



## Podcast Transcript

### **Nursing Personality Traits: Thriving in Diverse Nursing Specialties**

**Guest: Erica S. Ramey, DNP, PMHNP-BC**

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: PIERCE: 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: Nursing Personality Traits: Thriving in Diverse Nursing Specialties**

#### **Transcript**

Candace Pierce: This is Dr. Candice 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. In this two-episode series, Dr. Erica Ramey and I are going to be exploring how different personality traits, characteristics, and personal styles can potentially influence your fit within various nursing specialties. Dr. Ramey, do you want to share a little about yourself before we get started?

Erica Ramey: Sure, I'd love to. I have been in the mental health nursing field for about 17 years. I'm a psychiatric mental health nurse practitioner in a private practice and an associate professor of nursing. So, I teach psych nurse practitioners as well. I love nursing. My experience

is in the hospital setting and then now more recently in the outpatient setting. So, this is a fun topic. I'm excited to talk about this with you today.

PIERCE: For sure. Thank you for joining us for this fun topic. I will say though, that between these two episodes, we're going to discuss some core personality traits and how those traits might align with some certain areas of nursing, be it the compassionate caregiver to the analytic problem solver. We're just going to really try to uncover some of those unique traits that are valuable to the healthcare setting. And then hopefully in episode two, we'll get to take it a step further by kind of matching some of these traits to different nursing specialties and really just offer some self-awareness that can kind of guide you in finding your specialty and kind of guide you in finding your fit wherever your personality will enhance your career satisfaction and performance. But Erica, before we dive into this topic, I really thought we should give a quick disclaimer. So, while certain traits, you know, we know they are going to lend themselves better to specific specialties, this absolutely does not mean that someone cannot be successful in any area of nursing. You know, every nurse is going to bring a unique blend of skills and perspectives that can be really valuable in any specialty. So, anything you want to add to our disclaimer?

RAMEY: I'm so glad you said that. So, some of this that we'll discuss is a little bit anecdotal or soft psychology, if you will, soft science. And I agree, I would add to that, that if you find an area of nursing that is a good fit for your personality type and your preferences, you may thrive better than if you're trying to fit yourself into an area that maybe isn't as much of a natural fit. But that said, especially with our current nursing shortage, you can work where you want to work, right? And there's certainly, we'll talk more later, but there are certainly things that you can do to grow skills or traits that you already have if that's what you desire to do. So yes, thank you for saying.

PIERCE: Absolutely. I just thought it was really important. We threw that out there and okay, let's have some fun talking about some personality traits. So, I want to start with what are some of those core personality traits that can help nurses succeed across different specialty areas?

RAMEY: Right, so there are some traits that are beneficial no matter what area of nursing you find yourself in. And any role that is direct care or patient-facing, I would start with empathy and compassion. Those traits really go a long way when we're working directly with patients. So those are essential. I would absolutely say being able to put yourself in the patient's shoes, so to speak. Remind yourself that even though this is work and you're used to it, and you know what to expect and you're kind of clocking in, to the person in the bed, this is often life-changing or certainly not what they would choose to be doing and they don't have as much control or say over what's going on in their life right now. There's a lot of anxiety that they could be experiencing. So even though we're clocking in and it's business as usual, the ability to take a step back and empathize with your patient and remind yourself that this is quite a traumatic experience for them, no matter the area of nursing that you're in. I think that that goes a long way with our patients. So, I would start with that. I would start with empathy and

compassion. And those are oftentimes what we think of, I think when we think of a nurse, we think of, well, they're compassionate. They just really want to help people. And that's great. But the next step I would say would be a lot of flexibility and adaptability. Because we know things go sideways very quickly, no matter what area of nursing you're in. And so, we really are kind of masters of the art of the workaround. So, I mean, we know what that's like, right?

PIERCE: Yes. For sure. You know, thinking on your feet, trying to solve problems, so being a problem solver. But I was also thinking about the ability to compartmentalize. But I also see that as a double-edged sword too. I feel like when we clock in, we have to be able to kind of set aside what's going on in our life in order to focus on and be present for our patients. At the same time, I see that also feeding into some of that burnout.

RAMEY: Right, right, and it's not entirely possible. So, the expression to kind of leave that at home or leave that at the door, just like when we leave work, we can't necessarily just leave our work experience at the door when we walk in our home. We don't leave our home and who we are and what we're experiencing at the door when we clock in for work. Now we do want to try to keep it from impairing what we're doing. And if a nurse is finding that to be difficult, then self-care, maybe therapy, there's some work that will have to happen kind of off the clock to help with that. But we are who we are because of what we experience. So, a lot of that can be very positive in your nursing role. In fact, we were just talking about empathy and compassion. Experiences that are similar are very helpful for us to empathize with our patients. And if especially in, well, we'll go into specialties later, but I know in mental health, being able to empathize with people who are experiencing a struggle is sometimes easier for people who've experienced a similar struggle. So, it's a balance kind of as you alluded to, we do want to make sure that it's not affecting our professionalism or our ability to provide high-quality care, but we don't just, we're not robots. We don't want to check who we are in our experiences at the door. We just want to make sure that there's a good balance between bringing it in and being true to who we are, but then also making sure that it's not negatively impacting the care that we provide. So, it's a little bit of a dance, absolutely.

PIERCE: Absolutely. And then also not, yes, we have to be empathetic, you know, kind of look at it from their perspective and their shoes, but we also need to not carry their load, so to say.

RAMEY: Right, right. Yes, you're nodding like, okay, just expand on that a little bit. Yes, that's really hard to do. And that's part of why some specialty areas are better suited for some people than others. If you're a very empathetic person and you just kind of have a bleeding heart, so to speak, it's going to be more difficult for you to really have that balance there and to compartmentalize mentalize as we mentioned. And you might notice that you bring home the work more than the average nurse or that it's really starting to affect how you can connect with your family or your friends outside of work. And I would say we really have to be careful of that because that does lead to burnout, and it leads to emotional exhaustion. And so sometimes that's a good sign that maybe we need to consider a different area of nursing. But then other times we can just take that, and we can work in therapy, we can work on being self-aware, recognizing what we're noticing, and then kind of setting boundaries around some of

the aspects of our role. But that is challenging. That is one of those things that really is easier said than done, but it's not sustainable long-term. So, we want to be mindful of that and try to catch that if we notice that happening in ourselves.

PIERCE: So, then that leads into how important are the traits like resilience and you mentioned adaptability, but also like emotional intelligence for nurses?

RAMEY: Yes, so emotional intelligence is, that's probably sort of the catch-all term there. So, your ability to kind of read the situation, understand the feelings and motivations of the people around you, will make you more successful no matter what area of nursing or really what area of anything you're working in. So that is very important and that's a skill that can be developed. So, if you, you know, there's a lot of online emotional intelligence kind of questionnaires you can do, and if you find that that's a skill area that you're lacking in, there are many resources for helping you develop emotional intelligence. So, I would want to encourage anyone who wants to grow in that area to seek out the resources for that. It will benefit you in every area of life to be more emotionally intelligent. So, I'm glad you brought that up. But also, we know that we come in, we clock in, and then we immediately find out we're out of this supply or we're one or two nurses short of what we were expecting to optimally take care of our patients. Or we had to shut down these rooms because something happened. And so, the ability to kind of accept that and adapt to that is very important. But Candice, I want to mention, it doesn't mean we just as a profession are okay with being run over, right? It doesn't mean that we don't demand better resources and better staffing. We do, because we do, but we know that in the moment, the top priority is going to be providing the best care for our patients despite that. And then, you know, on our off time, we're going to be advocating for change and safe, high-quality care.

PIERCE: Yes. And policy advocating for policies, you know, advocating for not that long ago, I was able to speak with, it was a lieutenant governor currently sitting who is a nurse. I think we've only had two lieutenant governors who have been nurses, but being able to learn how to use our voice and the knowledge because we don't realize how much knowledge that you have as a nurse to really start pushing change that leads to better staffing, better community for your home, but also within your profession and where you work. Like our voices, there are so many of us. If we would just learn how to use our voices, which is totally off-topic, but just, yes.

RAMEY: But important, because while I'm telling everybody, you know, be flexible and be adaptable and try to work well with others, it doesn't mean that we aren't doing what we need to do to make sure this isn't happening every time we clock in, but we do have to be present for our patients for that particular shift. So yes, that's a little sidebar there, but very important.

PIERCE: Yes, yes, for sure. Well, what role does creativity and critical thinking abilities play within various nursing roles?

RAMEY: So, the creativity is part of that helpful component for problem-solving when you are taking care of patients when you're having to figure out how to do without something that you need to handle something, or when you're having to creatively problem solve an issue with a colleague or a patient. I could think of a lot of examples, but they're probably in poor taste for this particular podcast. But we're doing the best we can with what we have and that does require creativity and kind of on-the-spot thinking, and critical thinking with my students, I really like to stress that in addition to the emotional intelligence, critical thinking is one of the most important skills that I would like for them to develop for their role because you will be making very quick on the spot decisions that have the potential to significantly change and impact an outcome for a patient. So being able to just kind of take a step back very quickly, take a snapshot of the situation, and then decide what the next best step is, is so very important. There's some conflicting research on if you can improve critical thinking. I lean in the camp that says, yes, you can, that it is a practice, exercised approach to thinking, a learned skill. So, if it is not in your skillset, I would encourage you to, again, seek resources and some training in that area because it's very important. Your patient's outcomes often depend on how quickly you're making an assessment and thinking and then getting in touch with the provider and either, requesting an order change or just letting them know, hey, I've got some concerns here. This doesn't look right or feel right or seem right. It can be life-changing for the person that you're taking care of.

PIERCE: Absolutely. Yes. And I'll say for being an educator myself is I feel like as we are in our roles as nurses, we gain more ability within our clinical reasoning and our critical thinking skills, you know, so taking the time to learn from yourself. It doesn't matter if you've been in a role for five years, three years, or 20 years. There's always something that you can learn from situations that will help to continue to grow that skill of clinical reasoning, critical thinking, however we want to call it these days. So, they all really play in together.

RAMEY: And all experience can be beneficial for developing the critical thinking skills. So not just nursing. So sometimes I'm working with a new grad, but they've been in the workforce in some capacity for 20-plus years. So, I like to remind them that you're not just bringing in critical thinking from nursing that you're kind of a novice with, you're bringing in critical thinking from what you used to do as well. So, the skill's already there, we just need to adapt it to this setting where you're less confident because you have a little less experience. But you're actually very skilled at thinking the way that you need to think. We just need to help you remember you already have the skill; we're just translating it to healthcare. And sometimes that's helpful for people because especially for a new grad you feel sometimes a little bit out of your element and maybe overwhelmed and like, did I learn everything I was supposed to learn in nursing school? And should I be doing this? They're just going to let me take care of people. So, remembering you have in many cases those skills already. We're just helping you apply them to a new setting, to a new population.

PIERCE: Absolutely, that's so good too. So, I always use the driving like when you're driving, you're actually critically thinking like what is that guy going to do? What's that guy? Yes, hopefully, your defensive driving, you know, like what's that person going to do in front of me.

And what am I going to do when they do that? Like maybe you don't even realize that you're doing that because for a lot of us, we've been driving for so long now that it all is just kind of natural. So, it'll just kind of just kind of flows. But when absolutely.

RAMEY: Absolutely, hopefully. Right. Flowing from muscle memory, yes? But not for a 16-year-old.

PIERCE: No, no, no. When you were talking about creativity, though, I was thinking that it connects so well to flexibility. Those two go so well together because you are looking at, you know, what do I have that I can now achieve whatever this task is that I'm trying to achieve? And then it plays into that flexibility of using the tools that we have. So, when you were really hitting on creativity, my mind immediately went to, you would probably have to have some flexibility in order to use creativity.

RAMEY: Absolutely. Well, creativity requires some flexibility. Because if you're not flexible, you really, you're not seeing outside of the box. You're not being very creative. It's just kind of a rigid mindset. No, this is the way we've always done it. This is how we have to do it. Instead of thinking, well, we can't do it that way because we don't have what we need to do it that way. So, let's be flexible, let's think outside the box. Let's be creative. So, I think the two sort of require each other there. If you're not flexible, you're not likely to be very creative in your thinking at all. That's a good point.

PIERCE: Absolutely. It's looking at, I know just the other day I was talking to someone, and they were like, how can we go from "yes, but" to "yes, and" creativity and flexibility?

RAMEY: Exactly. Well, and because your goal there is different. You have, it's a totally different mindset, right? So instead of looking at all the ways this could go wrong, we have to think of all the ways this could go right. What might work here? So, it's a shift in your framework there and how you're approaching things easier said than done.

PIERCE: Yes, yes, it is. The learned skill, that's a learned skill too, I think. So how can strong communication and interpersonal skills really benefit nurses in any specialty?

RAMEY: Well, aside from potentially saving someone's life, we're just going to gloss over that, right. But I think every area of nursing benefits from clear, strong communication skills, whether you're at the bedside or management, let's just say administration, IT, any area of nursing, nursing research, the clearer we communicate, the less conflict we'll have in our work environment the less room for misunderstandings, discrepancies, the less wasted time in doing what is best for the patient or the unit or the department or the student as it may be. There's, there again, there's a lot of resources for improving how we approach conflict and improving how we communicate with other people. There is sometimes a tendency to soften or kind of beat around the bush sometimes in nursing care environments because we don't want to hurt people's feelings or we don't want to create conflict. And that's okay as long as we can still

have timely, clear, direct communication. You know, a code setting, for example, is not a good time to be like, is that okay? Does that make sense? Am I saying that the right way? Of course, we would never do that. We would get very clear, very firm, you can't misunderstand me kind of directions in a code because it's essential and someone's life is depending on it. So, if we could take that same communication and use that with our coworkers where we're being clear and we're direct and we're closing the loop and making sure everybody understands each other, that results in better, quicker, more efficient outcomes in every other setting as well. We just tend to especially, you know, I'm from the South, we tend to soften and kind of, you know, make it flowery. And then sometimes our meaning gets lost in that. It's just in the garden somewhere out there. And sometimes that works against us as a profession as well, because sometimes it leads us to be viewed as maybe less intelligent or maybe less suited for leadership which of course is absolutely not the case, but we do sometimes struggle as a profession with being as direct at the table as compared to some of our other healthcare colleagues.

PIERCE: Well, but then you have the opposite of that where it's, if I come in and I'm very direct, I'm seen as being hard to work with or, you know, so how do you kind of work around, is there a middle ground?

RAMEY: Sure, yes, you keep it about the facts, right? So, we can't help how we're perceived by everyone all the time, but we can make sure that the language we're choosing isn't personal. So, we're never coming after another person. Well, when she's this or she's that, we're coming in and saying, you know, what I'm noticing is this is happening and then X, Y, Z, these things seem to happen. So, we're keeping it about the situation, we're keeping it about the concern, and we're not making it about another person. And that can be very helpful because at the end of the day when you've kind of gotten down to the nuts and bolts of the situation, you have facts that you're looking at and you're not looking at people as the problem. Same thing when we're doing quality improvement in healthcare, right? So, we could say, well, the nurse made a medication error. It's really, this is an issue with that nurse. Or we could look at it as, well, what was the system in place that contributed to a person making an error? Because people make errors. So instead of focusing on disciplining the person who made the error, what can we do to keep the next nurse from being in a similar situation? Where did we go wrong in the system? So that can be helpful a little bit. You're never going to be able to word something just such that no one is upset by it. That's just not possible because we're all bringing in our experiences and our backgrounds and different things offend us, and we can't always account for that for everyone. But we can try to make it about the situation and factual so that it's clear we have the same goal here. We're trying to all reach the same goal. And it's not about what you did or what I did. It's about how can we make this situation and this system better for our patients.

PIERCE: That is so good. I love that you shared that because one of the other things that I was looking at with interpersonal skills is that a lot of times we don't listen well. We listen to respond. We listen to it in our head. I'm thinking like, what's Erica talking about? Now, what am I going to say next? Rather than focusing on what the person is telling us so that we

understand what they're saying so I think that's also a really good interpersonal skill that I know I have to work on that a lot. I have to be like mindful to be like, I need to listen, listen. That way I'm not perceiving something that isn't there or perceiving something that is incorrect and miscommunicating with my patient, or my student, or the physician.

RAMEY: Yes, that's a good point. And this may be my mental health background here, so I won't make any assumptions, but generally people can tell when you're listening because you want to hear them, and you want to understand what they're talking about versus when you're listening and just preparing for what you can say next. And I had this conversation with my son. I have a teenager yesterday when he was talking with his girlfriend and her mama, like, shh, shh, shh little pat on the arm, just listen, listen to what she's trying to tell you. He was just excited. But we do that a lot, you know, we kind of assume we know what they're about to say and maybe we're right or maybe we're way off mark, but either way we're not listening if we're thinking about what we're saying next. But again, that's a skill, a teachable skill that can be improved. We can all improve our listening skills. It sounds cheesy saying it out loud, but we really can be better listeners. Yes, that's a good point.

PIERCE: Yes. Mm hmm. Yes. And I think that that's also self-reflection for, you know, I have to reflect and be like, am I doing this? And it's funny, you mentioned that you were talking to your teenage son, because I have a teenage daughter and I've been teaching her the same thing. Like you need to hear what we're saying. Listen, listen, there's different versions of listen. All right. So, moving back to compassionate empathy are these innate or are these learned? Can they be grown and developed?

RAMEY: That is also a controversial question because you will find some literature that suggests that in some ways these are innate skills, but I have seen people who did not feel that they were naturally empathetic be able to develop empathy and to practice at least expressing empathy and then sometimes the feelings come later. So sometimes we learn the action, practice the action and then it comes later. And then of course there are some mental health concerns that make empathy for others or compassion for others either more difficult or in some cases absent. And in those cases, especially, working on practicing the action can be especially helpful. And hopefully, the feeling comes later, sometimes it doesn't, but it's still beneficial socially to practice behaving as though you have compassion or empathy. That's an extreme case. Most of us certainly have the ability for empathy and the ability for compassion. I do think it does come more naturally for some people than others, but in most of us that can be nurtured and developed and practiced, even if it's maybe not a strong area for us.

PIERCE: That's good to know. So, looking at personality factors, what personality factors might make someone better suited for a fast-paced high-acuity area versus like a primary care area?

RAMEY: Good question. So, if you want to work in one of those fast-paced, high-acuity areas, you need to really like a little bit of stress. So maybe be someone who thrives best when you're very active. So, you've got a good level of energy. You like being challenged. You like making those quick decisions as we were discussing earlier. And then you have a pretty good stress



tolerance. So, your ability to kind of manage being, you know, slightly elevated with your stress for an extended period of time, that might be a good fit for you. If you get bored easily, for example.

PIERCE: Usually, long periods of time I think is the key there. Can you handle stress for a 12-hour shift?

RAMEY: Right, right. Yes, yes, so with primary care, that's a little more, a little bit slower pace, but you do need to have really great attention to detail. So, someone who's a little more detail-oriented, who maybe likes building longer-term relationships with your patients because you'll be seeing them again and again and again. And then primary care those relationships actually help impact your patient's care over time because they learn you, and they build rapport and then they trust you. So, you have an opportunity to influence their daily health care and health promotion activities. So that's really great for people who like to build those relationships and pay attention to what's going on with people and are more detail oriented.

PIERCE: Absolutely. Those are good things to think about. So, what about detail-oriented versus seeing that big picture?

RAMEY: So, there are times when detail is really important. So big picture is really good for visioning and planning, and I would say leadership and administration and quality improvement in the healthcare setting. It's very important to see the big picture. But then also in day-to-day point of care, it's really great when you are detail-oriented and you're making sure we really did get them turned every two hours and you're making sure that that wound care really was done exactly how it needed to be done from a legality standpoint. It's great if you're detail-oriented in your documentation. You know, we're making sure we're documenting what happened and we're documenting it well. So, we need both. We do. We need both. But depending on the particular task or goal, one might be more important than the other. But it's most important that we have both on every healthcare team, there's a place for everyone.

PIERCE: Yes, there is. Our profession is so big, and we have so many different things that you can do and places you can work, things that I didn't even know we had that I'm just learning about here and there. So, there's definitely a place for everybody and every personality within our profession. But we've come to the end of our time for episode one. I know it went by so fast, so fast. Hopefully to our listeners, if you are new to the nursing workforce and you're just kind of trying to find a place where you fit in, or maybe you're an experienced nurse who's deciding if you want to try something new, I hope that this discussion on core personality traits has kind of given you some food for thought and a deeper understanding of how your unique characteristics can shine in the world of nursing. So overall, this is all about self-awareness and finding a specialty where you can thrive. But again, I do want to stress that it's important to keep in mind that nursing is multifaceted and it's personal and you have a unique blend of skills and traits that really can be an asset into any area that you choose to go into. So, join

Erica and me for episode two where we're going to try to connect some dots between personalities and specific nursing specialties.

## Episode 2: Nursing Personality Traits: Thriving in Diverse Nursing Specialties

### Transcript

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PIERCE: Pierce: This is Dr. Candice Pierce, and you are listening to our Elite Learning Podcast where we share the most up-to-date education. Welcome back to our second episode of our series on how personality traits and personal styles can guide nurses in finding their ideal specialty. In the first episode, we explored the core personality traits that play a significant role in our profession. And in this episode, we're going to take that knowledge a step further by trying to match some of these traits to specific nursing specialties. So, whether you are detail oriented, empathetic, or thrive in high-pressure situations, we know that there's definitely a path that's just right for you. Dr. Erica Ramey is going to be continuing this discussion with me. Thank you for hanging out with me for episode two.

RAMEY: to be here. I love this topic.

PIERCE: It's definitely a fun topic. And I do want to again preface this episode like we did in episode one that while we are going to be discussing how different environments and roles can really complement your natural tendencies and strengths and probably will help you to find a specialty where you can excel and find satisfaction, I really do think it's important to reiterate that while some traits may naturally align with certain specialties, nursing is versatile and it's a dynamic field and you will have a unique combination of skills and traits that are really going to let you be successful in any area you choose. All right, so to kick us off and get us started, what personality traits really tend to fit well for nurses who are looking more towards like critical care, emergency, you know, more of those fast-paced trauma settings?

RAMEY: Absolutely. So, individuals who really like fast-paced, stressful, I'll go ahead and call it what it is, a little bit more stressful, so people who might consider themselves to be adrenaline junkies, like being challenged, who like thinking on their feet and making quick decisions, who really kind of enjoy not having a lot of time to sit down because you're kind of go, go, go. It does certainly make the shift go by faster. Places like the emergency room, critical care, or trauma would probably be more appealing for those individuals because you do stay busy. It is high-stress. You're thinking on your feet. You're moving quickly. Many people really thrive in that environment. So that might be the area for you if those qualities sound like you. And I will say, as you've mentioned at the start of this episode, anyone can work in any area. But if you're in an area like this and maybe that isn't you, that isn't your natural disposition, you might notice that you're feeling a little bit more burnout, or on your off days, you might feel a little more of a tendency to kind of check out a little bit. And that might be a sign that maybe the area you're in isn't the best natural fit, because it's taxing you a little bit more than you have to

give, whereas someone who maybe thrives in this area might enjoy that and then still have energy on their off days to kind of enjoy and engage in their life outside.

PIERCE: Absolutely. And I will say I do see some differences between critical care and your emergency trauma. Since my background is in critical care, I find that I'm more detail-oriented than my emergency room trauma friends, you know, I like to look at everything. I like to look at the whole picture and they're more like, no, I just want to figure out what their problem is and then send them up to you. So, I definitely see some different personality traits between these two. Do you want to kind of touch on those?

RAMEY: Goodness. Isn't that sort of just a running joke at this point, the report, giving a report between like say the ER and the ICU, and you know what's important to that ER nurse that they're communicating is oftentimes not at all what the ICU nurse is actually wanting to hear or what's important to the ICU nurse. Well, part of that is just the acuity and the nature of the unit with which they're working. So sometimes in the ER, the priority really will just be stabilized, right? Just put the fire out or stop the crisis. And then thinking beyond that, that they're going to leave to the floor nurses, right? They're going to leave it to the ICU nurse. Like, okay, no, no, we saved their life. Your job is to continue that process. You could figure out what's wrong from there. And that may be similar to a paramedic in the field too. The priorities are just a little bit different because of the role that they serve. And that's okay. We need both. We need them to be stabilized in the ER and then when they get to your unit, then you are detail-oriented, we can start looking at what's going on here, what's the underlying issue. But we can't do any of that if they didn't successfully make it out of the ER. So, we need both. We need both personality types. But to your point, each unit might be a better fit for a different personality type. And if you're not especially detail-oriented, then maybe it makes sense to be in a place where you can really hone an impressive quick-thinking skill set, stabilize, and then you're going to the next crisis, but you're making sure that patient gets taken care of by someone who is going to be a little more detail-oriented.

PIERCE: And you said next crisis. And so, a lot of times too, what I have seen is it's, in the ICU, you're going to have your patient for a little longer typically because if they're really that sick, you're going to be caring for them. It could be three days to three months or longer, so to say. And so, you're going to be seeing that, you're going to be, I don't want to say growing with that patient, but you're going to be going through whatever it is that that patient is going through along with their family for a longer period of time. Whereas in the emergency room, you never know, like you could see something different every hour or every couple of hours, but you're always going to, and when you come into work, typically you're not going to have the same patient. So, you don't really get to bond with them like you would in the critical care.

RAMEY: Absolutely. I would say, I mean, hopefully, you won't see the same patient in the ER. An exception might be if there's a bed shortage or something, and maybe sometimes patients get held a little bit longer, but that's not the function of the ER, right? It's supposed to be crisis stabilization and then onto the appropriate unit. Whereas, yes, in most other areas, we do expect to see our patient probably on our next shift and when we come back in. So, you're

building that relationship there, bonding a lot of times with your patients as well. Whereas sometimes in the ER, we may never see that patient again, you know, unless they have an issue that, you know, continues to bring them back in and a shortage of primary care providers. So, we serve different functions on different units, and that's part of why we're having this conversation. Those different units are better suited for some different personalities oftentimes.

PIERCE: So where does compassion and empathy fit in between your critical care and your trauma-based units?

RAMEY: That's a good question. So, in critical care, you naturally have a little bit more opportunity for compassion, and I'm calling it an opportunity because, you know, a nurse in both units can be just as compassionate, but in critical care and in any longer-term type of care, you have more opportunity to display that compassion. But in an emergency setting, sometimes compassion, while present, may not be as obvious because of the nature of the work that they're doing. But you can have empathy and compassion by doing things in an emergency setting like maintaining privacy and the dignity of the patient. That is compassionate care and that's certainly empathy. Keeping your patient safe, especially if like there's a domestic violence type issue in the emergency setting, kind of thinking on your feet, considering the social determinants of health that may be impacting why they're there, not being judgmental, not saying things that are judgmental about why that patient is in the emergency room or what happened. It may be true, and we may be thinking it, but it's not necessarily helpful, or certainly maybe not compassionate. So even in a crisis, we can be compassionate, even while we are providing fast-paced care in a stressful situation. It just is going to look a little different, right? But maintaining our patient's dignity in a crisis is compassionate and it is compassionate. So, it just looks a little different. Both units support both and there are opportunities for both. It's just how it's expressed might be a little bit different.

PIERCE: So that's good. I like that. So, looking at like personality traits specific for, say, pediatrics, geriatrics, OBGYN?

RAMEY: Yes, so pediatrics, we're working with kids, and that's what everybody thinks at first, but you're also working with families. So, it is wonderful if you're working in pediatrics to be someone who relates well with children, obviously. So, we're not forgetting these are brilliant, competent, critical thinking nurses, but they're still able to kind of get on the level of a younger child or an adolescent and sort of connect and be warmer and more approachable, but then also balance the needs of the family, which are oftentimes more complicated and more demanding than the needs of the patient, of the child. So, you're a little bit sometimes of a mediator, especially if it's a teen or an adolescent and or if there's some complex family dynamics. So, playfulness, certainly being able to relate to younger patients and be comforting, but then also there's a nuanced family dynamic skill set that's especially beneficial in pediatrics as well, I would say. In the OBGYN setting, certainly, empathetic, and supportive nurses are very beneficial. I would even say nurses who are skilled listeners and good at expressing

support in a way that the patient feels heard and validated. Sometimes in mental health, I mean, women's health, apologies, that's my habit, I'm mental health. Sometimes in women's health, especially, there's a little bit of a tendency to minimize or maybe overlook or not fully hear out our female patients. So, if you are working in women's health, just letting the patient feel like you hear them and you believe them and that you are listening and you're going to communicate. That can go a very long way in building rapport and getting them to buy in into their treatment plan. And of course, you do need some crisis management skills in the OBGYN setting as well, because hopefully everything goes well, but in many cases, things can go wrong, and it can happen very quickly. And then we've got two lives on the line or more. So being able to stay calm in a crisis is also very helpful in that setting as well.

PIERCE: Yes, I actually tried to start out in pediatrics. I thought I wanted to go to the NICU, and I found that I loved the kids. I worked at a children's hospital for like a semester and I loved the kids. But what I found difficult, which made me go to adult health over pediatrics was I had a lot of trouble hurting them.

RAMEY: That didn't go where I thought it was going to go! I thought you were going to say I loved the kids but the parents. But no, that's a good point, yes.

PIERCE: Well, I really struggled because they trusted me and I wanted, and you know, I got to play with them and, but to come in and have to start an IV on them or had to participate in a spinal tap one time, and I remember that, and just, I actually passed out in the middle of that. They were making the baby cry, and I really struggled personally with the relationship that I wanted to have with them as a nurse, but also being the person who had to hurt them in order for them to get better. So, I didn't line up well with pediatrics.

RAMEY: That's a very good point there. I'm thinking about taking my infant for her shots. And I love her arguably more than anyone, except maybe her dad, we might be tied. But knowing I love her and because I love her, I'm taking her and she's going to get these shots and it's going to be awful, and she's going to cry, and only having to do that every couple months or so. So thinking about being the nurse in there administering them and making babies cry all day, it wouldn't be for me, but I would think maybe on the receiving end of that, being the one that's also coming in and building those relationships and helping them get better, we all know nurses can be really life-changing, and many people who go into nursing do so because as a child, they needed medical attention and they had a great nurse. And we see that a lot. So clearly there's a strong impact there. But I would say if you're in pediatrics, it's because you love what you do if you stay there certainly. So that's a good point. No, I didn't think that's what you were going to say.

PIERCE: No, I mean, in that short time that I worked in pediatrics, I was touched by more of those patients than I ever have working with adults. Just, you know, they always it didn't matter what their situations were. They always had a smile on their face for the most part. They were like they didn't know any other type of life than the life that they had been living in the hospital and just there there's their spirit. And I just adored them so much. And for me, it

just became harder for me to be like, I have to come in here and start your IV or, you know, I have to draw some blood, that was really hard for me. So I didn't make it in pediatrics. My personality did not line up there.

RAMEY: A lot of my patient population, again, it's mental health, but a lot of the people I see are children or adolescents. In part out of necessity, there weren't many in my area, many providers who saw young people. So, I had a larger patient population, but that's different. I'm not giving any shots. I'm not doing IVs. I'm trying to help them through some difficult life challenges. So, it's very rewarding in my end, but that's you make a good point. So, it'd be worth, you know, maybe you should do a podcast talking to a pediatric nurse about what that's like and that experience.

PIERCE: Yes. How do you compartmentalize that? Because that was something I could not compartmentalize well. But preferred personality styles that are going to align with educators and leadership and maybe informatics. Where do you see those personalities align?

RAMEY: So for informatics, I would say please, please, please be good with technology, and like it. And be good at maybe synthesizing information. Organized and detail-oriented is great. You don't necessarily have to have the same tolerance for socializing with other people. Informatics can work very well for introverts as can research and other areas of nursing that allow you to work a little more independently more often. Nurse educator is my favorite, because that's, of course, my main job, as we know. And for nurse educators, I think it's important that you, regardless of your personality, I think it's important that you're bringing in some experience and a strong skill set. And then our students, of course, benefit when we are excellent educators and when we're organized. So, when they log into the course and they can find things, you know, and that we know what we're talking about, and we admit when we don't know something. So being personable is very helpful. I think you can be an excellent nurse educator whether you're introverted or extroverted as long as you're a good communicator, I will say. Right? I'm what I like to call an outgoing introvert. You get that, right? So, you could be a great educator and be quite introverted. You just have to kind of strike that balance. Maybe you schedule your time that you plan to be extroverted. And then you don't do anything else the rest of the day.

PIERCE: Yes, because when you're done, when I'm done with the clinic when I was done with, you know, three hours of lecture, when I have my office hours, when I'm in the hospital, by the time that that is all over, being introverted, I am exhausted. But my students never knew that I was an introvert until we would talk about personalities and things. And I'd be like, no, I'm an introvert. And they're like, what? You're an introvert? Like I'm playing that extroverted part very well, because you have to play that in order to be a good educator to connect with your students, that really opens the door and makes them feel more welcomed. It makes them feel like you're approachable, but it's exhausting when your natural tendency is to be an introvert.

RAMEY: Yes, it is. You are so right. And it's important to kind of get that, the passion for the subject matter across too. In my area, you know, teaching psych, especially to when I was

teaching at the undergraduate level, not everybody likes psych or understands it or realizes you work in psych no matter where you work. Making sure my students left the class with an appreciation for and a fondness of psych, even if they had no interest in working in psych themselves. So, in order to do that, you've got to make sure I'm really giving a positive impression of psychiatry and making sure my passion for it is coming across. So, you're right. It's a little bit of, I would say this for those considering faculty roles, it's a little bit of performing when you're teaching, and you're sort of on stage. So, it is helpful, I think, if you like talking and communicating and if you like teaching, it sounds so basic, but if you really are someone who likes to precept, you like to teach and show others in the clinical setting, if you're the one signing up to be a clinical mentor, then teaching might be sort of a natural fit for you. So, if that's already something you enjoy, you know, that's a direction and area of nursing where we need you and I would encourage you to consider.

PIERCE: Absolutely. And I would say that when I was a young nurse, I said I would never teach. I was like, that is not anything I'm ever interested in. But somehow, I learned that I loved it. I was actually going to go be a nurse practitioner. I was like, I'm just going to go do this. And somewhere along the way, I found a joy for teaching and ended up, you know, finishing my doctorate in leadership administration and teaching.

RAMEY: Yes, never, never say never, right? My students will even say that now. I'm never going back to get my nurse practitioner. I'm never going like, well, all right, I wasn't either. And here we are.

PIERCE: Right. You don't know. They say you don't know what you don't know until you learn what you don't know. And it was when I was put into the role of what it was where I had to be a teacher that I learned then that I love it. So even if you're over here in med surg, you want to try something different, try it. Try it. That's my advice.

RAMEY: Yes, absolutely. That is good advice. And you know, know yourself as we've stressed. And if you're not sure what area of nursing you belong in, you can get feedback from people who've worked with you or who know you well to kind of tell you, well, what I see is you seem to do well in this area. And pay attention to that, because sometimes we don't know ourselves as well as we would like to, especially maybe more junior nurses who are just kind of starting out or who are just younger in general. You may not know yet where do I fit here? What is my personality? Where am I going to thrive? But never say never to being a nurse educator. Yes. So sometimes you arrive there quite by accident.

PIERCE: Yes, for sure. And I will say for those who are really just starting out in our profession, talk to your professors. Because over the three to four years that you have been with them, they have gotten to know you. And they also, for the most part, most of them, I can't speak for all of them, but all the ones that I have worked with really know the profession well and know what is needed to thrive there. And so, I really do, if you're kind of struggling with who am I in this profession and where should I go that can usually give you some really good advice.

RAMEY: That's a good tip there. That's gold.

PIERCE: Okay, so going back to personalities and how well they, let's, did we touch on nurse manager? I know we talked about nurse educators and informatics.

RAMEY: We didn't touch on the nurse manager and let's do that. I think one of the mistakes we make in nursing that we do see sometimes in the business world, but maybe not quite as often. Sometimes we have a tendency to promote people because they've been there the longest or because they're willing to and not necessarily because they're a good fit for leadership. So sometimes an amazing, phenomenal nurse is not going to be an amazing, phenomenal nurse manager or nurse leader. So, the skills don't always translate if that individual doesn't have strong leadership skills and the ability to develop trust with the people that are, you know, they're direct reports and that are working under them. So, to be an excellent leader, of course, you want to be well organized. I would argue you really need strong ethics, both personal and professional ethics, because your team is watching you and following suit in many cases, or you kind of set the tone and the bar for what is professionalism and what is ethical in this setting. And then that will determine if your team trusts you or not. And if you don't have the trust of your team, you're going to have a hard time leading your team. So really, that's I really want to kind of emphasize that. And that's personal and professional ethics. And some of that comes in the form of boundaries and some of it comes in the form of transparency. So, there's room for both and there's, depending on the setting and the people, you know, there isn't a hard and fast rule there. It's going to have some variability. But being organized, being an excellent communicator with strong emotional intelligence, and having enough experience to know what you know and what you don't know is very important. Some of that can be overcome. Some of it can be learned on the job. But again, you want your team to respect you and to know that they know what you're doing. So, some time in the trenches there is helpful, especially.

PIERCE: I loved what you said about transparency too. And I think that is so important because you need to be who you are forward facing when you are when your back is facing the opposite direction. They need to know that what you are saying in front of them is what you are saying behind them. And that's such an important because when you lose that, it's just you're not necessarily going to get that back.

RAMEY: And then it's going to be hard for you to be an effective leader and your team will suffer for that. And in nursing and healthcare, then our patients will suffer for that.

PIERCE: Right. And that goes back to ethics. You know, their personal and professional ethics. So yes, very good. All right. Personality is meshing well when you have autonomy, and you have a place of specialties like aesthetics and travel nursing where you're kind of more on your own.

RAMEY: Yes, so that, I think that that area grew in popularity, especially during, you know, the pandemic. A lot of people were venturing into travel nursing that maybe had not thought



about it before. And I think it's a good fit for people who are pretty comfortable with the unknown. So being able to tolerate a certain amount of, well, unknown. You're looking at a travel assignment. Are you comfortable moving from one location to another? Are you comfortable with short-term contracts? It's almost in some ways like managing your own business. Is it a case where you need to have your own liability insurance? Do you need to be on top of your licensure? Are you going to be working with a company that helps do that for you? Are you okay spending a lot of time in a hotel or somewhere alone? So, travel nursing tends to be a better fit for people who are pretty independent. They like to see new places. They are comfortable eating alone, traveling alone, you know, being gone for this amount of time. You don't mind staying in hotels or apartments unfamiliar to you. It is a lot more difficult. I have seen it be a lot more difficult for some nurses who are also balancing families or small children if you're traveling for an extended period of time. So shorter jobs, closer to home, may be a good fit, but a 12-week stint across the country may not be such a good fit. So that is really a better suit for independent folks who don't mind a degree of uncertainty, for sure.

PIERCE: Yes, they can handle the stress of the unknown. I don't.

RAMEY: Yes, because you're walking into a new unit where you don't know where the supplies are, and you don't know any of the people that you're working with. They may love you and appreciate you or they may not want you there because they didn't get a raise, because that facility is hiring you. So, it's a lot.

PIERCE: All right. Are you going to be supported or not supported? I don't know. I don't know what this unit is.

RAMEY: I don't, you don't know. And if you have a wonderful personality and you really connect with people well, you may fit into different travel nursing positions than if you're a little bit less approachable.

PIERCE: I feel like I need to be a lot more extroverted in order for me to be able to connect and be a travel nurse. In specialties like psychiatry and mental health, which traits really facilitate those therapeutic patient interactions?

RAMEY: Well, this is my favorite, of course. My bias is very apparent. Many of the things that we've already talked about, certainly empathy, right? There's a lot of stigma in mental health. So being able to empathize with our patients and, you know, we may not have gone through what they're going through, but being able to take a step back and recognize that this is a person and they're here for a reason and life circumstances are different for each of us. and we all at some point need some help for something. And so, compassion and empathy are very important in mental health. I would say appropriate professional boundaries are also really important. So sometimes a student or someone I'm mentoring will express an interest in mental health because of some traumatic things that they've experienced. And sometimes that's great and it's a good fit and it will really help them empathize. But for some individuals, their own mental health challenges can make it very difficult to maintain good boundaries and

to constantly be hearing things that may be re-traumatizing for them. So sometimes it's really not a good fit for mental health because it's going to cause an exacerbation in their own mental health. So, knowing yourself and making sure that you are getting the care that you need is important before entering mental health not just because of burnout, but because again, if you're on that journey yourself, it can be re-traumatizing for the individual. So, it's not a good fit for everyone who loves psychology, shockingly, which surprises, it surprises some people. But if you have compassion and empathy for people with mental health struggles, and if you have a little bit of a tough skin, because we are meeting people often when they're at their worst, they're not really themselves. They may say things or be experiencing things that change how they're interacting with people around them, especially in the inpatient setting. There is some potential there for some hurt feelings, I would say. So, you do need a little bit of a tough skin in addition to the compassion and empathy there.

PIERCE: Right, I see a lot of self-reflection needed in this particular role. Okay, so our time is getting short, but I really want to hit on some, three important questions that I kind of want us to close out on, and that would be, how can nurses identify their own strongest personality traits to really help them find that optimal specialty match?

RAMEY: Right, absolutely. We've mentioned a few ways. In addition to those, I would say if you haven't done just some maybe general personality inventories if you don't really know, I mean really the DiSC or the Myers-Briggs or whatever your preference is, if you don't really know if you're introverted or extroverted, I would say talk to people that know you best, your family, your close friends, and kind of get some feedback on what do you notice about me, what seem to be some of my strong traits. I liked your point about talking with professors. So, if they're still in a nursing program, getting some feedback from professors, like what type of area do you think I might be successful in? Pay attention to your own interests. If you've been in different clinical settings, if something really made you excited, like made you want to come back into work or made you excited on, you know, Monday or whenever the work week rolls around, pay attention to that, there may be some connection there. Have a good finger on your stress tolerance. That may tell you what acuity and what kind of pace might be a better fit for you. And then remember in nursing, we have so many options. So, if you get in an area of nursing that you thought you would love, but you're finding that you're feeling a little bit burnt out or it's just not what you thought it would be, you can change. You can, you can try a different area of nursing. You're not stuck there. In fact, it's better for our profession that you transition and find a role that you love than that you leave the profession. So, know yourself, get feedback from family, friends, professors, some inventories, or self-assessment guides, and then try out different areas of nursing until you find something that's a good fit.

PIERCE: So, you find your home. So, for nursing students, what advice do you have on how early they should be evaluating their personality to kind of try to find where they fit?

RAMEY: Absolutely. That's a good question. In general, I would say all of us, all the time should be kind of getting a self-assessment of where we're at and who we are, because our personalities also can change over time. So, if you're already in a nursing program, I would say

go ahead and start doing some of that work. And then when you're precepting or when you're doing clinicals in different settings, that's a great time to be kind of testing it out a little bit. What do I like about the culture of this workplace? What do I like about the patient population here? Or what do I not like? What's not a good fit for me? We can oftentimes spot that earlier than what is a good fit, right? You can walk on a unit and say, well, this is not it. This is not a good fit for me. So, pay attention to that. It isn't going to be that. I don't want to say anyone because that's not nice, but we all had one probably in nursing school where we thought, well, this area is not for me. For many people, it was psych. I mean, truthfully. Whereas I was like, I don't know. This seems okay, but I had some colleagues that were like, not this.

PIERCE: OBGYN? Mm -mm. Marked that one off real fast. I couldn't, yes.

RAMEY: There it is, right? Yes. And that's okay. That's okay. We need nurses in all of the areas. We can't all do the same thing. So, pay attention to kind of your internal response in different clinical settings. And if there's an area that interests you or at least didn't disinterest you, then explore that a little bit more while in nursing school. So, to answer your question, Candice, I would say immediately is a good time to start.

PIERCE: Absolutely, I definitely agree. Okay, so we've gone from nursing students, now let's go to those nurses who maybe want to evolve in their careers and are kind of looking for something different. How can understanding their personality help them, or at least lead them to a productive role transition?

RAMEY: That's a great question. And part of that is recognizing, as we mentioned, we change over time. And our ability to really be successful and enjoy roles changes over time too. And sometimes, the physical demands get to a point where we can't manage that anymore. Or sometimes the new technology and the mental demand gets to a point where it's overwhelming, and we can't or don't want to manage that anymore. So similarly, we want to be paying attention to our personality types and what areas of nursing might be better suited. But then we also want to look at, well, what are our other skill sets? So, what's our current training? Are we interested in more training? Are we interested in more education? Do we want to take what we know to maybe the clinical or the academic setting? Kind of consider our options, see what our strengths are, see what ladders your facility may have. Are there roles you can transition into that your facility supports if you want to stay in the same organization? Is leadership appropriate for you or is research, QI, or a non-bedside role may be a better fit at that point in time? And oftentimes that can look like teaching, which I love. But seeing what your options are that interest you and kind of what that next step might be is a good place to start.

PIERCE: Such great advice. Thank you so much for sharing. So that's going to wrap up our two-episode series on nursing personality traits and thriving in diverse nursing specialties. And we really hope that you found our discussion on matching personality traits to nursing specialties insightful and empowering. But again, please remember that while understanding your

personality can really help guide you toward a fulfilling specialty, our profession is diverse and it's inclusive and you alone define your success through your dedication, your adaptability, and your passion for patient care. So, no matter where you choose to specialize, your unique contributions are what make nursing such a vital and rewarding profession. And Erica, this is such a fun discussion.

RAMEY: It was great. Thank you for having me. I enjoyed it.

PIERCE: Well, thank you for taking the time to join me and to share your knowledge so that we could have this discussion today. To our listeners, thank you for listening. And if you have not already, I encourage you to explore many of the courses that we have available on [elitelearning.com](http://elitelearning.com) that are going to help you grow in your career and earn CEs.