am unaffected. I am positive. That's not it. It's, how can we approach this and find a solution that's beneficial? So, it's a positive framework. It's not denial.

PIERCE: Because we are still affected. It still hurts, or it still makes us upset, but it's giving ourselves time. Sometimes I do find myself sticking my head in the sand for a moment. It's almost liked its time to think through and understand the situation and just giving myself a moment to step away. Maybe that's not really sticking my head in the sand, but it's… because I'm not… yes.

RAMEY: Sure. That's not— not at all, not at all. That's a pause so that you don't respond emotionally, and that's okay. As long as you're coming back, yes. Sleep on it, right? That's—yes.

That's actually—that's a sidebar, but that's really, really good advice for someone who might be struggling more with a positive mental framework. Many of us struggle more when we're tired.

PIERCE: It's a pause to my pillow. Yes, I'm going to pause to the pillow.

RAMEY: Exactly. So, I was having this conversation with my middle son just the other day. He was really feeling it. He was really feeling very negative, very sad. He was viewing a situation a little bit unreasonably. And so, I encouraged him to sleep on it. I gave him a little bit of fact-checking: I'm not sure what you're thinking is true. I'm not sure we have all the evidence we need to come to that conclusion, but I think you're also really tired. And of course, all our kids say, I'm not tired, right? I said, maybe you're not, maybe you're not, but every decision is a little easier when we're not tired. So, let's go to sleep. Let's think on it. When we get up in the morning, let's revisit it. Well, of course, lo and behold, the next morning: I think it was probably okay. I might've been overreacting.

So, if you are really struggling, don't make big decisions late at night. Don't send emails when you're tired. Don't, you know, don't—in relationships—don't break up at 10 p.m. Just wait. Sleep on it, exactly. Sleep on it. Let's revisit it when you're clearer, you're a little more rested, and generally more positive, truly.

PIERCE: And that really leads into my next question that I have for you: How can mindfulness and meditation contribute to positive thinking?

RAMEY: Right, yes. So, it's almost like what you just said when you kind of take a pause. Part of mindfulness and being mindful is a pause, and it's not allowing our emotions or the situation or the stressor to kind of overtake our organized, logical approach to thinking, right? It's a pause: Let me take stock of what I'm feeling. Why am I responding this way? What was it about the email that now has my heart racing a little bit? Why am I feeling anger toward this person I don't really even maybe know that well, or this patient that I understand is clearly ill? Why am I feeling this way? What is going on? So, mindfulness allows us to take a pause, take stock of what we're thinking and feeling, and address it if there's something that needs to be addressed.

Maybe they remind you of something or someone, or maybe it's not even about them. Maybe we're actually just still frustrated about something else that's going on over here, but that's caused a lower frustration tolerance, and now it's bubbling up over here. So, okay, well, let's acknowledge that. And then let's go back and revisit the situation. What is actually going on? What does this patient need? Or what is the issue in my team setting that we need to address? Okay, so positive regard for the people I'm working with: Assuming we all have the best of intentions, what's the next best logical step? So, mindfulness is kind of the root for all of that—for all of the positive thinking. It takes place in that space where we have allowed ourselves to pause and be mindful of the situation. So, it's really like the space or the box or the room in which the positive thinking can happen. It requires us to be mindful to even begin thinking in that way and reframing, and it gives us the space to do that.

PIERCE: I really like that you gave mindfulness the term pause because my husband will say, you can't put your head in the sand. You know, he's like, that's what you do—you put your head in the sand. And I can be like, I'm just taking a pause.

RAMEY: It's just a pause. I'm taking a pause so that we don't have to hit stop. I'm just taking a pause. A pause can be much better than fast forward, reverse, or stop. Yes, just taking a pause.

PIERCE: Right? Or making that wrong decision or that wrong interpretation. A pause gives you a moment to really rethink what happened or what you're feeling. Is that true? Most of the time, what I'm feeling is not true. I mean, sometimes it is, but most of the time it's because you've had things compounding one on top of the other. And then you have that extreme feeling, like what you're talking about, that's probably not true of that particular situation. It's just because you've been bombarded by so many situations.

RAMEY: Sure, yeah. Or it may be that our emotions sometimes run on very little information. I would say they're ill-informed. So, we want to inform our emotions of what the actual facts or evidence are, and then we can process it a little more logically. Sometimes our emotions mean well, they just don't have all the information.

PIERCE: Right, they're usually wrong in the moment until you have all of the information. Maybe it's the brain's way of trying to protect you, but it's jumping ahead probably five steps further than it needs to. But that's good. I really like the concept of a pause. That is so, so good.

RAMEY: It's a pause. And, you know, you might even tell someone, I'm not sticking my head in the sand. This is important to me, or this situation is important to me, so I'm taking a pause to ensure I'm very intentional with my next steps. A little reframing can go a long way.

PIERCE: That's really good too—being intentional. Yes, instead of reactive, you're being intentional. And I think positive thinking, when you're trying to reframe, helps you be more intentional rather than reactive. Would you agree?

RAMEY: Absolutely, absolutely. And in a more constructive way as well.

PIERCE: Earlier, we touched on negative thoughts and self-talk that many of us struggle with, often stemming from our upbringing or environment. What are some strategies for overcoming those negative patterns so we can better embrace positive thinking?

RAMEY: Absolutely. First, I'm a big supporter of therapy. If you find that you're struggling more than what's typical or if your challenges are compounded by depression, anxiety, or other factors that make it harder to maintain a positive mental framework or logical thought processes, I highly recommend therapy.

You might consider therapies like DBT (Dialectical Behavior Therapy), CBT (Cognitive Behavioral Therapy), or even problem-focused therapy. Therapy can be very helpful in reframing how you view people and the world around you, especially if what you're dealing with feels outside of the norm.

PIERCE: How do we know if it's outside the norm?

RAMEY: Great question. Not every problem or disorder requires treatment. We look at the degree of impairment and the severity of symptoms. For instance, if you're struggling significantly in personal relationships, finding it hard to maintain positive regard for others, or having trouble connecting with colleagues, and these issues are causing problems in multiple areas of your life, then therapy might be beneficial.

However, if it's more of an occasional challenge—a little struggle here, a tough day there—that's part of being human. We're all doing our best, and bad days happen. But if it's causing significant impairment across different roles, therapy is a great place to start.

For more typical struggles, I love the concept of fact-checking. It's a simple and effective therapy technique to combat automatic negative thoughts. For example, your initial thought after reading an email might be, she hates me and doesn't like any of my ideas. This isn't going to work at all because she's not even trying. And then you start to spiral.

But what if the email just had a period instead of an exclamation mark? It's often more about our perception than what the other person said or intended. Fact-checking allows us to step back and examine the evidence.

PIERCE: It's true—our insecurities tend to drive those thoughts.

RAMEY: Exactly. So, when we're confronted with those automatic negative thoughts, we pause and ask, What's my evidence? What supports this assumption I'm making?

For instance, you go back to the email. Okay, she didn't actually say she hated me. So, there's that. If there's no evidence to support the thought, you discard it.

Sometimes we're good at fact-checking ourselves, but other times we might need a trusted person to help. For example, you could say, Hey, honey, can you read this email? Does she hate me? And then your partner reads it and says, what are you talking about? That's not in there.

Fact-checking is simple but incredibly effective. The more we practice it, the better we become at catching ourselves quickly. Wait a minute—I don't actually know how this person feels about me. Maybe I'm tired, or maybe I had an uncomfortable interaction earlier that I'm bringing into this situation.

Take the email for what it is, respond appropriately, and move forward. Fact-checking is my go-to strategy, hands down.

PIERCE: Now, when it comes to positive thinking in our patient interactions, how does it enhance both our interactions and the outcomes?

RAMEY: Absolutely. Sort of as in the example we mentioned earlier, if we think negatively about the patient, we may find that we start avoiding the patient a little bit, or maybe our body language gives off the vibe of, I'm here bringing you your medicine, but I don't want to be here.

It would be silly to think our patients are not picking up on that. When they do, they may underreport or not communicate their concerns or pain, leading to worsening outcomes. So, there are both direct and indirect consequences.

Similarly, with a student, if we're working with a student and they feel like we're not approachable, they're not going to come to us with concerns. They may even appeal the entire process and go over our head. Either way, they won't feel comfortable approaching us, which erodes trust.

When trust breaks down, we can no longer work together effectively as a team. Patients won't tell us what they need, and we'll be less receptive and observant in monitoring their needs or concerns. Ultimately, this leads to decreased outcomes for everyone involved.

PIERCE: I will say that we are representatives of not only our unit but also our hospital, organization, and profession. When we erode the trust of a patient, that mistrust doesn't just stop with us—it extends to the unit, the hospital, and eventually the profession itself.

That patient might not even seek further care because they think, Healthcare workers don't care about me. It's terrible. I can't trust them. Unfortunately, we carry that heavy responsibility. Every time we walk into a patient's room, we represent not just ourselves but all the people and organizations we're connected to.

RAMEY: Absolutely, absolutely. And nurses are the most trusted healthcare professionals. We don't want to trade that in—we earned it. Rightfully so.

I read an article a couple of years ago that discussed how physicians, on average, are judged based on their individual behavior. If one physician acts inappropriately, it's attributed to that physician alone. But with nurses, when one nurse acts inappropriately or commits a crime, the entire profession tends to be excused or forgiven.

In other words, we carry the weight of our profession differently than other healthcare providers. It's a unique responsibility, and it makes our actions all the more significant.

PIERCE: Absolutely. So, as we're running out of time, we've talked about what positive thinking is and strategies for positive thinking. What do you want listeners to take away from this series as we close?

RAMEY: I think I would summarize some of what we've talked about like this: we're not talking about toxic positivity. This isn't about sticking our heads in the sand and pretending everything is okay.

Instead, we're talking about choosing to believe the best about other people and viewing problems from a systematic or systems-based approach rather than thinking, this individual is flawed or Something's wrong with this person.

It’s about taking a pause, giving yourself time to reflect on what you’re bringing to the situation, and then reframing the problem with a solution-focused approach: How can we make this better?

Using that framework allows us to focus on constructive solutions and maintain a positive mental outlook. That’s my main takeaway. What about you?

PIERCE: I have a lot of takeaways. I always learn so much whenever you’re here. Thank you for sitting with us and helping us understand positive thinking.

Some of my key takeaways from this discussion are that the research is clear: cultivating a positive mindset leads to improved patient outcomes, stronger therapeutic alliances, and reduced burnout rates within our profession.

Beyond the statistics, we’ve also witnessed the human impact—a renewed sense of purpose in our work, deeper connections with our patients and coworkers, and enhanced resilience when facing clinical challenges. I’ve used the term resilience a lot today because it’s such an important concept.

I also want to emphasize again that embracing positive thinking doesn’t mean ignoring difficulties or maintaining unrealistic optimism. Instead, it’s about developing a balanced, resilient perspective that serves both us and our patients better.

It’s really about nurturing our own positive mindset so that we become better equipped to guide others toward healing and growth. What do you think?

RAMEY: I couldn’t have said it better myself. That was beautifully stated—amazing. You crushed it.

PIERCE: Thanks! I was trying to bring it all together. To our listeners, I encourage you to revisit these episodes whenever you need inspiration, practical guidance, or even just a few laughs because we had some of those today too.

The tools and strategies that Erica has discussed are invaluable for maintaining resilience and effectiveness in your practice. Your mindset matters—not just for you but for every life you have the privilege to touch in your work.

RAMEY: I like that word—privilege. That was the gratitude shining through. Well done. Good modeling.

PIERCE: Thank you so much, Erica, for spending time with us. I love your willingness to educate and encourage other healthcare professionals. Positive thinking can be a struggle to learn, but it’s so worth it when it becomes a habit.

RAMEY: Absolutely. Thanks for having me.

PIERCE: To our listeners, I encourage you to explore the many courses available on www.elitelearning.com to help you grow in your careers and earn your CEs.