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HOW LEADERS AND EMPLOYEES EXPERIENCE, MAKE SENSE OF,
AND FIND MEANING IN HUMILITY

by

DAVID E. PERRYMAN

A DISSERTATION

Presented to the Faculty of the University of the Incarnate Word
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

UNIVERSITY OF THE INCARNATE WORD

December 2020

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David E. Perryman

DEDICATION

I dedicate this dissertation to Mama and Papa, whose genuine and abiding humility—
forged in small Texas towns during the Great Depression—served as a foundation on which they
built lives of integrity, kindness, lifelong learning, and service to others.

HOW LEADERS AND EMPLOYEES EXPERIENCE, MAKE SENSE OF, AND FIND MEANING IN HUMILITY

David E. Perryman

University of the Incarnate Word, 2020

By just about any measure, organizations today are more dynamic, diverse, and interdependent than at any other time in history. This environment puts unprecedented pressure on the human capacity to lead. And still, we demand more from our leaders—even as employees experience rising stress levels, declining loyalty, and deteriorating trust in their employers, and organizations face historically high rates of employee turnover along with the resulting financial and emotional costs. Clinging to romanticized notions of the larger-than-life leader blinds us to the paradoxical promise of humility; namely, that a leader’s greatest strength may lie, ironically, in the ability to admit weakness while being open to the ideas and feedback of others.

The majority of research on leader humility has been quantitative in nature, establishing correlations between leader humility and employee measures. These studies have yielded valuable insights, but they have not explored the complex, dynamic, and reciprocal ways that humility can operate within organizations. Nor have they captured the individual perceptions of participants as articulated in their own authentic voices. This exploratory instrumental case study addressed this gap in the literature by exploring what happened when leaders and employees at a large, complex, geographically dispersed organization participated in interactions that were infused with four humility elements: language, verbal expressions, non-verbal behaviors, and physical objects and settings. By applying constructivist grounded theory methods for data

analysis, the study explained how participants made sense of and found meaning in those experiences, as well as how humility functioned during the interactions.

Eight conceptual categories were developed through close analysis of the coded data: Accurately Assessing Oneself, Being Accountable to Others, Being Part of Something Bigger, Caring for and Being Cared for, Connecting with Others on a Personal Level, Creating a Safe, Comfortable Environment, Grounding Oneself, and Recognizing the Value and Contributions of Others. Four overarching themes were identified from the categories: Seeking Clarity and Truth, Putting Oneself in Context, Achieving Reciprocity, and Transcending the Perceptual. These themes represented the primary ways participants expressed, experienced, and defined humility, and they contributed to the Reciprocal Relation Theory of Humility posited in the study.

Findings from this study suggested that infusing humility into leader-employee interactions may be an effective strategy to improve leader effectiveness and organizational performance by bringing people's best ideas and authentic feelings into honest discussions focused on spurring individual growth, solving shared problems, achieving team goals, and/or advancing an organization's mission. Results also suggested that humility fostered the physical, emotional, and spiritual well-being of leaders and employees, while laying the foundation for respectful, productive, and mutually beneficial interactions in the future. Participants expressed a range of thoughts and feelings in describing how they experienced, made sense of, and found meaning in humility, including increased relational trust, organizational loyalty, and self-efficacy; a stronger sense of belonging and being valued; and the perception of greater team effectiveness and adaptability along with enhanced organizational learning and innovation. The study made several recommendations to help practitioners develop leader humility programs with the potential to influence these and other employee, team, and organizational measures.

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Chapter 1: Unprecedented Stress on the Human Capacity to Lead

Thirty years ago, Senge (1990) observed that “as the world becomes more interconnected and business becomes more complex and dynamic” it is no longer possible for any one leader to “figure it out from the top” (p. 8). Since that time, the pace of change and the degree of complexity within organizations have increased exponentially. A number of forces today are dramatically altering the nature of work and the modern workplace. The globalization of markets is creating greater interdependency among nations, industries, and businesses, even as a rising tide of nationalism around the world resists integration. Demographic shifts are introducing greater diversity among employee populations and forcing companies to focus ever more intensely on the changing face of the customer. Relentless technological advances and the proliferation of information-based economies are transforming how, when, and where people work along with the ways they communicate. Most recently, the global COVID-19 pandemic has further illustrated our connectedness, even as we rethink our familiar ways of living and interacting with each other. By just about any measure, organizations today are more “dynamic, turbulent, interdependent, and uncertain” than at any other time in history (Owens, Rowatt, & Wilkins, 2011, p. 260).

Background on the Problem

This turbulent environment, which has been characterized as “permanent white water” (Nahavandi, 2009, p. 298), puts unprecedented stress on the human capacity to lead. Today, there are simply too many forces, too much information, and too many decisions for a single leader to make sense of, much less to act on. And still we demand more from our leaders, even as employees experience rising stress levels, declining loyalty, and deteriorating trust in employers, and organizations face high rates of employee turnover along with the resulting costs.

Impact on employees. There is already a growing body of evidence pointing to the adverse effects of permanent white water on employees. According to the American Psychological Association's 2017 Work and Well-Being Study, half of American workers surveyed said they had recently been, were currently being, or expected to be affected by organizational change. The study found that such change adversely impacted employee morale, increased stress, and created work-life conflict. Employees reported high levels of several negative employee measures:

- 55% reported chronic work stress.
- 34% reported instances of physical health symptoms at work.
- 34% reported distrust in their employers.
- 46% reported planning to seek employment elsewhere (American Psychological Association, 2017).

One year later, a study by Korn Ferry, a global organizational consulting firm, found that 76% of U.S. workers said workplace stress affected their personal relationships; 66% said it caused sleep deprivation; and 16% said they have quit jobs because of stress. Thirty-five percent of respondents stated that their bosses were the greatest cause of their workplace stress; 80% said that changes in organizational leadership increased their stress levels (Korn Ferry, 2018).

Impact on organizations. High levels of chronic stress combined with low levels of employee loyalty and trust, in turn, adversely affect key organizational measures, including employee productivity, employee retention, and even profitability. The Centers for Disease Control and Prevention found that U.S. employers incur \$225.8 billion a year, or \$1,685 per employee, in productivity losses alone resulting from employees who miss work due to health

issues, with work-related stress ranked as the leading contributing factor (Centers for Disease Control and Prevention, 2015).

Meanwhile, the U.S. Bureau of Labor Statistics reported that the number of employees voluntarily quitting their jobs in 2018 (40.1 million) reached its highest level since the bureau started tracking this data in 2000. Voluntary turnover exceeded 27% of the U.S. workforce in 2018. This level was 8.3% higher than it was in 2017 and 88% higher than in 2010. The 2018 *quits rate* marked the 9th consecutive year that this figure had increased (U.S. Bureau of Labor Statistics, 2019). According to the Work's Institute's 2019 Retention Report, which analyzed exit interviews of more than 250,000 U.S. employees, the top three reasons for voluntary quits in 2018 were to seek better opportunities for career growth and security, to achieve better work-life balance, and to escape negative manager behavior. The report also identified six key steps employers can take to improve retention, three of which were related to humility: listening to the voice of the employee, infusing an organization with accountability, and improving communications, particularly between leaders/managers and employees (Work Institute, 2019).

Whatever the causes of voluntary employee turnover, the costs to employers are significant. The Work Institute (2019) conservatively estimated the cost of losing a U.S. worker at \$15,000, which—when applied to the voluntary turnover rate in 2018—cost U.S. employers approximately \$617 billion that year. Another study by the Center for American Progress found that the average cost to replace an employee in a high-turnover, low-paying job (earning less than \$30,000 a year) equaled approximately \$3,328, or 16% of annual salary; while the cost to replace an employee in a highly educated executive position (earning \$100,000 a year) was approximately \$213,000, or more than 200% of annual salary (Boushey & Glynn, 2012). The tangible costs associated with replacing an employee stem from hiring, onboarding, and training

the replacement, as well as productivity losses until the new employee gets up to speed. The intangible costs include the emotional toll on current employees who must carry the extra workload in the meantime.

Impact on leaders. This high rate of turnover also is evident in the leadership ranks. PricewaterhouseCooper (PwC) reported that CEO turnover globally reached a record high in 2018, with 17.5% of the world's largest 2,500 public corporations changing their CEOs. This was 3 percentage points higher than in 2017 and represented a 15-year high during the 19 years that PwC has been tracking these data in its annual CEO Success Study. Twenty percent of those executives were forced out of office for some kind of ethical lapse, such as fraud, bribery, insider trading, inflated resumes, and sexual indiscretions (PwC Strategy&, 2019).

In its annual study of U.S. companies, executive recruiting firm Challenger, Gray and Christmas reported that 2019 saw the highest level of CEO turnover since the firm began tracking the data in 2002. The 1,640 CEOs vacating their positions in 2019 was 12.9% higher than the 2018 figure. The firm also reported an increased number of top executives dismissed for poor judgment related to professional and personal conduct (Challenger, Gray & Christmas, 2019).

CEO is not the only C-level position in corporate America experiencing unprecedented turnover rates. A 2019 study by Russell Reynolds Associates, one of the nation's leading executive search firms, found the highest level of chief marketing officer (CMO) departures and arrivals in 2018 since the firm began tracking such data in 2012. According to the study, there were 396 publicly reported CMO changes in the United States in 2018, up from 377 in 2017 and 350 in 2016 (Russell Reynolds Associates, 2019). Such high rates of CMO volatility are attributed to the increasing complexity of the role and the heightened business acumen it

demands, similar to the forces driving CEO turnover. Many marketing leaders struggle to keep up with the emerging skill sets and innovative techniques they are expected to master, including product customization, data analytics, and rapidly evolving digital sales and advertising technologies.

Healthcare, the setting for this study, is one industry that exemplifies the challenges top leaders today face in managing dynamic, complex organizations. According to the American College of Healthcare Executives (ACHE), hospital CEO attrition from 2014 through 2018 remained steady at 18%. This 5-year stretch featured the highest turnover rates in the past 20 years except for the 20% turnover mark in 2013, when the average hospital CEO tenure was 3.5 years (ACHE, 2014; ACHE, 2019). Deborah J. Bowen, president and CEO of ACHE, commented that “the increase in turnover rate may be indicative of a combination of factors, including ... the complexity and amount of change going on in health care today” (ACHE, 2014). Monica E. Oss, founder and CEO of OPEN MINDS, a national consulting practice that conducts research on health and human service market trends, commented on the high level of CEO turnover in healthcare:

I think that managing a health care provider is just a different ‘ballgame’ than it was just five years ago. We’ve seen a great leap forward in value-based payment, new performance requirements, market competition and a shifting role for health care organizations in providing ‘charity care.’ The new environment requires wholly different executive competencies (Oss, 2016).

The comments of Bowen and Oss speak to the myriad factors putting significant stress on leaders and employees not only in healthcare but across all industries in today’s turbulent work environment.

Narcissistic leadership. One style of leadership seeking to impose greater order and stability on the turbulent workplace environment is narcissistic leadership. We have witnessed

successive waves of high-profile corporate scandals since the early 2000s characterized by narcissistic executive behaviors—ranging from falsifying credentials and using offensive language to gratuitous greed, sexual harassment, and illegal conduct. The first such prominent wave began with Ken Lay, Jeffrey Skilling, and Andrew Fastow at Enron. This was followed by Bernie Ebbers at WorldCom, L. Dennis Kozlowski at Tyco, and Carly Fiorina at Hewlett-Packard, and was more recently exhibited by Founding Fox News CEO Roger Ailes, Travis Kalanick, founder and CEO of Uber, and ousted Nissan-Renault CEO Carlos Ghosn.

A number of scholars have studied narcissistic leadership (Campbell & Campbell, 2009; Reed & Olsen, 2010; Rosenthal & Pittinsky, 2006), which is generally characterized by “self-centered behavior” leading to “an excessive focus on self-gratification” (Gilbert, Carr-Ruffino, Ivancevich, & Konopaske, 2012, p. 29). A few have found positive benefits to this leadership approach, such as the ability to articulate compelling visions and attract followers (Maccoby, 2000). Other studies have found that firms led by narcissistic CEOs engage more aggressively in acquisitions, innovate more intensively, and exhibit greater managerial risk-taking (Gerstner, Konig, Enders, & Hambrick, 2013; Malmendier & Tate, 2008; Tang, Mack, & Chen, 2018). However, the preponderance of evidence points to negative behaviors and effects of narcissistic leadership. These include negative people skills, such as exploitativeness, egocentrism, and lack of empathy (Sedikides & Campbell, 2017). Studies also have found adverse impacts on employees and organizations, including erosion of organizational citizenship behaviors and organizational trust among employees; increased employee stress, depression, and job dissatisfaction; and damage to an organization’s reputation, brand, and stock price (Gilbert et al., 2012; Jha & Jha, 2015; Larcker & Tayan, 2016). In one study examining the relationship between leader narcissism and leader humility, Owens, Wallace, and Waldman (2015) found that

narcissists who practice humility “may avoid derailment and be effective as leaders because expressions of humility may mollify the effects of the most toxic aspects of narcissism” (p. 1208).

Leadership humility. Despite the adverse effects of narcissistic leadership, many people continue to romanticize the larger-than-life leader who articulates a grandiose vision, insists on making every important decision, and demands unquestioning loyalty from servile followers. Clinging to such outdated conceptions of leadership blinds us to the paradoxical promise of humility; namely, that a leader’s greatest strength may lie—ironically—in his or her willingness to admit weakness and vulnerability while being open to the ideas and feedback of others. Viewed from this perspective, humility offers a productive, adaptive, and constructive way to explore and potentially manage the limits of humans’ capacity to lead (Owens et al., 2011).

Several studies have explored how humility is embodied in certain leadership styles—such as servant leadership (Greenleaf, 1977; Irving & Longbotham, 2007; Laub, 2005; van Dierendonck & Nuijten, 2011), authentic leadership (Avolio & Gardner, 2005; Avolio, Gardner, Walumbwa, Luthans, & May, 2004), spiritual leadership (Reave, 2005; Sorcher & Brant, 2002) and socialized charismatic leadership (Nielsen, Marrone, & Slay, 2010). Other research has demonstrated how humility in organizations—whether exhibited through leader behavior, codified in policies, expressed through core values, or embedded in culture—can provide a competitive advantage by positively affecting organizational learning, creativity, innovation, and overall performance (Collins, 2001; Gagliardi, 1986; Gonçalves & Brandão, 2017; Johnson, Rowatt, & Petrini, 2011; Vera & Rodriguez-Lopez, 2004). Another group of scholars has found positive correlations between leaders’ verbal and non-verbal expressions of humility and employee measures, such as engagement, job satisfaction, relational trust, loyalty, and

organizational commitment, as well as a negative correlation with voluntary job turnover (Malbasic & Brcic, 2012; Mayfield, Mayfield, & Kopf, 1998; Owens & Hekman, 2012; Owens, Johnson, & Mitchell, 2013; Sharbrough, Simmons, & Cantrill, 2006).

Statement of Problem

Today's turbulent work environment—characterized by low levels of employee loyalty and trust, as well as high rates of leader and employee stress and turnover—puts unprecedented pressure on the human capacity to lead. While quantitative studies have found positive correlations between leader humility and desirable employee and organizational measures, they have not explored the complex, dynamic, and reciprocal ways that humility can operate within organizations. Furthermore, the individual perceptions of leaders and employees—articulated in their own authentic voices—have been conspicuously absent from the literature on humility. As a result, there is a dearth of research that has sought to understand how leaders and employees experience humility in various organizational settings, including how they make sense of and find meaning in humility.

Several scholars have remarked on this gap in the literature. Owens and Hekman (2012) noted that the literature on humble leadership was “sorely lacking ... rich, real-life accounts of what leader humility looks like” as well as the “meanings of [humble leader] behaviors and their observed outcomes in different leadership contexts” (p. 790). In addition, Nielsen and Marrone (2018) called for new approaches to studying humility that apply relational perspectives to examine how humility is constructed by individuals interacting in “rich historical and social contexts” (p. 820). In another study on cultural humility and safety in hospital settings, Hook et al. (2016) noted the lack of in-depth research exploring what “cultural humility actually looks like ... and which aspects of cultural humility are most important” to leaders, employees, and

customers (p. 408). They also pointed out the need to develop, implement, and study humility interventions as an employee training strategy focused on improving organizational performance.

This study sought to address the adverse effects of today's turbulent workplace by forging a deeper understanding of how humility functions in organizational settings, including its potential to influence important employee, team, and organizational measures.

Purpose of the Study

The purpose of this study was to describe the experiences of leaders and employees who participate in humility-infused interactions at large, complex, geographically dispersed organizations. I used an exploratory instrumental case study design (Merriam, 1998; Stake, 1995; Yin, 2002) to study several such interactions between two leaders and four groups of employees at a single organization of this type. In addition, by applying constructivist grounded theory methods for data analysis, interpretation and reporting, I explained how leaders and employees made sense of and found meaning in those experiences, as well as how humility functioned during the interactions.

Research Questions

Primary question. I answered one primary research question: What happens when leaders and employees at large, complex, geographically dispersed organization experience a series of interactions infused with humble language, verbal expressions, non-verbal behaviors, and physical objects and settings?

Secondary questions. I also answered three secondary questions. What role does each of these four humility elements play in this experience? How do leaders make sense of and find meaning in those interactions? How do employees make sense of and find meaning in those interactions?

Conceptual Framework

The conceptual framework for my study is based on an understanding of several fundamental concepts, including organizational culture, constructivism, relational leadership, and humility. A number of scholars have come to see organizational culture not as a fixed, non-adaptive structure but rather a dynamic evolving process through which culture is learned, shared, and modified (Florea, Cheung, & Herndon, 2013; Gagliardi, 1986; Gilbert et al., 2012; Schein, 1984). This perspective proposes that an organization's culture is constructed over time as group members interact with each other, test various behaviors, negotiate meanings, and ultimately agree on a shared system of beliefs, customs, and values. Such a shared system helps facilitate the group's continued well-being and the successful accomplishment of collective goals. For this study, I used Schein's (1984) definition of organizational culture as:

The pattern of basic assumptions which a given group has invented, discovered, or developed in learning to cope with its problems of external adaptation and internal integration, which have worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems (p. 3).

Schein further posited that organizational cultures evolve as employees continuously interact with each other to develop new solutions to internal and external challenges.

This study sought to understand how leaders and employees experienced, made sense of, and found meaning in humility-infused interactions. It acknowledged that humility is widely recognized as a core value that is either implicitly or explicitly present in many organizational cultures spanning religious, military, public, private, and nonprofit sectors around the world. In this respect, the concept of organizational culture was critical to understanding the conceptual basis of this study.

Constructivism posits that our understanding of the world is not an objective perception of reality, but rather a construction based on past experiences and assumptions that can claim subjective truths, but no absolute Truth. Furthermore, constructivism proposes that conceptions of knowledge are developed through a search for meaning in which individuals and/or groups engage in a process of constructing interpretations from their personal or shared experiences (Berger & Luckmann, 1966; Moshman, 1982). The constructions resulting from this interpretation of experience constitute knowledge that may, or may not, correspond with an objective, transcendent reality (Maxwell, 2013). This study explored how leaders and employees experienced a series of humility-infused interactions, as well as how they constructed sense and meaning from those experiences—individually and collectively—during the interactions and in subsequent focus group discussions, one-on-one interviews, and reflective journaling.

Several researchers have concluded that concepts of leadership and followership do not exist independently of each other; they are not innate biological traits; and they are not ultimately determined by arbitrary job descriptions or organizational titles (Carroll & Levy, 2010; Fairhurst & Uhl-Bien, 2012; Ford & Lawler, 2007). Rather, those authors suggest that these concepts are relational, emerging through daily interactions as well as spoken and sometimes tacit agreements about individual roles and responsibilities in the larger context of organizational missions and goals. For the purposes of this study, I used Uhl-Bien's notion of relational leadership, defined in her Relational Leadership Theory (2006), which focuses on the relational processes through which leadership is constructed and sustained. Uhl-Bien views leadership as a social influence process, occurring differently in different historical and cultural settings, in which a designated leader is "one voice among many in a larger coordinated social process" where "leaders and those with whom they interact are responsible for the kinds of relationships they construct

together” (p. 662). The concept of relational leadership is fundamental to understanding how leaders and followers redefine the nature of their traditional roles and responsibilities while participating in interactions infused with core values, such as humility.

For this study, the concept of humility encompassed two dimensions that can be exhibited by individuals as well as small groups and even large organizations. The first involves *looking within* to accurately evaluate one’s own abilities and accomplishments, including acknowledging “mistakes, imperfections, gaps in knowledge, and limitations” (Tangney, 2002, p. 411). The second involves *looking out* by being open and willing to listen to the ideas of others, acknowledge their strengths, and recognize the value of their contributions (Kellerman, 2004; Morris, Brotheridge, & Urbanski, 2005). This multifaceted definition is aptly expressed through Lawrence’s (2008) concept of neohumility, which offers a unique view of humility. It does not include negative characteristics that have traditionally been associated with humility in the scholarly literature, such as lacking confidence or being weak, timid, insecure, and diffident. Rather, it encompasses “self-awareness, valuing others’ opinions, willing to learn and change, sharing power, having the ability to hear the truth and admit mistakes, and working to create a culture of openness where dissent is encouraged in an environment of mutual trust and respect” (Lawrence, 2008, p. 117).

Definition of Terms

- **Constructivism:** The epistemological perspective positing that conceptions of knowledge are developed through a search for meaning in which individuals and/or groups engage in a process of constructing interpretations from their personal or shared experiences (Berger & Luckmann, 1966; Moshman, 1982).

- **Humility:** A two-dimensional attribute in which an individual, group, or organization exhibits a willingness to look within by honestly assessing oneself and acknowledging one's weaknesses, limitations, and mistakes, as well as to look out by being open to others' ideas, asking others for feedback, and recognizing the value and contributions of others (Kellerman, 2004; Lawrence, 2008; Morris et al., 2005; Tangney, 2002).
- **Organizational culture:** "The pattern of basic assumptions which a given group has invented, discovered, or developed in learning to cope with its problems of external adaptation and internal integration, which have worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems" (Schein, 1984, p. 3).
- **Leadership:** A social influence process, occurring differently in different historical and cultural settings, in which a designated leader is "one voice among many in a larger coordinated social process" where "leaders and those with whom they interact are responsible for the kinds of relationships they construct together" (Uhl-Bien, 2006, p. 662).

Delimitations

This was an exploratory instrumental case study design. It was necessarily bounded by the case's unique contextual features, activities, and participants. However, I selected the specific case because it was representative of similar contexts in which the larger issue/phenomenon of humility exists and operates. I purposefully chose the organization, referred to as HealthCo, because it had several distinctive features that are characteristic of large, complex, geographically dispersed organizations, where the presence of humility warrants further study because of its potential to influence employee measures and organizational outcomes.

Due to time and resource constraints, the study intentionally did not include the kind of functional diversity among the participants that was representative of the functional diversity across the large, complex, multi-site organization. The employee-participants represented two frontline roles within the organization: nurses who provided clinical care and chaplains who provided spiritual care. In addition, the two leaders represented different levels of leadership (vice president and director), but both worked in the same department. Nonetheless, the diversity among the 39 participants (29 nurses, eight chaplains, two leaders) in terms of age, gender, race, and ethnicity—combined with multiple data collection methods—produced rich data and provided a basis of comparison and contrast within and between leader-employee groups.

Personal Background and Disclosures

I am a 55-year-old white male with a bachelor's degree and a master's degree in English. I have spent more than 25 years of my professional career supporting the communications efforts of organizations and their leaders, including C-level corporate executives along with university presidents, vice presidents, and deans. Thanks to those professional experiences combined with my doctoral training in qualitative research methods and tools, I have developed critical skills in reading, writing, listening, observation, and interviewing individuals and groups of people. These skills and experiences served me well in planning, collecting, interpreting, and reporting data from my study.

While I believe my professional experiences and skills exerted a positive impact on my study, I also recognized they could have biased me in several adverse ways. Throughout my professional experiences, I have been frustrated with some of the organizational leaders I have supported. While several have demonstrated genuine humility through their words and actions, others have exhibited a lack of humility, including little to no self-awareness, an unwillingness to

learn new things, an inability to admit weakness or mistakes, a closed-mindedness to others' perspectives and ideas, and—in extreme cases—unbridled narcissism and bullying. Because I believe in the power of humility and was eager to see signs of its positive effects in my study, I had to be vigilant not to project a positive light on humility where there was no credible evidence of it.

In addition, I suspected at the start of my study that the humility-infused interactions between leaders and employees would help foster organizational humility. Put another way, I believed that humility would beget humility. So I worked hard to keep this potential confirmation bias in check, being careful not to ask leading questions or exert other inappropriate influences while conducting observations, focus groups, interviews, and journaling. I also had to keep an open mind as I reviewed, analyzed, and interpreted the data I collected through these various techniques. For example, I consciously remained open to finding negative aspects of humility, including the possibility that leader humility could be viewed as a weakness by employees. I then looked at the various data with a critical eye in assigning codes, developing more general categories, and identifying overarching themes—without letting the results from any one source unduly influence my interpretation of data from other sources.

Finally, I strived to be aware of the unearned privileges and taken-for-granted assumptions that I brought to the research project. Throughout my life I have benefitted from the many opportunities that come with being a white male raised in an upper middle-class American family. I have attended private schools at the elementary, secondary, undergraduate, and graduate levels, and have enjoyed a professional career working at reputable organizations offering safe work environments and ample opportunities for promotion and advancement. I have also worked closely with numerous senior leaders of those organizations, the vast majority

of whom wielded the power and privilege that comes with being a white male. So I have benefited from the white male power imbalance that still operates in higher education, the corporate world, and American society more broadly—free from the economic challenges, racial barriers, and gender and sexual identity obstacles faced by others. These blind spots had the potential to constrain what I observed, restrict the range of questions I asked, and limit the universe of possible meanings that could have been co-constructed by me and the other participants. They also could have caused me to identify more closely with Leader A (a male serving as vice president) than Leader B (a female serving as director) or the employee-participants (serving as frontline chaplains and nurses). I integrated the practice of reflective journaling before and after data collection—along with reflexivity in the moment—to mitigate the impact of such blind spots.

Significance of the Study

In this study, I made a unique research contribution that sought to address the adverse effects of today's turbulent work environment by forging a deeper understanding of the complex and dynamics ways that humility functions in organizations. The qualitative study also addressed a gap in humility-related literature, which had heretofore applied primarily quantitative methods with little regard for how leaders and employees experience, make sense of, and find meaning in humility. Findings from the study provide practitioners with specific approaches to design programs that foster humility as a core value and have the potential to positively influence important employee, team, and organizational measures.

Chapter 2: Review of Literature

Humility in organizational settings has been studied from a variety of theoretical perspectives using an array of approaches. This literature review comprises scholarly journal articles and books focused on humility pertaining to organizational culture along with leadership styles, communications, and non-verbal behaviors. It also covers literature that has examined how the physical design of work environments affects organizational culture as well as employee perceptions and attitudes.

Approach to Selecting and Reviewing Literature

For the literature review, I read primarily scholarly journal articles along with a few books, industry surveys, and commentary concerning topics that were relevant to my research problem, purpose statement, conceptual framework, and research design. These topics included social constructivism, relational leadership, constructivist grounded theory, and various aspects of humility described above. These sources helped me refine the problem statement and situate my study in the context of a larger issue—the growing pressure on the human capacity to lead—which has the potential to significantly impact thousands of organizations and millions of employees throughout the United States and beyond.

I used the following approach to select literature that was relevant to my topic. First, I conducted searches on Google Scholar as well as the Academic Search Complete, ERIC, and EBSCO databases available through University of the Incarnate Word's library website. I used various combinations of keywords: constructivism and social constructivism; grounded theory and constructivist grounded theory; relational leadership and followership; organizational health, learning, and innovation; employee retention/turnover, trust, loyalty, and satisfaction; and organizational humility, leader humility, and leader expressions of humility. In addition, I

searched specific academic journals in the field of leadership studies (e.g., *The Leadership Quarterly*, *Human Resource Management*, *International Journal of Leadership Studies*, and *Academy of Management Review*) using different combinations of the above terms.

My first method of narrowing the exhaustive list of search results was to skim the titles of the journal articles, books, industry surveys, and commentary. For those works whose titles seemed most relevant, I read their abstracts and determined if they were promising candidates for more in-depth review. For those advancing to the next round of consideration, I skimmed their entire contents, focusing on major section headings and subheadings as well as the Conclusions and Discussion sections. I then thoroughly reviewed the most relevant works while taking handwritten notes, and finally selected for inclusion the ones that featured information most germane to my problem statement and purpose.

Studies on Humility

The word humility is derived from two Latin words: *humilis*, meaning “on the ground” and *humus*, meaning “earth” (Online Etymology Dictionary). In their exploration of the relevance and implications of humility in organizations, Owens et al. (2011) noted two expressions, “down to earth” and “being grounded,” which hearken back to humility’s linguistic origins and are still used today to describe humble people (p. 263). For this dissertation research project, the term humility encompassed two elements that can be exhibited by individuals as well as groups and even organizations. The first involves looking within to accurately evaluate one’s own abilities and accomplishments, including acknowledging “mistakes, imperfections, gaps in knowledge, and limitations” (Tangney, 2002, p. 411). The second involves looking out by being open and willing to listen to the ideas of others, acknowledge their strengths, and recognize the value of their contributions (Kellerman, 2004; Morris et al., 2005). This multifaceted definition

is aptly expressed through Lawrence's (2008) concept of neohumility. It does not include negative characteristics that have traditionally been associated with humility in the scholarly literature, such as lacking confidence or being weak, timid, insecure, and diffident. Rather, it encompasses "self-awareness, valuing others' opinions, willing to learn and change, sharing power, having the ability to hear the truth and admit mistakes, and working to create a culture of openness where dissent is encouraged in an environment of mutual trust and respect" (Lawrence, 2008, p. 117). In this sense, Lawrence's neohumility is consistent with Collins' (2001) concept of Level 5 Leadership, in which transformative leaders "possess a paradoxical mixture of personal humility and professional resolve" (p. 67).

Humility scales. Several studies have sought to establish instruments for measuring humility as a personality trait or a leadership attribute. Among these, the Hexaco Personality Inventory – Revised (Ashton & Lee, 2008) is one of the most often cited. It is a measure of six major dimensions of personality that include an Honesty-Humility domain consisting of four facet-level scales: sincerity, fairness, greed avoidance, and modesty. In a study of 269 caregivers working in assisted-living communities, Johnson et al. (2011) found that Honesty-Humility was correlated positively with employees' overall job performance as rated by their supervisors. This held true even when it was statistically controlled for Conscientiousness, which has been found to be the strongest predictor of job performance among the Five Factor Model (Digman, 1990) measures in numerous studies across Europe and the United States.

In their study of 78 leaders and 230 followers at a Fortune 100 health insurance organization, Owens et al. (2015) adapted a leader humility scale that was developed and validated earlier by Owens et al. (2013). The original scale included nine leader expressions of three humility dimensions: willingness to view oneself accurately, appreciation of others'

strengths and contributions, and openness to others' ideas and feedback. The authors later added two items to their scale based on other qualitative studies suggesting that humble leaders also admit their mistakes and are aware of their strengths and their weaknesses.

Another instrument is the Servant Leadership Survey (SLS) (van Dierendonck & Nuijten, 2011), an eight-dimensional measure that includes humility as one of its dimensions. In the context of the instrument they developed, the authors defined humility as “the ability to put one’s own accomplishments and talents in proper perspective,” noting further that servant leaders exhibit humility when they “acknowledge their limitations and therefore actively seek the contributions of others in order to overcome those limitations” (p. 252). One of the survey’s five humility questions, “My manager admits his/her mistakes to his/her superior,” is consistent with the looking within dimension of the definition of humility used for this dissertation study (p. 256). The survey’s other four humility questions are consistent with the looking out dimension: “My manager learns from criticism,” “my manager tries to learn from the criticism he/she gets from his/her superior,” “my manager learns from the different views and opinions of others,” and “if people express criticism, my manager tries to learn from it” (p. 256). The authors confirmed the SLS as a psychometrically valid and reliable instrument to measure servant leadership whose eight dimensions are positively related to employee well-being and performance.

Humility as a competitive advantage. Vera and Rodriguez-Lopez (2004) explored how humility manifests itself in business settings and positively affects organizational performance, offering suggestions on how leaders can foster the virtue of humility in themselves and their organizations. They found that humility is evident through several leader behaviors, including “acknowledges his or her own limitations and mistakes, and attempts to correct them; accepts failure with pragmatism; is open to learn from others; has a genuine desire to serve; and shares

honors and recognition with others” (p. 395). This notion is similar to Lawrence’s concept of neohumility (2008) in that it contains elements of both looking within oneself and looking outside oneself.

According to the authors humility qualifies as a competitive advantage because it meets the criteria of being a resource that is “valuable, rare, irreplaceable, and difficult to imitate” (Vera & Rodriguez-Lopez, 2004, p. 397). Furthermore, the authors found that humility enhances an organization’s ability to identify and respond to threats and opportunities because humble leaders avoid the stumbling blocks of self-complacency and over-confidence. Perhaps most importantly, they noted that leadership humility plays a fundamental role in three key processes that are positively related to leader, employee, and organizational success: organizational learning, customer service, and organizational resilience. The authors identified the positive outcomes of organizational learning as innovation, productivity, leadership development, and low employee turnover. Positive outcomes of customer service were determined to be customer loyalty and satisfaction, congenial and flexible work environment, and employee satisfaction. Organizational resilience, in turn, produced the positive outcomes of continuous adaptation and renewal as well as employee commitment.

Cultural humility in healthcare settings. Hook et al. (2016) studied the relationship between cultural humility in organizational settings, specifically hospitals, and hospital safety culture. They defined cultural humility as a subset of humility consisting of both intrapersonal components, such as “an awareness of the limitations of one’s own cultural perspective,” and interpersonal components, such as “an openness to the other person’s cultural background, characterized by respect and lack of superiority” (p. 403). In the authors’ study, employees from four hospitals—including nurses, physicians, technicians, clerical staff, mid-level managers, and

senior executives—were asked about the cultural humility and the safety culture in their hospitals using two different scales. Higher perceptions of cultural humility were associated with higher perceptions of hospital safety. In addition, employees who perceived higher levels of cultural humility at their hospitals also rated their work settings more favorably in two other areas: organizational learning-continuous improvement and the way leadership dealt with employee mistakes in a constructive versus punitive manner. The authors concluded that cultural humility, which predicted between 15% and 21% of the variance in hospital safety culture, could provide a competitive advantage to hospitals.

In another study of cultural humility, Hook, Davis, Owen, Worthington, and Utsey (2013) introduced a construct of cultural humility to understand how it functions in a client-therapist relationship. They defined cultural humility as “having an interpersonal stance that is other-oriented rather than self-focused, characterized by respect and lack of superiority toward an individual’s cultural background and experience” (p. 353). They found that client perceptions of their therapist’s cultural humility were positively associated with improvements in therapy as well as with stronger client-therapist working alliances.

Humility and leadership styles. Numerous scholars have situated humility within the larger context of leadership styles, such as servant leadership (Irving & Longbotham, 2007; Laub, 2005), spiritual leadership (Reave, 2005), socialized charismatic leadership (Nielsen et al., 2010) and authentic leadership (Avolio & Gardner, 2005; Avolio, Gardner et al., 2004; Avolio, Luthans, & Walumbwa, 2004). These authors found humility to be a desirable leadership trait or leadership behavior positively related to several leader, employee, and organizational measures.

Humility and servant leadership. In the 1970s, Robert K. Greenleaf pioneered the study of servant leadership, which he believed was emerging in response to societal shifts driven by

young people, including the rise of organizational teams (Greenleaf, 1977). Greenleaf defined a servant leader as someone who is a “servant first ... sharply different from one who is a leader first” (p. 27). Greenleaf’s notion of a servant leader is relevant to a discussion of leader humility because it postulates a leader who conceptualizes himself as being subservient to his employees, whose aspirations and needs are more important than his own. Greenleaf believed that by trying to serve purposes greater than themselves, and sometimes having to move out of their comfort zones to accomplish this, servant leaders exhibit true humility.

Several scholars have elaborated upon Greenleaf’s notion of servant leadership, finding that servant leaders both understand and put into practice a form of leadership that values the well-being of those being led more than the self-interest of the leader (Gregory Stone, Russell, & Patterson, 2004; Laub, 2005). Irving and Longbotham (2007) utilized the Servant Organizational Leadership Assessment (SOLA) instrument (Laub, 1999) as a measure of servant leadership along with the Team Effectiveness Questionnaire (Larson & LaFasto, 2001) as a measure of team effectiveness to determine the relationship between servant leadership and team effectiveness. The authors found six servant leadership themes to be critical to team effectiveness: provide accountability, support and resource, engage in honest self-evaluation, foster collaboration, communicate with clarity, and value and appreciate others. Each of these servant-leader behaviors presupposes an underlying humility (either looking within or looking outside) and an acknowledgement of the importance of taking care of employees. In addition, they found that the behavior in which leaders “honestly evaluate themselves before seeking to evaluate others” is a significant predictor of team effectiveness (Irving & Longbotham, 2007, p. 106). They also concluded that leaders who engage in honest self-evaluation model humility for their employees and cultivate a work environment that is essential to personal development and

growth. So in its very essence, servant leadership embodies a strong sense of humility in which leaders acknowledge and behave in a way that emphasizes the importance of others relative to themselves.

In a systematic review of literature comprising 87 qualitative and quantitative studies published from 2000 to 2015, Coetzer, Bussin, and Geldenhuys (2017) identified humility as one of the eight primary characteristics of servant leadership. Based on the 27 different articles that cited humility as an attribute of servant leadership, the authors defined it as “being stable and modest with a high self-awareness of one’s strengths and development areas, ... being open to new learning opportunities, and perceiving one’s talent and achievements in the right perspective” (p. 6). Servant leadership was found to be positively related with several employee outcomes, including work engagement, organizational commitment, trust, self-efficacy, and job satisfaction, as well as with team and organizational outcomes, including group identification, customer service, and sales performance.

Humility and spiritual leadership. In a meta-analysis of more than 150 studies on spiritual leadership, Reave (2005) found clear evidence of a strong relationship between spiritual values and practices and effective leadership. Her analysis encompassed a wide range of studies in which leader humility manifested itself in a variety of spiritual behaviors and values. She looked specifically at the impact that leaders’ spiritual values (e.g., integrity, humility) and spiritual behavior (e.g., expressing care or concern) had on followers, groups, and other leaders.

Citing Heatherton and Vohs (2000), Reave (2005) found that leaders with the highest opinions of themselves were most unwilling to accept criticism from others, while those leaders open to negative feedback were most aware of what was actually going on in their organizations—essential knowledge that positively effects leader and organizational

effectiveness. After reviewing studies that compared and contrasted the importance of leader charisma and leader humility, including Badaracco (2001), Reave noted that humble leaders are often more effective than charismatic leaders, despite widespread fascination with charismatic leaders. In addition, the author cited Sorcher and Brant (2002), who found that among exceptional leaders, a “high degree of personal humility is far more evident ... than is raw ambition” (as cited in Reave, 2005, p. 672).

Reave also noted that a number of spiritual leadership behaviors exemplifying humility are positively related to important employee and organizational measures. The author cited Becker (2000) and Elm (2003), who found that when employees perceive they are being treated fairly by their leaders, it positively impacts employee trust as well as business outcomes. Reave pointed out that leaders who express care and concern for their employees, which Bass and Avolio (1989) refer to as individualized consideration, have been found to be more effective. The author also cited Kouzes and Posner (1999) and Mayfield et al. (1998), who found that leaders’ recognition of and appreciation for the contributions of others were positively related to employee motivation and performance.

Humility and authentic leadership. A number of researchers have sought to establish a broad theoretical foundation for understanding how authentic leadership affects follower behaviors, attitudes, and performance (Avolio, Luthans, et al., 2004; Gardner & Schermerhorn, 2004; Kiersch & Peters, 2017; Rego & Simpson, 2018). These scholars generally view authentic leadership as an effective leadership style capable of renewing followers’ confidence, hope, optimism, resiliency, and meaningfulness in the context of today’s turbulent organizational environment.

Avolio, Luthans, et al. (2004) defined authentic leaders as “those individuals who are deeply aware of how they think and behave and are perceived by others as being aware of their own and others’ values/moral perspective, knowledge, and strengths; aware of the context in which they operate; and who are confident, hopeful, optimistic, resilient, and high on moral character” (p. 4). In addition to the notion of self-awareness, Avolio and Gardner (2005) identified self-regulation as an essential trait of authentic leaders. This trait, they reasoned, enables leaders to define standards of behavior, evaluate discrepancies between these standards and their actual outcomes, and then develop a course of action to remedy any such discrepancies. Kernis (2003) identified four basic components of authenticity: self-awareness, unbiased processing, relational authenticity, and authentic behavior/action. A common thread running through these and other authentic leadership studies is the emphasis on self-awareness and honest, unbiased self-evaluation, both of which are consistent with concepts of leader humility as defined in the literature.

Avolio, Gardner, et al. (2004) also noted that authentic leaders possess an inherent sense of rightness and fairness that is larger than themselves and oriented toward their followers and the larger organization. These notions of rightness and fairness are consistent with concepts of leader humility in the spiritual leadership literature and servant leadership literature in which humble leaders subject themselves to a higher system of universal values and, in so doing, instill feelings of trust and commitment in their employees that can positively impact individual and team performance.

Avolio, Gardner, et al. (2004) also found that by creating personal identification with followers and social identification within the larger organization, authentic leaders can positively influence measures such as employee task engagement, commitment, job satisfaction,

empowerment, and ultimately performance. Furthermore, Avolio and Gardner (2005) found that through increased self-awareness, self-regulation, and positive modeling, authentic leaders can “foster the development of authenticity in followers that, in turn, contributes to follower well-being and sustainable performance” (p. 317). In this way, authentic leaders can cultivate employees and organizational cultures that exemplify, among other traits, aspects of humility that positively impact individuals and the larger organization.

Humility and human-oriented leadership. de Vries and Bakker-Pieper (2010) explored the relationship between leaders’ communication styles, three leadership styles (charismatic leadership, human-oriented leadership, task-oriented leadership), and leadership outcomes. The authors defined a leader’s communication style as a “distinctive set of interpersonal communicative behaviors geared toward the optimization of hierarchical relationships in order to reach certain group or individual goals” (p. 378).

To measure leaders’ communication styles, they used a scale that measured six communication dimensions: verbal aggressiveness, expressiveness, preciseness, assuredness, supportiveness, and argumentativeness. They also measured four leadership outcomes: knowledge donating and collecting, subordinate’s commitment to team, perceived leader performance, and subordinate’s satisfaction with leader.

The authors found that human-oriented leadership was strongly associated with the communication style of supportiveness. Furthermore, they found that the human-oriented leadership style (characterized by interpersonal concern and warmth) and the supportiveness communication style (e.g., “My leader often gives someone a compliment”) had the most significant positive impact on employee outcomes ranging from knowledge sharing and satisfaction with leader to organizational commitment (de Vries & Bakker-Pieper, 2010, p. 372).

The human-oriented leadership style and the supportiveness communication style exemplify humility in their recognition of the importance of caring for others and serving subordinates. In this respect, the leadership attribute of humility, as expressed through this combination of leadership style and communication style, exerts a positive effect on organizations and their employees.

Humility and socialized charismatic leadership. By reviewing primarily extant literature from personality and social psychology literatures, Nielsen et al. (2010) produced a theoretical article considering humility's impact on the behaviors and effectiveness of socialized charismatic leaders (SCLs), which they distinguished from personalized charismatic leaders. They defined SCLs as charismatic leaders who “serve collective interests, develop and empower followers, are follower oriented, and tend to be altruistic” (p. 33).

The authors proposed that humility positively impacts SCL effectiveness in several ways. First, by helping SCLs understand the values of their subordinates, seek the perspectives and opinions of others, and view themselves in relation to others, humility assists them in creating compelling visions for their organizations. Second, humility causes SCLs to work closely with followers and connect subordinates' self-concepts to the larger organizational vision; this positive role modeling ultimately helps leaders translate their visions into action. Finally, humility compels SCLs to implement a “two-way communication structure that demonstrates their desire for reciprocal feedback” from employees while engaging them in an intellectually stimulating manner (Nielsen et al., 2010, p. 38).

The authors concluded that the infusion of humility into leader communications ultimately increases follower identification with leader, trust in leader, self-efficacy, motivation, and willingness to sacrifice. While this theoretical study did not produce any empirical findings,

it provided a theoretical model and several hypotheses that future researchers could test through the application of a valid and reliable humility scale.

Humility and leadership behaviors. Several scholars have sought to better understand humble leader behaviors, including their antecedents, contingencies, and outcomes (Li, Liang, & Zhang, 2016; Schyns & Mohr, 2004; Sousa & van Dierendonck, 2017). Owens and Hekman (2012) conducted in-depth interviews with 55 leaders from a variety of organizational contexts, including financial services, high-tech, hospital, manufacturing, and banking firms. The participants represented different levels of leadership hierarchy (e.g., senior, mid-level, front-line), and each was also a follower reporting to someone higher up in his/her organization. The authors wanted to understand why some leaders behave more humbly than others as well as how those behaviors affect followers and other factors influencing such behaviors.

During data analysis, the authors grouped a range of humble leader behaviors into three general categories: “acknowledging personal limits, faults, and mistakes; spotlighting followers’ strengths and contributions; and modeling teachability” (Owens & Hekman, 2012, p. 794). While leaders demonstrated each of these behaviors through verbal communications, several non-verbal behaviors accompanied and enhanced the various communications, including huddling with teams of followers, keen observation, assuming attentive posture, listening actively to others before speaking, note-taking while listening, and learning by doing. For example, one participant described a leader who actually stepped into a follower’s role so both of them could learn how to do a task together. Other participants described humble leaders who would “jump into the trenches” to literally model follower tasks ranging “from sales calls to custodial work to grunt labor” (p. 799). The authors reported several consistent outcomes of these humble leader behaviors, including followers’ increased relational trust and loyalty, a sense of psychological

freedom where followers felt they were able to be more honest and authentic, and followers' increased sense of accountability and pressure to perform for their leaders.

Owens and Hekman (2016) conducted several subsequent experimental studies involving "laboratory teams" of undergraduate business students at two universities as well as actual "organizational field teams" of employees at a health services company (p. 1088). Through these studies, the authors evaluated how the same three categories of humble leader behaviors (cited above in Owens & Hekman, 2012) influenced team interaction patterns and team performance. The authors found that humble leader behaviors positively influenced group performance by "fostering the constructive interpersonal processes inherent in collective humility and by catalyzing a specific collective regulatory focus" (Owens & Hekman, 2016, p. 1103). Collective humility occurred when a team exhibited behavioral patterns of admitting mistakes, highlighting others' contributions, and being open to feedback and new ideas. The study also confirmed that: (a) followers keenly observe leaders' non-verbal behaviors as well as their verbal communications, and (b) the kinds of behaviors leaders model can have a profound impact on the way team members interact with each other as well as the way the overall team performs.

Humility and leadership communications. Guilmartin (2010) explored the effects of leader communication on organizational learning and ultimately an organization's overall success. Specifically, the author studied how leaders can pause when confronted with difficult decisions to publicly acknowledge what they do not know *they do not know*. This expression of humility enables leaders to avoid making hasty, ill-informed, and reactive decisions while inviting broader participation from employees to develop effective, long-lasting solutions to critical problems. In one particular organizational situation that Guilmartin studied, by asking "What don't I know I don't know?" the CEO welcomed a "gold mine of feedback" from a

project team developing a training solution (p. 73). By doing this, the CEO tapped into the power of humility to increase the trust of his employees, boost the curiosity and learning of his organization, and develop a better training program.

In seeking to explain how leader expressions of humility affect organizational outcomes, Owens et al. (2013) drew upon articles from psychological and organizational behavior literature published in the preceding 10 years that focused on defining the humility construct. The authors found that leaders who exemplify three aspects of humility through their communications and behaviors foster an organizational climate in which employees focus more on personal and team development and are more willing to pursue learning opportunities. These aspects of humility included “a manifested willingness to view oneself accurately, a displayed appreciation of others’ strengths and contributions, and teachability” (p. 1518). The authors concluded that leader-expressed humility was positively related to employee job engagement, employee job satisfaction, and learning-oriented teams, while being negatively related to voluntary job turnover. They proposed future research focused on uncovering antecedents of leader-expressed humility to assist organizations in better hiring for this attribute as well as developing it in their own leaders.

Motivating language. In developing his Motivating Language Theory (MLT), Sullivan (1988) sought to construct a model that would help leaders deploy communications that could boost employee performance. MLT is concerned with three types of leader speech acts: *perlocutionary*, or direction-giving language; *illocutionary*, or empathetic language; and *locutionary*, or meaning-making language. When leaders use direction-giving language, they acknowledge and fulfill employees’ need to understand their roles and responsibilities. Leaders employ empathetic language to convey compassion or humanity toward employees, compliment

them for their performance, or acknowledge specific work or personal problems experienced by employees. Leaders often use meaning-making language in the form of storytelling when they wish to convey cultural norms, organizational values, or desired behaviors to employees. Each of these types of expressions has an implicit element of humility (Mayfield et al., 1998; Mayfield & Mayfield, 2009a).

Sullivan (1988) noted four assumptions about the use of motivating language. First, most of the kinds of verbal expressions that occur in communications between leaders and employees fall into one of the three types of motivating language. Second, motivating language's effect on employees is moderated by leaders' behavior; when leaders' behaviors are inconsistent with their words, their actions have a greater impact on employees than words. Third, leaders' communications acts are not motivating in and of themselves; rather, their effectiveness lies in employees' perceptions and understanding of them. This assumption reflects an interpretivist perspective and is consistent with an age-old communications adage: a communication is not successful unless it is received by the audience in the manner the sender intended it. The fourth assumption states that leaders are most effective when they use all three types of motivating language in their communications with employees. Mayfield and Mayfield (2009b) illustrated how a leader can integrate all three speech acts into basic leadership behavior involving verbal and non-verbal elements. When a leader actively listens to what an employee is saying and then responds to the employee's comments by offering advice and/or posing follow-up questions, the leader provides direction, expresses his/her humanity, and exhibits the core value of humility.

Through a series of studies, several researchers have developed, tested, and operationalized a scale to evaluate leaders' use of motivating language (Mayfield et al., 1998; Mayfield & Mayfield, 2009a; Mayfield, Mayfield, & Sharbrough, 2015; Sharbrough et al.,

2006). They have applied that scale to explore the relationship between leaders' use of motivating language and a range of employee measures, including absenteeism, loyalty, satisfaction, self-efficacy, and performance. The majority of this research has studied MLT in the context of a leader's one-on-one spoken communications with employees.

In one of their early research efforts to apply MLT, Mayfield et al. (1998) studied a nursing staff in a large government health care facility located in the southeastern United States. One hundred fifty-one employees completed a survey asking about their own level of job satisfaction and their supervisors' use of motivating language. In addition, 13 supervisors managing those employees rated their subordinates' job performance. The authors found positive correlations between leaders' use of motivating language and employees' job satisfaction and job performance. For every 10% increase in leader use of motivating language, employee job satisfaction rose by 7%, while employee job performance increased by 2%.

In a later study, Mayfield and Mayfield (2012) explored the relationship between leaders' use of motivating language and employees' self-efficacy, which they defined, citing Bandura (1986), as "people's judgments of their capabilities to organize and execute courses of action required to attain designated types of performance" (as cited in Mayfield & Mayfield, 2012, p. 359). The authors found that employees' self-efficacy rose by as much as 34% with increased levels of leader motivating language, while their performance rose by up to 20%.

Sharbrough et al. (2006) sought to understand the relationship between supervisors' use of motivating language and several employee measures within a 400-person department at a Fortune 500 company. The study included survey responses of 136 employees across five levels of supervision. The authors found that motivating language had a significant positive relationship with subordinates' job satisfaction (12% increase), subordinates' perception of leader

effectiveness (45% increase), subordinates' perception of leader communication competence (35% increase), and subordinates' satisfaction with the communication they received (40% increase).

In a more recent study, Mayfield et al. (2015) extended their MLT research to explore how leaders can use motivating language to create and communicate strategic visions and core values more broadly to internal and external stakeholders. The authors defined strategic vision as a "shared mental model (between stakeholders) which interprets and gives positive direction, meaning, and values to the organization's stakeholders (both internal and external) in a complex, open systems environment" (p. 107). They looked at a range of leader communications directed at large internal and/or external audiences, including CEO messages on websites, annual reports, speeches, and webcast videos made by top leaders at Cytokinetics, RBC Financial Group, Southwest Airlines, and Zappo. In seeking to develop a broader MLT model, they acknowledged one of the shortcomings of past MLT research was that it studied only leaders' one-on-one speech communications with employees, which represent a small portion of leaders' overall communications. In their conclusions, they proposed three steps to effectively diffuse motivating language throughout an organization and maximize its potential positive effects: top-leader role modeling, incentivizing lower-level leaders to use motivating language, and formal training for managers at all levels.

Humility and leadership communications focused on relations and change. Yukl (2012) explored what has been learned about effective leadership behavior in organizations and identified conditions that influence the effectiveness of those behaviors. In addition to noting the importance of servant leadership values such as humility and altruism, he identified specific

leadership behaviors through which these values can be imparted to employees. Many of these behaviors took the form of leadership communications.

Relations-oriented behaviors (e.g., supporting, recognizing, and empowering) are similar to much of the servant leadership behaviors described in the literature, as well as MLT's three speech acts (Sullivan, 1988). Each of these behaviors embodies aspects of humility and is often enacted through formal or informal leadership communications. For example, leaders demonstrate the supporting behavior when they express concern for the needs of others and actively listen to employees' concerns. Recognizing is a way in which effective leaders proactively look for opportunities to attribute their own leadership success to their employees' hard work and achievements. By empowering their employees, leaders acknowledge that they do not have all the answers and convey trust in their employees to make their own decisions and develop their own solutions (Yukl, 2012).

Change-oriented leadership behaviors (e.g., advocating change, encouraging innovation, and facilitating collective learning) also exemplify aspects of humility found in servant leadership theories. By advocating change, leaders recognize the influence of external factors beyond their control and acknowledge the need to find better ways of operating. Leaders encourage innovation by creating safe work environments in which employees can take calculated risks, test new ideas, and voice dissenting opinions. Through facilitating collective learning, leaders admit they do not have all the answers, and they help their teams achieve innovation by admitting failures, analyzing their causes, and learning from their mistakes (Yukl, 2012).

While Yukl's examination of the leadership behavior literature yielded a useful taxonomy of leadership behaviors, sub-behaviors, and their respective impacts on employee and

organizational measures, the author admitted the need for further research to understand the complex contexts in which these behaviors occur.

Humility and leader storytelling. Another thread of related research explores ways that leaders can harness the power of narrative to accomplish a range of organizational outcomes. Several of these studies examine specifically how leaders can impart humility through various forms of storytelling to the benefit of their organizations. Shamir and Eilam (2005) explored the critical role that constructing life-stories plays in the development of authentic leaders. According to the authors, life-stories are “self-narratives that refer to the individual’s account of the relationships among self-relevant events across time” (p. 402). Life-stories are the means by which leaders can construct a coherent understanding of who they are and how they became who they are in the broader context of their life’s experiences and relationships. Leaders can also use life-stories to express their leadership roles to employees. In this way, the life-story provides employees with an important source of information they can use to determine whether their leader *is* or *is not* authentic.

A degree of humility is implicit in the notion of leader life-stories, since the construction of life-stories is based on the premise that leaders can increase self-awareness by reflecting on and then articulating their experiences. By integrating into their life-stories various instances in which they have learned from failures and mistakes as well as from successes, authentic leaders embody humility and model behavior for their employees to emulate. Put another way, leaders are able to communicate that it is okay for employees to make mistakes as long as they own their mistakes and learn from them. The authors suggested that additional research should be conducted to better understand the effects of leader life-stories on followers (Shamir & Eilam, 2005).

Harbin and Humphrey (2010) examined the literature from a range of academic disciplines—including education, leadership, and neuroscience—to determine the effects of storytelling in classroom and organizational settings. One of their key findings was the impact that stories have on audience members, who become engaged listeners rather than passive recipients, actively involved in the cognitive process of trying to figure out the various meanings of the story. The authors concluded that telling stories is a powerful and effective teaching tool for management professors as well as an essential skill for leaders of organizations.

The authors also presented examples of stories told by management professors and corporate leaders to illustrate various leadership skills and organizational values. Several of these were stories told by leaders at Southwest Airlines to illustrate the value of humility that is central to the company's culture. In one story, Herb Kelleher, co-founder and former CEO and chairman of Southwest Airlines, worked beside baggage handlers on the airport tarmac, pitching luggage into the cargo hold of a 727 aircraft. Another story depicted Kelleher working alongside flight attendants, welcoming guests onto planes and serving them food and drinks in flight. By sharing these stories with employees, the airline's current leadership effectively conveyed images and emotional content that served to celebrate and inculcate a culture of humility throughout the organization, while closing the perceived distance, or hierarchy, between leaders and employees.

Nissley and Graham (2009) explored the role of leader narratives and rescripting when organizational change is called for. The authors posited that leaders must first be aware of their organizations' dominant narratives and then be able to transform those narratives when the old stories are no longer useful in advancing organizational goals. Humility is implicit in the leadership behavior of rescripting, as a leader must recognize the need for a change in

organizational direction and acknowledge that “we cannot achieve our company’s goals with the story we have” (p. 15).

The authors looked specifically at the narrative responses of America’s Big Three automakers when they found themselves on the brink of collapse in December 2008. At that time, Alan Mulally, then the president and CEO of Ford Motor Company, began articulating a new script for his company that reflected a radical rethinking of its future. Specifically, Mulally called for “shifting production from trucks and SUVs to small, fuel-efficient passenger cars” (p. 16). A key component of Mulally’s new script was the honest and humble admission of the debilitating effects of the company’s age-old “truck-and-SUV centric script” (p. 17).

Humility and leader use of self-deprecating humor. Only a handful of studies have looked specifically at leaders’ use of self-deprecating humor in the workplace (Gilbert, 2009; Hopton, Barling, & Turner, 2013; Martin, Puhlik-Doris, Larsen, Gray, & Weir, 2003; Vinson, 2006). This is surprising given the number of scholars who have explored leader humility and leader humor separately. As self-deprecating humor uniquely combines humility and humor, this void in the scholarship provides opportunities for further research.

In her dissertation investigating the relationship between transformational leadership practices and types of humor, Gilbert (2009) cited research by Paulsgrove (2002) that found humility and humor are two valuable leadership tools for establishing a foundation for communication in an organization. Paulsgrove observed that humility exemplified by a leader implies that s/he respects employees, acknowledges that s/he cannot succeed alone, and recognizes that the organization is more important than any one individual. Building upon Paulsgrove’s findings, Gilbert noted that while leaders must often convey serious messages, they set the tone and culture of an organization and can reduce workplace stress by “making it okay to

find humor in the day, and by being the first to smile” (p. 41). In addition, Gilbert noted that transformational leaders must learn to take work seriously without taking themselves so seriously, including learning to laugh at themselves. By using self-directed humor, they can keep their egos under control and help their employees maintain proper perspective about what is most important. Clearly, the ability to laugh at oneself is consistent with several researchers’ notion of humility, by which individuals look within to accurately evaluate their own imperfections, mistakes, and shortcomings (Collins, 2001; Lawrence, 2008; Tangney, 2002).

In contrast to Vinson’s study (2006), which defined self-deprecating humor as a type of aggressive humor, Hopton et al. (2013) distinguished between humor that targets the joke teller (self-deprecating humor) and humor that targets the audience (aggressive humor). As such, they defined self-deprecating humor as a form of affiliative humor. The authors referenced Martin et al. (2003) to further differentiate self-deprecating humor from other forms of affiliative humor such as self-defeating or self-disparaging humor, in which “there is an element of emotional neediness, avoidance, and low self esteem” seeking to “ingratiate oneself or gain approval” (as cited in Hopton et al., 2013, p. 6).

Hopton et al. (2013) recognized and explored specifically the aspect of humility that is inherent to a leader’s use of self-deprecating humor. They observed that as self-deprecating humor intentionally targets the joke teller, not the audience, it conveys an honest, humble look at oneself. The researchers concluded that leaders who employ self-deprecating humor permit employees a privileged glimpse into their true selves by revealing their weaknesses or mistakes and by casting themselves in a vulnerable light. In this manner, leaders can use self-deprecating humor as an “equalizing strategy” (p. 7). By downplaying their own importance and de-emphasizing their organizational status, leaders can bring themselves closer to their employees.

Hopton et al. (2013) also found that leaders who used self-deprecating humor were rated higher on individualized consideration—one of four factors of transformational leadership noted by Bass (1998)—than those leaders who used aggressive humor. They concluded that self-deprecating humor may also reinforce intellectual stimulation for employees. Put another way, leaders who use self-deprecating statements, such as jokes, disrupt conventional notions of the heroic leader who is both unassailable and infallible. The researchers proposed that leaders who question traditional assumptions about leadership roles through the use of self-deprecating humor may inspire their employees to “challenge other assumptions and ultimately foster out-of-the-box thinking, creativity, and innovation” (Hopton et al., 2013, p. 8).

But the authors called for additional research in this area. They acknowledged the need to study the long-term effects of leaders’ use of self-deprecating humor, which—when used repeatedly over time—could undermine a leader’s power as well as diminish employees’ perceptions of leader confidence and sincerity. They also noted that employees’ culture, age, and tenure could have an effect on the way they perceive a leader’s use of self-deprecating humor.

Impact of Workplace Design on Employees and Organizational Culture

Much has been written about the impact of workplace design on employees and organizational culture in both the popular press and the academic literature (De Paoli, Arge, & Hunnes Blakstad, 2013; Higginbottom, 2017; Love, 2017; McElroy & Morrow, 2010; Morrow, McElroy, & Scheibe, 2012). While none of the research has focused specifically on how organizations can imbue their cultures with humility through the use of physical objects and the design of physical settings, several studies are relevant to an exploration of leader and organizational humility.

Love (2017) traced the roots of the open-office concept to the 1960s. Designers at that time conceived of a more modern way of working in response to two forces: the social and political turbulence following World War II and the increasing focus on the “autonomous, motivated and engaged worker” (p. 1). The early open-office designs sought to flatten the structural hierarchy of the traditional private, corner-office environments and replace them with a more egalitarian setting that put leaders and employees on more equal footing. Designers rethought every aspect of workplaces, including the arrangement of furniture and the erection of barriers as well as the placement and design of individual offices, cubicles, breakrooms, water coolers, and copy machines.

Higginbottom (2017) found that a number of contemporary organizations have implemented open-plan office spaces to reduce the status of leadership and reinforce their egalitarian ideologies. The author cited Microsoft and GSK as two companies that have intentionally transformed their work environments in this manner. Such designs increase the visibility of top leaders with the goal of making them seem more human and approachable to employees. In this respect, open-plan office settings can tacitly infuse organizations with a sense of humility that complements and reinforces leaders’ humble communications and non-verbal behaviors.

McElroy and Morrow (2010) noted the considerable amount of literature—in fields as diverse as architecture, environmental psychology, and organizational management—that has shown how physical settings influence human perception, attitudes, and actions. To address a gap in that line of research, the authors examined the effects of one financial firm’s office redesign, which sought to reduce workspace square footage while enhancing employees’ attitudes toward work as well as their perceptions of the organizational culture. They studied two

groups of employees at the firm, one group that was moved into a newly reconfigured workspace featuring open offices, and one that continued to work in the old 1970s-style cubicle office setting. They looked specifically at three physical aspects of organizational settings observed by Davis (1984): *physical structure*, comprising the “design, physical location, and physical layout of the workplace;” *physical stimuli*, consisting of the “things that happen within the workspace,” including reading reports and sending and replying to emails and phone calls; and *symbolic artifacts*, referring to aesthetic elements such as the “colors, types of flooring, furniture style, and overall office décor” (McElroy & Morrow, 2010, p. 612). The authors also noted Schein’s (1990) model of organizational culture consisting of three levels: observable artifacts, values, and underlying assumptions. They posited that according to this model, office designs could feature observable artifacts of an organization’s culture while embodying its core values.

In terms of their perceptions of workspace, employees who moved into the new open-office setting perceived that they had significantly less overall room and significantly greater distractions, while reporting more positive perceptions of the overall layout of their department. Those employees also perceived their organizational culture to be significantly less formal and more innovative, with higher reported levels of collaboration. In terms of their attitudes about work and the organization, employees who moved into the new open-office setting reported being more satisfied with their co-workers and having higher levels of affective organizational commitment (AOC), which the authors defined as an employee’s “feeling of commitment to (loyalty or identification with) an organization” based on his/her “belief in that organization’s goals and values” (McElroy & Morrow, 2010, p. 621).

In a subsequent study, Morrow et al. (2012) pursued a deeper understanding of the effects of office redesign on employee AOC. They focused on the concept of AOC in the broader

context of today's dynamic, constantly changing work environments characterized by employees' decreasing commitment to their employers. The authors studied a Midwestern financial services firm that was redesigning an office environment whose old design was considered to be too bureaucratic. Through the redesign, the firm hoped to create an organizational culture that was more egalitarian and open to new ideas. The redesign featured a variety of elements, including new furniture, updated décor, and brighter colors. In addition, the height of partitions was decreased by up to nine inches with the intention of increasing natural light, and common meeting areas and small-group conference rooms were added. The overall effect was "a brighter, more modern looking, more open office arrangement with better lines of vision throughout the floor and more natural lighting" (p. 103). They surveyed 121 employees who moved into the new space, and 136 employees who did not move, finding that the office redesign more than doubled employee AOC.

De Paoli et al. (2013) used an inductive case study approach to explore how organizations can create business value by combining management practices with flexible, open-space offices and the use of mobile and networking technologies. Business value was measured by increases in knowledge sharing, organizational learning, collaboration, and innovation. The setting for the study was a new office building at a large international telecom company featuring a paperless, flexible, and open work environment. The design concept featured workzones consisting of 30 to 50 "dynamic use, free seating, and clean desk" workplaces, "silent rooms to perform individual tasks," and communal areas giving employees access to numerous services and meeting spaces (p. 186). The authors used several data sources: an already-completed occupancy evaluation study, their own observations of the workspace in action, and 20 interviews they conducted with top-level and mid-level managers representing various functional

departments. In one interview, a top manager commented on the relationship between the company's egalitarian culture and the new office design, saying that "it is important that managers show respect for everybody regardless of position, that managers are available, involving employees, being able to listen, not being afraid to admit mistakes" (p. 187). Another mid-level manager said that "the open work space solution has an effect on leadership. You as a leader should earn your respect by your personality, your skills, the way you lead, not by the size of your room, computer, or other status symbols" (p. 187). The authors' key takeaway from the interviews, observations, and occupancy report was that the office design stimulated a more participative, democratic leadership style. They concluded that the organization's participative leadership practices, open and flexible offices, and novel communication technology combined to create substantial business value as evidenced by the firm's significant productivity increases and growth from a national company to a major international player.

Conclusion

As this literature review has illustrated, numerous scholars have investigated the nature and impact of humility in organizational settings. Some have explored how the trait of humility is embodied in certain leadership styles—such as servant leadership, authentic leadership, spiritual leadership, and socialized charismatic leadership. Several scholars have examined how leaders can integrate humility into their communications and behaviors, while other others have demonstrated the competitive advantages of humility as a core value embedded in organizational culture. A number of these studies have found significant positive relationships between leader humility and desirable employee measures and organizational outcomes.

The majority of the research on humility has been quantitative in nature, striving to discern the relationship between specific leader behaviors or communications and one or more

employee measures or organizational outcomes. While such studies have yielded valuable insights, they have not explored the complex, dynamic, and reciprocal ways that humility can operate within organizations through the integration of humble language, verbal expressions, non-verbal behaviors, and physical objects and settings. Furthermore, the individual perceptions of leaders and employees—articulated in their own authentic voices—have been conspicuously absent from the literature on humility.

This dissertation addressed this gap in the academic literature by seeking to understand how leaders and employees experienced humility-infused interactions in various organizational settings, including how they made sense of and found meaning in those interactions. It also posited an explanatory theory—based on the study findings—about how humility functioned during these interactions. Armed with this knowledge, organizational practitioners can design and implement programs that foster humility as a core value that is embedded in culture, expressed in words and actions, and codified in policies and practices. Such programs have the potential to positively influence a range of employee measures (e.g., loyalty, trust, job satisfaction, organizational commitment) and organizational outcomes (e.g., employee retention, organizational learning, innovation).

Chapter 3: Discussion of Methodology

This chapter presents the study's theoretical lens and overall research design and rationale, followed by descriptions of the site and participant selection, data collection and data analysis methods, and role of the researcher.

Theoretical Lens

The theoretical lens for this study was interpretivism, which emerged in the work of philosophers such as Edmund Husserl and Martin Heidegger in the early part of the 20th century as they expressed growing disillusionment with positivist and post-positivist epistemologies (Lincoln & Guba, 2000). This theoretical perspective is concerned with how individuals perceive and make sense of their lived experiences by means of interpreting the phenomena and events around them (Price, 2011). Creswell (1998) noted that researchers exploring the world through an interpretive lens strive to “make sense of (or interpret) the meanings others have about the world” (p. 21). Schwandt (1994) stated that interpretivism produces deep insight into “the complex world of lived experience from the point of view of those who live it” (as cited in Andrade, 2009, p. 43). Furthermore, Odgers, Fitzpatrick, Penney, and Shee (2018) noted that interpretivism, as a post-positivist approach to research, “suggests that the researcher is not value free, but is affected by social, cultural, and political points of view” (p. 23).

From an ontological perspective, Denzin and Lincoln (2005) noted that interpretivism assumes a relativist position in which there are multiple realities. From an epistemological perspective, knowledge is constructed through social interaction, subject to interpretation, expressed as a coherent whole through narratives, and continuously reinterpreted through ongoing relations (Price, 2011). From an axiological perspective, an interpretivist theoretical lens values the specific features of setting and context, such as time and place, as well as the

individual perceptions and authentic voices of researchers and participants. From a methodological perspective, interpretivist studies typically use a range of qualitative methods and techniques for close listening and careful observation (Odgers et al., 2018).

Interpretivism is the common thread running through every aspect of this research study, serving as the connective tissue binding all parts together. It is present in the qualitative data collection, analysis, and interpretation methods I used; in the value placed on the distinctive voices, perceptions, and observations of the researcher (a co-participant) and other participants; in the focus on spoken and written words as the data to be interpreted; and in the attention paid to the relational and socially constructed nature of participants' identities, roles, and interactions.

Overall Design and Rationale

Merriam (1998) defined the case study as “an intensive, holistic description and analysis of a bounded phenomenon” (p. xiii). She also noted three distinguishing characteristics of a case study design. It is “particularistic” in that it focuses on a particular phenomenon, program, event, or situation; “descriptive” because it yields rich, thick description of the phenomenon being studied; and “heuristic” because it helps the reader understand the phenomenon (p. 66). In Merriam’s terms, my case study shed light on the phenomenon of humility as it was experienced and processed by leaders and employees at a single organization.

I used an exploratory instrumental case study design to study humility-infused interactions between leaders and employees at a large, complex, geographically dispersed organization (Stake, 1995; Yin, 2002). My study systematically integrated four humility elements into leader-employee interactions: language, verbal expressions, non-verbal behaviors, and physical objects and settings. The case study was exploratory because the outcomes of these humility “interventions” were uncertain, and I used several methods to evaluate how participants

experienced them, including focus groups, interviews, and journaling (Yin, 2002). My case study was bounded; I selected one organization to study, referred to as HealthCo, and scrutinized its unique contextual features and activities. These are elucidated in the Site Selection section below. However, I purposefully chose HealthCo because it has several features that are characteristic of a type of organization in which the presence of humility warrants further study. In this respect, studying the specific case was instrumental in helping me develop a better understanding of how humility is experienced by leaders and employees in large, complex, geographically dispersed organizations (Stake, 1995).

In addition, my case study was characterized as a single case with embedded units, as described by Baxter and Jack (2008), because I studied the same issue or phenomenon (humility) when it was infused into a series of interactions between two leaders and several different groups of employees at the same organization. The authors noted “the ability to look at sub-units that are situated within a larger case is powerful when you consider that data can be analyzed *within* the sub-units separately ...” as well as “*between* the different sub-units” [emphasis in the original] (p. 550). By collecting data from multiple sources within multiple leader-employee groups and then analyzing that data within and between those groups, I was able to produce richer analysis that shed greater insights into the particular case as well as the larger issue being studied.

There were several advantages to case study design that are particularly salient to my research topic and research questions. First, collecting data from multiple sources using methods such as observation, focus groups, interviews, and journaling enabled participants to tell their stories, describe their feelings, and explain their thoughts in their own authentic voices. This, in turn, allowed me to better understand participants’ experiences and behaviors (Baxter & Jack, 2008). In addition, case studies call for the researcher to collect data about participants as they

act and/or interact in natural situations in actual work environments. In this way, case studies can reveal the dynamic interplay and complexities of such interaction that cannot be captured through quantitative methods such as surveys or questionnaires (Yin, 2002). As noted earlier, while a number of quantitative studies have revealed positive correlations between humility and desirable employee measures and organizational outcomes, those studies have not explored the complex, dynamic, and reciprocal ways that humility functions within organizations through the intentional integration of four elements.

Humility-infused interactions. At the beginning of the study, I worked with each leader to develop a plan for him/her to deploy these four humility elements. Both leaders used elements intentionally according to the plans we developed as well as spontaneously when opportunities arose organically during the course of their interactions with employees. This program of humility-infused interactions was based on the related humility literature I reviewed for the study along with my 25 years of professional experience supporting leader communications in large corporate and university settings.

In terms of language, the two leaders and I discussed an array of words and phrases they could use to convey one or both dimensions of humility: looking honestly within themselves as well as opening up to others' ideas and recognizing their value. Examples of humble language included "I was wrong," "I made a mistake," "I don't know," "I can't do this alone," "We have room to improve," as well as "I'd like to hear your ideas," "What do you think," "I appreciate your contributions," and "Thank you for saying that." Leaders focused on words that would be most comfortable and natural for them to use in the context of their employee interactions. In the case of Leader A, he also quoted a number of wise sayings made by a former colleague of his that embodied various aspects of humility, including "Take time to refill your well," "The fire of

dignity burning within every person,” and “If you cannot see Christ in your patient, be Christ to your patient.”

I also worked with the two leaders to integrate general verbal expressions of humility into their formal remarks and informal conversations. These included telling authentic life-stories about personal mistakes, professional failures, and lessons learned; expressing weakness, regret, and vulnerability, acknowledging the success of others; giving credit and praise to fellow employees; and expressing concern and compassion for others (Guilmartin, 2010; Hardin & Humphrey, 2010; Hopton et al., 2013; Mayfield & Mayfield, 2002; Nissley & Graham, 2009).

In helping leaders consider humble language and verbal expressions to use, I drew upon dimensions from several humility scales (Ashton & Lee, 2008; Owens et al., 2015; van Dierendonck & Nuijten, 2011) as well as Sullivan’s (1998) three types of motivating language, which exemplify the two-dimensional definition of humility. These included direction-giving language, when a leader uses words that clearly explain tasks to be performed and other behavioral expectations to establish accountability and assist employees in doing their jobs; empathetic language, when a leader is willing to share his/her affect with an employee by using words that convey gratitude, praise, openness to learning, or vulnerability; and meaning-making language, when a leader uses specific words or phrases from the organization’s mission and vision statements as well as references to core values, rituals, and traditions that constitute the organizational culture (Mayfield et al., 1998; Mayfield & Mayfield, 2002; Sullivan, 1988). This dissertation expanded the application of motivating language to settings in which a leader communicated with many employees, including a vice president delivering presentations to new employees in formal settings, as well as a director interacting with employees she managed in a

more relaxed setting during monthly team meetings. Previously, the majority of studies on motivating language had examined leaders' one-on-one spoken communications with employees.

Through their interactions with employees, the two leaders also exhibited humble non-verbal behaviors. These included maintaining eye contact, attentive posture, and open body language; listening actively to employees' comments; and taking notes on what others were saying without interrupting them. The non-verbal behaviors also entailed closing the physical distance between leaders and employees, figuratively or literally shaking hands with employees to make a personal connection, and sitting with or walking among employees instead of apart from them (Owens & Hekman, 2010; Owens et al., 2013; Yukl, 2012).

Finally, the two leaders deployed physical objects and used physical settings in ways that conveyed humility. In some instances, this entailed furniture and seating arrangements, general décor, observable artifacts, and other physical features that broke down traditional barriers or distance between leaders and employees and allowed them to interact on a more equal level (De Paoli et al., 2013; Higginbotham, 2017; Love, 2017; McElroy & Morrow, 2010; Morrow et al., 2012). Examples included conference tables with no implied head of table or reserved seating; minimal or no use A/V equipment, podiums, or raised stages; employee awards made from pieces of driftwood literally harvested from the earth and sea; and elements of "table spirituality" such as food and drink that transformed formal meeting places into more casual fellowship spaces. By integrating humble physical objects and settings like these with humble language, verbal expressions, and non-verbal behaviors, this study made a unique contribution to the existing literature. Appendix A presents a table with examples of the four types of humility elements that were used in the leader-employee interactions.

Constructivist grounded theory for analysis. Within the exploratory instrumental case study design, I used Charmaz's (2009) constructivist grounded theory methods for data analysis, interpretation, and reporting. This approach was appropriate in light of the study's problem statement, purpose, research questions, conceptual framework, and theoretical lens. Kathy Charmaz began developing a constructivist grounded theory method in the mid-1990s. In creating this offshoot of Glaser's and Strauss' (1967) grounded theory method, she integrated a form of constructivism that examined "the relativity of the researcher's perspectives, positions, practices, and research situation; the researcher's reflexivity; and depictions of social constructions in the studied world" (Charmaz, 2008, p. 398). In the context of grounded theory, Charmaz's idea of constructivism has two meanings: the researcher has a socially constructed reality that shapes his or her research, and the participants also have a socially constructed reality that constitutes the data for the research (Charmaz, 2009). Through her unique approach to constructivist grounded theory, Charmaz believed it was incumbent upon the researcher to understand how participants jointly construct their realities; the researcher should then seek to understand the broader social context and forces that influence how participants make sense and find meaning, some of which are unknown to the participants themselves (Higginbottom & Lauridsen, 2014).

Another key aspect of Charmaz's method concerned researcher objectivity. She believed researchers could not prevent their personal experiences from influencing their research, nor should they try to do so. Instead, she noted that researchers' unique perspectives and experiences invariably shape their subjective interpretations of data. Furthermore, she posited that researchers' findings do not lay claim to larger, transcendent truths, but rather reflect their

interpretations of complex realities co-constructed by the researcher and the participants (Wertz et al., 2011).

Mills, Bonner, and Francis (2006) elaborated on this idea of co-construction. They noted in Charmaz's method the underlying assumption that the data—as well as the meanings inferred from the data by the researcher—are produced by the interactions between the participants and the researcher (a co-participant). The authors also noted that Charmaz believed the researcher should not strive to write the final report in a distant, scientific style. Instead, as the “author of a co-construction of experience and meaning,” the researcher should deploy a more literary, evocative style that faithfully describes the unique experiences of all those involved (p. 32). In the Data Analysis section below, I describe the rigorous process I followed to strike a “balance between participant meaning and researcher interpretation” (Williams & Morrow, 2009, p. 576).

Significantly, this overall design addressed two research recommendations made by Hook et al. (2016), as noted in Chapter 2. The authors called for more research exploring in greater depth what “... humility actually looks like ... and which aspects of ... humility are most important” to leaders, employees, and customers (p. 408). The authors also stated that there is a need to develop, implement, and study humility interventions as an employee training strategy focused on improving organizational performance. This study's combination of humility-infused interactions and qualitative “post-testing” represents such an intervention. In addition, the design offers the benefits of triangulation by gathering data from multiple sources as well as by using different methods of data collection (Creswell, 2012).

Site and Participant Selection

In selecting an appropriate site and participants for my case study, I talked to potential gatekeepers (by phone and in person) at more than 10 organizations. These conversations

included in-depth discussions about how the proposed study would fit into their organizational environments with minimal disruption to daily operations while still offering the kinds of dynamic leader-employee interactions necessary to answer my research questions. I used purposeful sampling to select an organization offering access to information-rich contexts that would help me understand the phenomenon I was studying (Creswell, 2012).

Site selection. I conducted my study at a large healthcare organization based in the southwest region of the United States. It is a faith-based, nonprofit organization with a long history of serving the sick, infirm, and destitute. The organization, which I refer to as HealthCo, fulfills its mission by delivering a full range of integrated healthcare services at several full-service hospitals along with a number of specialty centers and clinics. These facilities are located in a large metropolitan area as well as in surrounding mid-size cities and smaller towns throughout the region. The organization employs thousands of physicians, nurses, housekeeping staff, ancillary support staff, and administrators.

I selected HealthCo for my exploratory instrumental case study for several reasons. These included its considerable size, heterogeneous employee population, multi-layered organizational structure, and geographic dispersion, as these are attributes that affect the nature and frequency of leader-employee interactions, including the way culture and values are transmitted and potentially co-constructed. At small, single-site organizations, senior executives (e.g. CEO, CFO, COO, presidents, vice presidents) are typically able to interact with employees in person on a regular basis, serving as the collective face of the organization and the primary purveyors of its culture and values. In this way, those senior executives are capable of exerting a significant physical presence and a dominant influence over the entire organization. In contrast with small, single-site organizations, large, complex geographically dispersed organizations are typically

characterized by more diverse employee populations (i.e., racial, ethnic, educational, generational, socioeconomic diversity) where culture and values are transmitted as much through various daily interactions among multiple levels of leaders, managers, and employees as they are through top executives' direct interactions with employees. These myriad interactions range from one-on-one meetings, team huddles, and department town hall meetings in person, to mass digital communications—all replete with behavioral norms, core values, and assumptions that are sometimes stated explicitly but at other times tacitly conveyed. These interactions exemplify a process that Schein (1984) explained as “dynamic evolutionary forces that govern how culture evolves and changes” (p. 3).

The size, complexity, and geographic dispersion of HealthCo gave it several unique characteristics. It has multiple levels of employees, including senior executives with broad spans of control and large spheres of influence over multiple locations and thousands of employees; managers responsible for coaching, training, and supervising teams of employees on a daily basis; support staff responsible for performing administrative functions; and frontline employees who perform a range of clinical and spiritual customer-facing activities. This organizational setting allowed me to study how humility was experienced and processed by a heterogeneous collection of participants, as one regional director interacted twice with a team of chaplains and a vice president interacted with two groups of new nurses from across the organization.

Participant selection. I purposefully sought to recruit leader-participants who had different scopes of responsibility, spans of control, and levels of visibility at HealthCo, as well as different groups of employees with whom they interacted (Creswell, 2012). After I secured Leader A's commitment to participate, he recommended that I consider Leader B to serve as the second leader in the study. She agreed to participate after we discussed the purpose of the

research and the required time commitment. This selection of leaders provided some variety in the nature of the leader-employee interactions I studied.

Leader A was a vice president at HealthCo and a member of its executive leadership team. He was responsible for overseeing theology/mission integration, spiritual care services, ethics, and community benefit activities across the enterprise. He had a PhD in organizational leadership and more than 25 years of professional experience, including almost 12 years of leadership experience with the larger healthcare system that included HealthCo.

Leader A traveled frequently to give presentations to various employee audiences throughout the organization, including biweekly presentations at new nurse orientations. I recruited nurse-participants who were signed up to attend the orientation sessions occurring on July 16, 2019 and July 30, 2019. These new nurses did not report to Leader A. Rather, they worked in HealthCo's hospitals and other frontline clinical settings providing a range of caregiver services. They also possessed various levels of nursing experience and formal education, and they came from diverse cultural, racial, ethnic, and socioeconomic backgrounds. Twenty-nine nurses consented to participate in the two interactions I observed with Leader A; nine of those nurses participated in two focus groups following the observations.

The nurses' "newness" to the organization—and thus low familiarity with Leader A as well as HealthCo's culture, customs, and practices—was something they had in common. As the new nurses interacted with Leader A during the orientation sessions, they experienced and processed his humility-infused communications and behaviors through a different lens than the employees who interacted with Leader B.

Leader B was a regional director of spiritual care at HealthCo. She reported to Leader A and managed a team of 12 chaplains. Before being promoted into her current director position,

where she had served for about 4 years, Leader B was a chaplain in the organization for 13 years. So she was a peer of many of the chaplains on her team before being promoted to be their manager. She had a master's degree along with several professional certifications.

Eight of the 12 chaplains on Leader B's team consented to participate in my observations of two monthly meetings with Leader B, as well as in focus groups following the two meetings. All were board-certified, clinically trained professionals who provide ecumenical support to fellow employees, patients and their family members, along with members of the broader community. They had earned master's degrees and possessed various levels of professional experience. Some were lay-chaplains, others were ordained-chaplains. They came from diverse cultural, racial, ethnic, and socioeconomic backgrounds.

Like the new nurses, the chaplains were frontline employees, interacting directly with patients and their families, though the chaplains delivered spiritual care rather than the clinical care provided by the nurses. In addition, they had significant experience interacting with Leader B as both their former peer and their current manager, so they experienced and processed her humility-infused communications and behaviors through a different lens than the new nurses interacting for the first time with Leader A.

The diversity of the 39 participants (29 nurses, eight chaplains, two leaders) in terms of age, gender, race, and ethnicity—combined with multiple data collection methods—yielded rich data and provided a basis of comparison and contrast within and across leader-employee groups.

Data Collection Procedures and Instruments

I collected data on four interactions that occurred between the two leaders and the groups of employees. For each of these leader-employee interactions, I used several different data collection methods and followed the same sequence in collecting the data:

1. Researcher field notes from observation of the interaction,
2. Researcher field notes and transcript from the employee focus group,
3. Researcher reflective journal of the interaction and focus group,
4. Leader reflective journal of the interaction,
5. Researcher field notes and transcript from the one-on-one interview with the leader, and
6. Researcher reflective journal of the interview with the leader.

I followed the same protocol and used the same focus group questions, interview questions, and journal prompts for these activities, thus establishing a repeatability and consistency over time.

My data collection efforts produced the following documents:

- Eight researcher reflective journals;
- Four leader reflective journals;
- Four transcripts of employee focus groups;
- Four transcripts of leader interviews;
- Field notes from four leader-employee interactions, four focus groups, four interviews.

Using 12-point Times New Roman font and single-space formatting for each of these data collection documents, this amounted to approximately 233 pages of data, equal to about 116,000 words. Table 1 depicts the data collection and analysis schedule.

Observations of leader-employee interactions. I observed four leader-employee interactions over the course of 5 weeks. These included two of Leader A's presentations as part of HealthCo's biweekly orientation program for new nurses. Titled "Ethical and Religious Directives for Catholic Healthcare," each presentation lasted 80 minutes. Forty nurses attended on July 16 and four nurses attended on July 30. (Attendance for these presentations was determined by how many new nurses HealthCo hired during the course of the year.)

Table 1:

Schedule of Data Collection and Analysis

1 Organization, 2 Leaders, 4 Employee Groups, 4 Interactions													
June 1- June 25, 2019	Researcher worked with Leader A and Leader B to develop a plan to incorporate four types of humility elements into interactions with employee groups (language, verbal expressions, non-verbal behaviors, and physical objects/settings)												
July 16- July 25, 2019	<table border="0"> <tr> <td>Interaction #1: Observation of Leader A's Presentation to Nurse Group 1</td> <td>Interaction #2: Observation of Team Meeting with Leader B and Chaplains</td> </tr> <tr> <td>Focus Group with Nurse Group 1</td> <td>Focus Group with Chaplain Group 1</td> </tr> <tr> <td>Researcher - Reflective Journal</td> <td>Researcher - Reflective Journal</td> </tr> <tr> <td>Leader A - Reflective Journal</td> <td>Leader B - Reflective Journal</td> </tr> <tr> <td>Interview 1 with Leader A</td> <td>Interview 1 with Leader B</td> </tr> <tr> <td>Researcher - Reflective Journal</td> <td>Researcher - Reflective Journal</td> </tr> </table>	Interaction #1: Observation of Leader A's Presentation to Nurse Group 1	Interaction #2: Observation of Team Meeting with Leader B and Chaplains	Focus Group with Nurse Group 1	Focus Group with Chaplain Group 1	Researcher - Reflective Journal	Researcher - Reflective Journal	Leader A - Reflective Journal	Leader B - Reflective Journal	Interview 1 with Leader A	Interview 1 with Leader B	Researcher - Reflective Journal	Researcher - Reflective Journal
Interaction #1: Observation of Leader A's Presentation to Nurse Group 1	Interaction #2: Observation of Team Meeting with Leader B and Chaplains												
Focus Group with Nurse Group 1	Focus Group with Chaplain Group 1												
Researcher - Reflective Journal	Researcher - Reflective Journal												
Leader A - Reflective Journal	Leader B - Reflective Journal												
Interview 1 with Leader A	Interview 1 with Leader B												
Researcher - Reflective Journal	Researcher - Reflective Journal												
July 16- July 29, 2019	Researcher conducted preliminary analysis of first round of observation field notes, focus group transcripts, leader and researcher journals, and leader interview transcripts												
July 30- Aug 25, 2019	<table border="0"> <tr> <td>Interaction #3: Observation of Leader A's Presentation to Nurse Group 2</td> <td>Interaction #4: Observation of Team Meeting with Leader B and Chaplains</td> </tr> <tr> <td>Focus Group with Nurse Group 2</td> <td>Focus Group with Chaplain Group 2</td> </tr> <tr> <td>Researcher - Reflective Journal</td> <td>Researcher - Reflective Journal</td> </tr> <tr> <td>Leader A - Reflective Journal</td> <td>Leader B - Reflective Journal</td> </tr> <tr> <td>Interview 2 with Leader A</td> <td>Interview 2 with Leader B</td> </tr> <tr> <td>Researcher - Reflective Journal</td> <td>Researcher - Reflective Journal</td> </tr> </table>	Interaction #3: Observation of Leader A's Presentation to Nurse Group 2	Interaction #4: Observation of Team Meeting with Leader B and Chaplains	Focus Group with Nurse Group 2	Focus Group with Chaplain Group 2	Researcher - Reflective Journal	Researcher - Reflective Journal	Leader A - Reflective Journal	Leader B - Reflective Journal	Interview 2 with Leader A	Interview 2 with Leader B	Researcher - Reflective Journal	Researcher - Reflective Journal
Interaction #3: Observation of Leader A's Presentation to Nurse Group 2	Interaction #4: Observation of Team Meeting with Leader B and Chaplains												
Focus Group with Nurse Group 2	Focus Group with Chaplain Group 2												
Researcher - Reflective Journal	Researcher - Reflective Journal												
Leader A - Reflective Journal	Leader B - Reflective Journal												
Interview 2 with Leader A	Interview 2 with Leader B												
Researcher - Reflective Journal	Researcher - Reflective Journal												
July 30 - Sept 31, 2019	Researcher conducted preliminary analysis of second round of observation field notes, focus group transcripts, leader and researcher journals, and leader interview transcripts												
Oct 2019 - March 2020	Researcher conducted in-depth analysis of all data, including line-by-line coding, category development, theme identification, and theory development												

I also observed two of Leader B's monthly team meetings in July and August 2019. Each meeting lasted two hours and followed the same basic agenda, including an Environment/Reflection/Prayer Box ritual, individual chaplain reports, discussion of business issues, and updates from guest speakers. These meetings were attended by Leader B, the team's chaplains, and guest speakers. In each of these interactions, a leader implemented humility-infused language, verbal expressions, and non-verbal behaviors, and used physical objects and settings to convey humility.

Before each interaction, I considered how my role as an observer could affect my observations. This entailed answering several questions, including what kinds of conversations and activities I anticipated observing. In addition, I considered how those expectations were shaped by my experiences as a communications professional as well as by the related academic literature I had reviewed for the dissertation project (Kimme Hea, 2019; Lichtman, 2013). Before the interactions, I also considered several factors to help frame my data collection. These included how the setting's space, design/décor, and configuration of tables, chairs, and other props encouraged the room to be used in certain ways while limiting its use in other ways. In addition, I considered how each setting and its contents reflected the values of HealthCo as well as implicit differences in the status and power of leaders and employees. Finally, as the participants settled into their places, I was attuned to the overall tone and atmosphere of the settings, including how these things evolved during the interactions (Kimme Hea, 2019; Lichtman, 2013). For example, during the course of his 80-minute presentations to new nurses, Leader A used several humility tactics effectively to transform what initially felt like formal, structured settings into more casual, collegial atmospheres.

During each of these interactions, I situated myself in a position that allowed me to observe the entire room and all participants but that did not interfere with the leader-employee interaction. I took detailed field notes on how the participants physically interacted with each other as they arrived and got situated in their respective spaces, as well as how they physically related to each other throughout the interaction. While I did not attempt to write down everything that every participant said word for word, I took notes about the key ideas and tone of their conversations (Kimme Hea, 2019; Lichtman, 2013). I decided not to audio-record these interactions, as the different room configurations and dynamic nature of the conversations would have made it difficult to capture everything that was said and then discern who said what. I also decided not to videotape the interactions for two reasons: videotaping can inhibit participants' comfort, candid conversation, and natural behavior, and it can undermine participants' trust in the privacy of their identities and the confidentiality of their remarks.

Employee focus groups. I used employee focus groups as one of my data collection methods to gather a variety of employee viewpoints on their humility-infused interactions with leaders. Two of the focus groups were made up of new nurses who attended Leader A's orientation presentations in July 2019, and two of the focus groups were made up of chaplains on Leader B's team who attended their monthly meetings in July and August 2019.

Through the way I initially recruited these employees and subsequently greeted and interacted with them at the focus groups, I strived to create an environment where they felt safe discussing divergent opinions and comfortable sharing honest thoughts and feelings. The goal was to bring forth genuine perspectives rather than to achieve consensus. Appendix B includes the standard questions I asked in each of the focus groups, along with the protocols I followed before, during, and after the focus groups. The focus group questions addressed the same basic

issues and themes related to my research questions and the four humility elements infused into the interactions. While I took handwritten field notes during the focus groups, I also audio-recorded the conversations and produced verbatim transcripts for subsequent analysis.

I did not try to control every moment of the focus group discussions, but rather granted the employees some freedom to engage in lively conversation with each other (Brinkmann & Kvale, 2015). In addition, I was open to new perspectives and insights offered by the employees, holding in abeyance any presuppositions I had about expected outcomes. Through the dynamic interplay of these focus groups, knowledge was constructed individually and collectively as participants made sense of and found meaning in their shared experiences. During these sessions, I listened “not only for the content of focus group discussions, but for emotions, ironies, contradictions, and tensions” (Grudens-Schuck, Allen, & Larson, 2004, p. 2). This allowed me to discern the underlying meaning of what was being conveyed through tone of voice, facial expressions, physical gestures, body language, and even silent pauses—in addition to confirming what was happening on the surface.

Leader and researcher journaling. Schuessler, Wilder, and Byrd (2012) observed that “the practice of reflection, making meaning out of life experiences, is inherent in journaling” (p. 96). As I sought to understand what it was like for leaders and employees to experience, make sense of, and find meaning in humility-infused interactions, I employed journaling as a data collection tool in my study. Following each of their leader-employee interactions, Leader A and Leader B completed a 45-minute reflective journal. In their journals, they documented their experiences and impressions of the interactions, guided by a set of prompts that I provided.

DeRue, Nahrgang, Hollenbeck, and Workman (2012) explored the role that leaders’ structured reflections on experiential-learning activities can play in leadership development. The

authors concluded that “individual development occurs as people reflect on their lived experiences and then generalize from those experiences to develop new mental models, skills, and knowledge that will improve their performance in future experiences” (p. 5). Citing Ohlott (2004), the authors recommended that leaders use their reflections to answer several questions, such as “How did I behave ... what did I do ... and what were the consequences or results of my actions?” (as cited in DeRue et al., 2012, p. 1002). The journal prompts I provided to Leader A and Leader B addressed these questions as well as several others that were specifically focused on how they experienced, made sense of, and found meaning in their humility-infused interactions with employees. Appendix C contains a list of these reflective journal prompts.

I also wrote a reflective journal throughout the study. After each leader-employee interaction, employee focus group, and leader interview, I recorded my reflections of these activities in typewritten journal entries. On one level, I considered how my observations of these activities shed light on issues related to my research questions. These issues included the organizational status and relational power of leaders and employees; leader and employee perceptions of humble language, verbal expressions, non-verbal behaviors, and physical objects and settings; as well as how leaders and employees seemed to make sense of and find meaning in those humble elements.

On another level, I reflected on how I was making sense of the leader-employee interactions in the context of my life as a researcher, communications professional, husband, father, and son. I also recorded the emotions I felt before, during, and after the interactions; examined the decisions I was making as a researcher throughout the study; and considered what I was learning about myself. For example, I discovered through my journaling that I was consciously, and perhaps unconsciously, enacting many of the same humble behaviors the

leaders were using with employees, as I sought to establish trust and build rapport with my co-participants in the various activities. In this respect, I exemplified the same kind of reciprocity I had observed in other participants, which emerged as an important theme in the study.

Leader interviews. I decided to use semi-structured, one-on-one interviews with the two leader-participants as one of my data collection methods to better “understand the world from the subjects’ point of view, to unfold the meaning of their experiences ...” (Brinkmann & Kvale, 2015, p. 3). True to the interpretivist’s epistemological perspective, I found that knowledge was constructed through the interviews I conducted with the leaders, as well as through the employee focus groups.

My interviews with the two leaders had an intentional structure and purpose. Appendix D includes the questions I asked in each of the leader interviews, along with the protocols I followed before, during, and after the interviews. The interview questions for the two leaders addressed the same basic issues and themes related to my research questions and the four humility elements infused into the interactions. However, I was open to new perspectives and insights offered by the leaders, and I held in abeyance any presuppositions I had about the outcomes I anticipated from the interviews. While I took handwritten notes during the interviews, I also audio-recorded the conversations and produced verbatim transcripts for subsequent analysis.

I interviewed each leader twice, and these interviews took place within a week of leader-employee interactions. From a broader perspective, the leader interviews occurred near the end of each interaction sequence: leader-employee interaction, employee focus group, leader and researcher journaling, leader interview, and researcher journaling. I created this sequence intentionally for two reasons. First, it allowed me to integrate into the leader interviews the

various insights I had gleaned from observing the leader-employee interactions, conducting the employee focus groups, reading the leader reflective journals, and writing my own journals.

Second, while my interview questions for the second round of leader interviews addressed the same basic issues and themes as the first round of interviews, I was able to refine the questions in a subtle but appropriate manner. I used those refined questions to probe topics during the second round of leader interviews that I had identified through my preliminary analysis of data collected up to that point. Overall, I was pleased by the depth and richness of the leader interviews. Both leaders made sense of specific things they said or did during the employee interactions; but frequently they also found deeper meaning by connecting those experiences to the broader contexts of their personal and professional lives.

Data Analysis

This study generated a rich repository of data from a variety of sources. These sources included field notes from my observations of the leader-employee interactions; my notes, audio-recordings, and verbatim transcripts from the leader interviews and employee focus groups; and reflective journals written by the leaders and me. I analyzed and interpreted all data using inductive and recursive techniques that are characteristic of the constructivist grounded theory method. The following subsections describe how I prepared the data for analysis and developed codes, categories, and themes while using constant comparative and theoretical sampling methods.

Preparing the data for analysis. I interacted with the data numerous times over the course of 9 months of analysis and interpretation. Initially, I experienced the data firsthand in the various live interactions that I observed and documented with handwritten field notes. Next, I typed the field notes into electronic documents and transcribed audio-recordings of the focus groups and interviews. Rather than outsourcing transcription of the audio-recordings, I thought it

was important for me to hear, for a second time, the spoken words as they were articulated in the authentic voices of the participants. The transcription process involved listening and re-listening—playing, rewinding, and replaying the recordings over and over again until I was certain I had accurately transcribed the dialogue verbatim. In addition to being mentally taxing (transcription of all the recordings took more than 40 hours), this experience was both emotionally moving and intellectually stimulating. It evoked in me powerful feelings of gratitude, respect, and humility. I felt truly privileged to have been granted the opportunity to talk to the participants about their experiences. After all, these were people who dedicated their lives to serving the physical, emotional, and spiritual needs of others.

Next, I proofread all the documents (observational field notes, transcripts, and reflective journals) to identify and correct any spelling mistakes or other typographic errors in preparation for my initial coding efforts. I also used the member-checking technique, which allowed the two leaders to review their respective transcripts and make corrections to any portions of the documents that they felt did not accurately reflect their thoughts and feelings.

Coding the data. For the first step in my data analysis efforts, I used line-by-line coding as a means of “reflexive involvement with data as well as [an] explicit strategy for theory construction” (Charmaz, 2015, p. 1615). As I read hardcopy printouts of all the data collection documents, I made handwritten notes in the right-hand margins, assigning initial codes to those key actions, ideas, and concepts that appeared to be significant. These included straightforward descriptive topics (e.g., admitting weakness or mistakes) as well as my interpretations of participants’ statements and the meanings conveyed through their non-verbal communications and behaviors (e.g., trying to close the distance and overcome barriers created by a leader’s title/status). As recommended by Charmaz (2015), I used active gerund forms for my initial

codes to help me recognize where they might be leading me and how different codes were connected with others. I have included numerous examples of coded excerpts in Chapter 4.

Next, I converted all these handwritten codes into electronic format. All told, I initially produced 454 unique codes for 792 document excerpts. Many of these initial codes were similar and were subsequently consolidated through focused coding. At this stage of analysis, I also performed electronic memo-writing within each document by embedding italicized “researcher notes” in parentheses below the coded data passages they referred to. These memos represented my initial effort to make broader sense of what was going on in the data. Charmaz (2015) noted that memo-writing is an important means by which researchers engage in comparative analysis. She stated that “writing these memos prompts them [students] to successively increase the theoretical level of their emerging analysis” (Charmaz, 2015, p. 1618).

Developing categories. After completing initial coding and then more focused coding for all the data I collected, I followed grounded theory’s analytical process of transforming the codes into broader categories. First, I applied a “macro” program to each document to create a table of all excerpts (i.e., participant quotes) and the corresponding codes I had assigned to them. I then cut and pasted the excerpts and codes into a master spreadsheet. As I analyzed the coded excerpts, using various search-and-sort techniques to facilitate comparison and contrast, I began formulating more general categories into which each code could logically fit. This entailed using several techniques to move from the more descriptive codes to conceptual categories (Charmaz, 2015). For example, I reviewed and refined the memos that I had written and embedded earlier in the documents. Charmaz noted that memo-writing is an important step in developing analytic categories, referring to them as “private conversations grounded theorists have with themselves as they take their codes apart and analyze what they might mean” (Charmaz, 2015, p. 1617).

As I reviewed the codes and corresponding memos, I used a common categorizing strategy that focused on identifying similarities and differences among the codes, as described by Maxwell (2013). This involved organizing codes into two types of categories. “Substantive” categories literally described what participants said or did, such as Accurately Assessing Oneself or Recognizing the Value and Contributions of Others; “theoretical” categories placed data in a more abstract framework, such as Grounding Oneself or Being Part of Something Bigger (Maxwell, 2013, pp. 107-108). After grouping multiple codes that looked, sounded, and/or “felt” the same, I critically examined them to affirm or refute their perceived similarity.

Following several rounds of this analysis, I created 22 preliminary categories into which the codes and corresponding data excerpts fit logically. I then further scrutinized these categories and their constituent codes to identify opportunities to combine similar categories. This entailed challenging the validity of each category by asking a basic question: Are there enough closely related codes describing a significant number of data excerpts to warrant a standalone category? Through this process, I reduced the 22 initial categories to 12.

But the process of refining categories continued even as I started to write Chapter 4. As I cut and pasted specific participant quotes into the report of my findings and began writing about how they illustrated different conceptual categories, I came to see the categories in a new light. This exercise forced me to consider just how different one category was from another. I kept asking myself three fundamental questions about each category: Is it a valid category based on its constituent data? Is it truly distinct from the other categories? Does it help me answer my primary and/or secondary research questions? Through this process, I whittled the 12 intermediate categories down to eight final categories. For example, the intermediate category called Subordinating Oneself to Team, Mission, or Higher Power was consolidated into Being

Part of Something Bigger. Similarly, Humanizing Oneself was consolidated into Grounding Oneself. I present the final categories and give examples of their constituent codes in Chapter 4.

There were several outlier codes that did not fit neatly into any of the eight categories, so I documented the outliers and continued to examine them throughout subsequent analysis and development of overarching themes. They represented sentiments expressed by participants that conveyed a lack of something expressed by other codes, such as Feeling Disconnected from Others, which contrasted with the code Making Personal Connections. Another example was Feeling Anxious Due to Uncertainty or Lack of Control, which contrasted with codes such as Feeling Respected and Empowered and Sharing Control of Decision-Making.

Identifying themes. At this point, I used a “contextualizing strategy” to consider relationships between the categories that constituted larger themes explaining fundamental similarities in the ways participants experienced, made sense of, and found meaning in the humility-infused interactions (Maxwell, 2013). I began each stage of this iterative analysis by reviewing my primary and secondary research questions, which together served as the north star guiding all my analysis. Ultimately, I defined four themes into which the eight categories logically fit and then formulated an explanatory theory for how humility functioned during the interactions. These categories and themes are presented in Chapter 4, and the explanatory theory appears in Chapter 5.

Constant comparative method. Hallberg (2006) referred to the constant comparative method as the “core category” of grounded theory, noting that it involves constantly comparing “every part of the data, i.e. emerging codes, categories, properties, and dimensions ... to explore variations, similarities, and differences in data” (p. 141). By constantly comparing and

contrasting the data I collected, I was able to define, test, and refine general categories, identify more abstract themes, and ultimately posit an explanatory theory.

As noted in Chapter 1, by capturing the authentic voices and individual perceptions of leaders and employees, I filled a void in the literature on leader and organizational humility. Individuals participating in the same interactions provided their own thoughts and feelings about the experiences through focus groups, interviews, and journals. I continuously compared and contrasted these unique perspectives over the course of the four leader-employee interactions to better understand what these experiences were like for individual participants, as well as how they made sense of the humility elements and how they found deeper meaning in them. This approach also enabled me to compare and contrast data collected within single leader-employee groups as well as between the different leader-employee groups (Baxter & Jack, 2008). This technique, as opposed to studying a single group in isolation, produced richer analysis and uncovered greater insights into the particular case as well as the larger issue being studied.

In addition, by observing the same two leaders interacting with different employee groups in 2 consecutive months, I was able to discuss with each leader the differences and similarities between their two interactions with employees. This included what each leader believed s/he had learned from the first interaction and how s/he had changed or maintained his/her approach to conveying humility from the first to the second interaction. I also was able to compare and contrast the two leaders' overall experience of participating in the study.

Over the course of the data collection and my preliminary analysis, groups of participants—including myself, a co-participant—co-constructed narratives about the interactions. For example, my observational field notes of leader-employee interactions enriched the ensuing employee focus group discussions, which enhanced the subsequent leader interview

conversations, which influenced the reflective journals I subsequently wrote. Each round of data collection rendered a multi-layered account of each interaction, including instances of unanimous agreement or general consensus, as well as divergent views and, in some cases, conflicting opinions. From a broader perspective, thematic threads spun in one round of data collection were woven into richer conversations in subsequent rounds that ultimately formed the larger narrative tapestry presented in Chapters 4 and 5.

This constant comparative method—the mental exercise of moving back in time from the present to the past (to compare, contrast, and make connections) along with moving forward in time from the present to the future (to contemplate possible future connections and theoretical explanations)—is indicative of the recursive and evolving nature of qualitative research. While I knew it was enriching my analysis, it also created a constant sense of anxiety. I never felt like I could relax in the moment for fear I might miss opportunities to make valuable connections among the past, present, and future.

Theoretical sampling. I also employed theoretical sampling, another key element that distinguishes grounded theory’s approach to data analysis from other types of qualitative methods. The four leader-employee interactions and related activities that I studied occurred in a relatively short period of time—from July 16 to Aug 25, 2019. Within this tight timeframe, I conducted preliminary rounds of data analysis in July and August, even as I was still collecting more data. During this early analysis, I began to note recurring terms, phrases, and concepts, and formulated nascent theories about how participants were experiencing, making sense of, and finding meaning in the humility-infused interactions. As I continued to collect data during the second round of leader-employee interactions, I scrutinized the codes, tentative categories, and

preliminary theories to see if they continued to “hold water” in light of new data collected—true to the theoretical sampling techniques of grounded theory (Charmaz, 2015).

For example, as I was listening to the audiotape of the first nurse focus group that occurred on July 16, I began to get a vague sense of *reciprocity* that participants felt as they experienced and made sense of humility. Similar to the two-dimensional definition of humility I used for the study, this reciprocity encompassed two-way, give-and-take concepts, such as opening in and opening out, caring for and being cared for, pouring into and being poured into, and leveling one’s status to interact with others on equal footing. Collecting and analyzing waves of data over the course of several months—while formulating incipient theories such as this one along the way—allowed me to refine different properties of categories and expand upon their meanings until newly collected data failed to yield new categories. Some grounded theorists refer to this stage of analysis as the *saturation point* (Charmaz, 2015).

Overall, the rigor of constructivist grounded theory techniques, the constant comparative method, and theoretical sampling—combined with the intentional sequence of data collection, member-checking techniques, and triangulation of multiple data sources—boosted the credibility of the researcher and the validity of the findings.

Writing the report. After reaching saturation, I began to write a detailed account of my findings. Charmaz believed that researchers could not prevent their personal experiences from influencing their research and that they should not try to do so. So as I wrote the final report, I did so with the understanding that my unique perspectives and experiences invariably shaped my subjective interpretations of data. Furthermore, I bore in mind that my findings did not lay claim to transcendent truths, but rather reflected my interpretations of the complex realities that were co-constructed by me and my fellow participants (Wertz et al., 2011). Throughout this process, I

did not strive to write the final report in a distant, scientific style. Instead, as the “author of a co-construction of experience and meaning,” I deployed a more literary, evocative style that faithfully described the unique experiences of all those involved, told in participants’ authentic voices where possible (Mills et al., 2006, p. 32).

From the start of the writing process, I was true to the constructivist grounded theory method by assuming a bottom-up, inductive perspective. I faithfully went where the data led me; was open to the discovery of new theories about how leaders and employees made sense of and found meaning in their experiences. In addition, I was ever-mindful of my own unique skills, knowledge, and lived experiences that formed the subjective lens through which I viewed and interpreted the data. By grounding my interpretations in direct quotes and excerpts from observational field notes, employee focus groups, leader interviews, and leader and researcher journals, I carefully constructed a chain of evidence. This chain substantiated my findings and the answers to my research questions, as well as the explanatory theory, conclusions, and recommendations I formulated.

Role of the Researcher

As the researcher on this dissertation project, I played several roles that were critical to the project’s success: ensuring the ethical treatment of all participants, preserving the integrity and security of all data collected, implementing an appropriate design and rigorous methodology that produced trustworthy findings, and establishing trust in my relationship with the co-participants.

Protecting human subjects. As a researcher, my top responsibility was to ensure the ethical treatment of human subjects. Before I began the study, I renewed my Collaborative Institutional Training Initiative certification to bolster my grasp of the fundamental tenets and

best practices of research ethics. In addition, I submitted my research proposal to the Institutional Review Board at University of the Incarnate Word and received its approval. HealthCo also required me to follow its review process. So I submitted my research proposal to HealthCo's Institutional Review Board and received its approval.

As I recruited participants, I provided them with information about the study, including data collection, analysis, and reporting procedures as well as how and why they had been selected. Both through my spoken explanation and in the consent forms I distributed, I informed prospective participants that participation was voluntary, and that they would be able to leave the study at any time. All participants were required to sign a consent form before being admitted to the study, and I asked for and received permission to audio-record all employee focus groups and leader interviews. I also informed participants that the results of this study might be used in future research, publications, and presentations for academic purposes only.

I was well aware of the sensitive nature of my study. Employees were asked to render honest perceptions of either their manager in the case of chaplains, or a vice president in the case of nurses. In addition, the two leaders were asked to honestly assess their own behaviors and interactions with employees through one-on-one interviews and reflective journals. Throughout the data collection and analysis, I was vigilant about maintaining the privacy and anonymity of all participants and materials. In the four interactions I observed as well as the focus groups and interviews, leaders were assigned pseudonyms (e.g., Leader A and Leader B), and employees were randomly assigned a unique number-code to protect their identities and ensure anonymity (e.g., Nurse 3, Chaplain 8). As a result, participants' names/identities were not connected with their comments when I took field notes while observing the interactions or when I transcribed the audio-recordings from employee focus groups or leader interviews. Since there was no

personally identifiable information in the data I collected or reported, aside from the signed consent forms, participants were exposed only to minimal risks. I also took steps to protect the identity of HealthCo, using a pseudonym along with a general description of the organization and geographic region where it operated.

No unanticipated threats or risks arose during the study that could have compromised the well-being of participants. I made sure that all HealthCo participants fully understood the purpose of the research study along with the methods and processes I used to collect, analyze, and report data. I also took the necessary steps to minimize disruption to HealthCo's operations.

Preserving data integrity and security. I took the necessary steps to ensure the integrity and security of all data collected through my observations of leader-employee interactions, employee focus groups, leader interviews, and leader and researcher journaling. I used two audio-recording devices to record the employee focus groups and leader interviews that I conducted. Using two devices was a failsafe measure intended to address the possibility that one device might fail or run out of battery power during the focus groups or interviews. I transferred audio files onto a single laptop computer that was protected by a unique username, password, and antivirus software. This computer also was used to store all leader and researcher journals, as well as my memos, field notes, and transcripts from leader-employee interactions, employee focus groups, and leader interviews. For back-up purposes, I saved all collected data and related dissertation documents onto University of the Incarnate Word's OneDrive (Microsoft's secure Internet-based storage platform), as well as on a thumb-drive stored in a fireproof safe in my home. I did not save or store data or other dissertation-related documents on any devices or platforms other than those described above.

Producing trustworthy findings. As a researcher, one of my most important responsibilities was to implement rigorous and appropriate research design, methods, and protocols for data collection, analysis, interpretation, and reporting that satisfactorily answered my research question and produced trustworthy findings. Lincoln and Guba (1985) initially established four criteria for qualitative researchers to achieve trustworthiness that have been widely accepted: credibility, dependability, confirmability, and transferability. The authors subsequently added a fifth criterion, authenticity (Guba & Lincoln, 1994). Following is an explanation of how I employed several techniques to fulfill the requirements of these criteria.

Similar to internal validity in quantitative research, *credibility* in qualitative research refers to the accuracy or “truth of the data or the participant views and the interpretation and representation of them by the researcher” (Cope, 2014, p. 89). To achieve credibility, I used triangulation, member-checking, and journaling. I used source and method triangulation by observing leader-employee interactions, conducting employee focus groups and leader interviews, and using leader and researcher journaling. These techniques allowed me to compare and contrast data collected from different sources through different means to verify its credibility. By using the member-checking technique, I allowed leaders to review their respective transcripts; they determined that the transcripts accurately reflected their thoughts and feelings.

In a similar manner, I used journaling to achieve *dependability*, which is analogous to reliability in quantitative research. In my journal entries, I documented an audit trail of the activities that occurred and decisions I made throughout the study. I reviewed them periodically during the study to examine the processes I was following and the output of those efforts (Amankwaa, 2016; Connelly, 2016). I also established a common cadence for the data-collection activities throughout the study, following the same steps for each of the leader-employee

interaction. In addition, I followed the same protocol and used the same questions and prompts for these activities, establishing a repeatability and consistency over time.

I also strived to achieve *confirmability*, which is comparable to objectivity in quantitative research, by reviewing the audit trail in my journal throughout the study. These reviews helped reveal any biases or mistakes that could have influenced my data collection, analysis, and interpretation. They also enabled me to make subtle but important improvements to the way I approached the second round of observations, employee focus groups, and leader interviews based on insights gleaned and lessons learned from the first round of these activities. For example, in an effort to build greater trust and comfort between me and Leader B, I developed an ice-breaker strategy to use for the second interview. I focused initially on bolstering our rapport through general discussion of her second interaction with the chaplains before I delved into questions regarding her own experience and impressions. As a result, the overall quality of our conversation improved during the second interview along with the richness of personal insights she offered. I also incorporated verbatim participant quotes and specific passages from journals and field notes to ground my interpretations and findings in the authentic voices and writings of participants.

Amankwaa (2016) noted that “by describing a phenomenon in sufficient detail, one can begin to evaluate the extent to which the conclusions drawn are transferable to other times, settings, situations, and people” (p. 122). Lincoln and Guba (1985) confirmed that this kind of thick description is a way to achieve *transferability*, a type of external validity. I strived to achieve transferability by painting a vivid picture of the people, physical settings, and organizational contexts in which they interacted, augmented with journal excerpts and direct quotes by participants.

As noted earlier, the authentic voices and individual perceptions of leaders and employees had been conspicuously absent from the academic literature on humility prior to my study. There was a dearth of research that sought to understand how leaders and employees experienced humility in various organizational settings, including how they made sense of and found meaning in those interactions, as articulated through their own words. I sought to achieve a high degree of *authenticity* by faithfully documenting the full range of thoughts, emotions, actions, and gestures expressed by participants during the course of the leader-employee interactions, focus groups, interviews, and journaling. In Chapters 4 and 5, I generated detailed descriptions of what I observed and included rich participant quotes and journal excerpts as a means of authenticating my findings (Cope, 2014).

Acknowledging subjectivity and establishing trust. In their discussion of constructivism as a methodological imperative, Mills et al. (2006) emphasized the subjective relationship between the researcher (a co-participant) and other participants. From the beginning of my research effort, I recognized two things: first, in my “humanness,” I could not remain an objective observer; and second, my values, experiences, and assumptions were an “inevitable part of the outcome” (p. 26).

As an active participant, I needed to gain the trust of the leaders and employees participating in the study. This entailed working initially with the two leaders to develop customized plans for them to integrate humility elements into their interactions with employees. As part of this effort, I balanced my professional experience and expertise in organizational communications with the needs, objectives, and leadership styles of Leader A and Leader B. This required creativity and flexibility to develop a plan of humility elements they could implement comfortably and effectively to produce rich, authentic experiences for all participants.

In April 2019, I had the opportunity to observe one of Leader A's presentations to new nurses and one of the Leader B's monthly meetings with her team before data collection began. This allowed me to strengthen my relationships with the two leaders, meet the team of chaplains, get a sense of the perceptions and perspectives of new nurses, and gain comfort and familiarity with the settings and dynamics of the interactions. These experiences prepared me to be an effective observer-participant; one who was able to collect the data I needed once the study began without interfering in the natural flow of conversation and interaction among the leaders and employees. I also wrote a reflective journal of my own thoughts and perceptions throughout the study, which helped me identify things I was doing well and things I could improve upon during the successive rounds of data collection, analysis, and interpretation.

In addition, I explored upfront any biases of mine that could have shaped the way I saw, heard, and perceived the humility-infused interactions. Most notably, I was cognizant of a bias that could lead me to collect, analyze, and interpret data in a way that confirmed my belief in humility's potential to positively influence organizational settings.

But even as I took these steps, I did not try to hold in abeyance my experiences and knowledge. I did not seek to be a purely objective filter through which detached data flowed. Rather, I balanced potentially problematic biases with the 25 years of professional communications experience and knowledge I brought to the study. Higginbottom and Lauridsen (2014) suggested that researchers cannot, nor should they try to "separate themselves and their experiences from their research" (p. 11). Instead, they should be comfortable with and consistent in subjectively interpreting the data, ensuring that their ideas are, as Charmaz (2009) noted, rooted in their "perspectives, privileges, positions, interactions, and geographical locations" (as cited in Higginbottom & Lauridsen, 2014, p. 11).

Summary

In summary, my study combined the advantages of an exploratory instrumental case study design, the triangulation benefits of multiple data collection methods and sources, and the rigor of grounded theory's iterative data analysis techniques. Interpretivism was the common thread running through every aspect of this research study, serving as the connective tissue binding all parts together. True to the study's design, methods, and theoretical lens, I faithfully went where the data led me; was open to the discovery of new theories about how humility was functioning; and was ever-mindful of my own unique skills, knowledge, and lived experiences that formed the subjective lens through which I viewed and interpreted the data. Finally, I was responsible in my handling of data and ethical in my treatment of human subjects—from the initial recruitment phase with consent forms through the collection, storage, analysis, interpretation, and final reporting.

Chapter 4: Findings

In this chapter, I provide an overview of the study design, data collection and analysis, and participants before presenting my key findings. These findings include conceptual categories I developed from the data coding, as well as overarching themes I identified through in-depth analysis of categories. Appendix E depicts an overall view of the study's findings. Findings from this study provide practitioners with specific approaches to design programs that foster humility as a core value and have the potential to positively influence important employee, team, and organizational outcomes.

The purpose of this study was to describe the experiences of leaders and employees who participated in humility-infused interactions at a large, complex, geographically dispersed organization. I also sought to explain how those leaders and employees made sense of and found meaning in those experiences, as well as how humility functioned in the study. I defined “making sense” as the process by which participants came to understand their own words and actions or those of other participants in the immediate context in which they were said or done (i.e., during the leader-employee interactions). “Finding meaning” occurred when participants applied that understanding more broadly—beyond the context of the interactions—to consider how those words or actions affected their own lives or the lives of others.

Overview of Study Design, Data Collection and Analysis, and Participants

I used an exploratory instrumental case study design to study humility-infused interactions between leaders and employees at a large, complex, geographically dispersed organization (Stake, 1995; Yin, 2002). My case study was exploratory, as I did not know what kind of outcomes would be produced by infusing humility into the interactions. The case study was bounded; I selected one organization to study, referred to as HealthCo, and scrutinized its

unique contextual features and activities. At the same time, I purposefully chose the organization because it had several features that are characteristic of a type of organization in which the presence of humility warrants further study. In this respect, studying the specific case was instrumental in helping me develop a better understanding of how humility is experienced more broadly by leaders and employees in large, complex, geographically dispersed organizations (Stake, 1995). By collecting data from multiple sources within multiple leader-employee groups and analyzing that data within and between those groups, I produced richer analysis that shed light on the particular case as well as the larger issue being studied (Baxter & Jack, 2008).

I purposefully selected participants at HealthCo to help me understand the phenomenon I was studying (Creswell, 2012). Leader A and Leader B were chosen because they had different scopes of responsibility, spans of control, and levels of visibility at HealthCo, as well as different amounts of leadership experience. Nurses were chosen for their “newness” to the organization along with their low familiarity with Leader A and the organization’s culture, customs, and practices. By contrast, chaplains were selected because of their extensive knowledge of HealthCo and their significant experience interacting with Leader B as both their peer and their manager. The diversity of the 39 participants (29 nurses, eight chaplains, two leaders) in terms of age, gender, race, and ethnicity—combined with multiple data collection methods—yielded rich data and provided a basis of comparison and contrast within and between leader-employee groups.

I collected data on four interactions that occurred between two leaders and four groups of employees. For each of the four interactions, I used several different data collection methods, including observations, focus groups, interviews, and reflective journaling. I followed the same sequence in collecting the data, and used the same protocol, questions, and prompts for focus groups, interviews, and journaling—establishing a repeatability and consistency over time.

I applied constructivist grounded theory methods for data analysis, interpretation, and reporting within the case study design (Charmaz, 2009). These methods included line-by-line coding, development of conceptual categories, and identification of overall themes—produced through a recursive process involving the constant comparative method, theoretical sampling, and memo-writing. This culminated in a description of how leaders and employees made sense of and found meaning in humility, as well as an explanatory theory of how humility functioned in the study.

Codes

For the first step in my data analysis efforts, I reviewed all the data collection documents line-by-line and assigned codes to those key actions, ideas, and concepts that appeared to be significant. Following is an example of a coded quote made by one of the study participants.

Nurse 7: It makes you happy also that somebody is seeing you and recognizing you, and not that, you know, you're just another worker, just another way that this hospital can get patients in and out.

This quote came from the first focus group with nurses on July 16, 2019. The initial code I assigned to it was Feeling Happy from Being Recognized. I also assigned codes to longer excerpts in which one participant articulated a more complex thought or feeling while making sense of or finding meaning in an experience. In other instances, a coded excerpt consisted of an even longer section of dialogue in which two or more participants built upon each other's thoughts to make sense of something together or co-construct a shared meaning. I produced more than 450 unique codes for nearly 800 document excerpts. Many of these initial codes were similar in nature and were subsequently refined through focused coding.

Categories

I applied grounded theory's analytical methods to transform codes into eight conceptual categories representing the primary ways that participants expressed and experienced humility.

Category 1: accurately assessing oneself. The definition of humility that I used as the basis for this study comprised two dimensions: looking within and looking out. The first dimension, looking within, occurs when someone accurately evaluates his/her own abilities, accomplishments, mistakes, and limitations. The two leaders and I discussed different ways they could convey such an honest looking within through the use of the four humility elements: language, verbal expressions, non-verbal behaviors, and physical objects and settings. Both leaders recognized that to be credible to their employees when encouraging them to honestly assess themselves, they needed to demonstrate their own willingness and courage to do the same. In analyzing the data, I found ample evidence of leaders, nurses, and chaplains accurately assessing themselves, as well as comments by participants regarding their impressions of others' honest self-evaluations. Figure 1 depicts several coded behaviors that constitute this category.

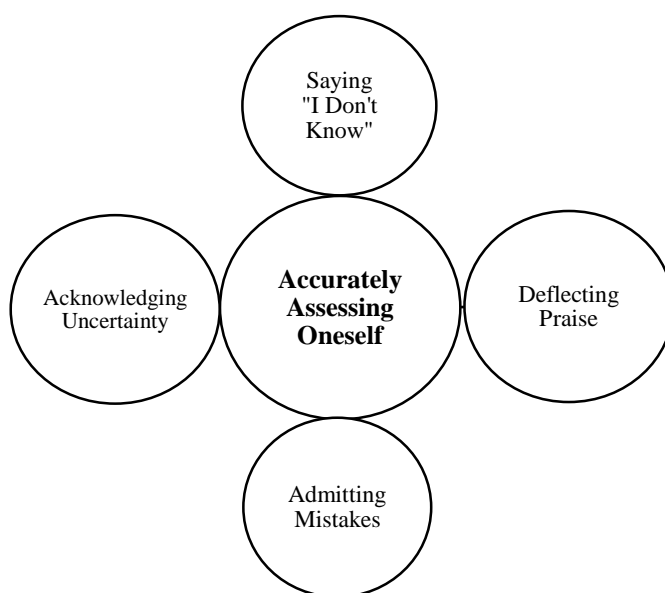


Figure 1. Category 1 - accurately assessing oneself.

Leader A accurately assesses himself. Leader A exemplified the first category in several instances. These occurred during his presentations to new nurses, when he was a guest speaker at the Spiritual Care Team's monthly meetings, as well as in his reflective journals and interviews.

Acknowledging uncertainty. Leader B and the chaplains invited Leader A to be a guest speaker at their monthly meeting in August. As the leader of the Mission Integration Department, of which the Spiritual Care Team was a part, Leader A shared news of the strategic leadership retreat he had just attended, where all HealthCo's top leaders met to discuss achievements from the past year along with objectives, challenges, and opportunities for the upcoming year. When talking to chaplains about how HealthCo's strategic plan would play out in terms of its execution and results, Leader A said, "Nobody knows for sure." He attributed this uncertainty to external forces and factors that neither he nor HealthCo's other top leaders could fully predict or control.

In her second interview, Leader B commented on Leader A's (her manager) willingness to admit the limits of his own knowledge to chaplains at the monthly team meeting.

Researcher: So for you to hear a leader say, "There are things going on out there that we don't control. We don't know all of the details about how this strategy is going to play out." How does that make you feel?

Leader B: Oh, well, I think Leader A is a good example and a mentor of that. He's not the guy that shows up and pretends to have all the answers. Because if he doesn't know, he's going to say, "I don't know." I asked him about Verimendi [a project] and he goes, "I don't know. I don't know." Leader A is never afraid to say, "I don't know." Even if it's, you know, a new process or something. "Well, I don't know but I can find out. I'll let you know. I'll get back with you."

In the second focus group, two chaplains made sense of Leader A's admission of uncertainty.

Researcher: If you hear a Vice President of Mission admitting uncertainty about forces or factors that we don't control or understand, what does that make you think?

Chaplain 6: For me, I think it's being real. Nobody would say they know what would happen tomorrow, you know. Even Jesus himself said it, you know, "Nobody knows except those the Father reveals this to." The political environment is even much more, you know, it's much more, what's the word, something you cannot really place your hand on or say for certainty this is what's going to happen.

Chaplain 8: I would concur with that. He is being realistic, very realistic with us.

Chaplain 7 found deeper meaning in this admission by connecting it to the notion of adaptability. Instead of rendering employees helpless and ineffectual, he suggested Leader A's honesty allows employees to be more flexible in adapting to whatever the future holds.

Chaplain 7: I think it was a great sign of adaptive leadership. To take your team into a place of uncertainty or instability, you have to be honest and tell them the truth. That we've either never been here before or we don't know what that is looking like. We do know that we are going to go forward. What the specifics of that are, we can't say. ...

And for me it's reassuring. I'd much rather you just tell me that, you know, there is uncertainty ahead, than to kind of sugar coat it. [He laughs.] Because it doesn't make me feel uneasy, when you tell me, if you're leading us or we're going in a specific direction, and you tell me that we haven't been here before and you don't know what that looks like. That means we can prepare for a wide range of things. But it also gives us latitude. And I appreciate that. ... So I just didn't really feel bad when I heard it. I just, I get it, that looks right.

Leader B accurately assesses herself. In her interactions with chaplains at the two monthly meetings, as well as in subsequent reflective journals and one-on-one interviews, Leader B exhibited a variety of behaviors illustrating the first category.

Deflecting praise. Deflecting praise is one humble behavior that fits into this category. When leaders deflect praise onto another person who actually deserves the accolade, they first acknowledge they are not the person deserving of the praise, which involves honestly assessing themselves. As a guest speaker at the Spiritual Care Team's monthly meeting in July, Leader A thanked Leader B for making sure masses were being conducted at appropriate times at several of HealthCo's locations. Leader B quickly deflected the praise, attributing it to another colleague (not on the Spiritual Care Team) who had actually led the effort that Leader A was referring to.

During the second monthly meeting with chaplains in August, Leader B exhibited this same kind of behavior, and it did not go unnoticed by the chaplains.

Chaplain 6: It was interesting when we were sharing about the mission councils. You know, Guest Speaker B would say, "Oh, the mission council in Name of City is Leader

B's baby." And Leader B would be, "No, no, no. It's not just me, you know, I have left that place." And you know, Leader B would thank Leader A and appreciate one another.

That's working together. It's not, "me, me, me." It's, you know, "We are collaborating, we are working together, we are supporting one another." There was a time Leader B was being acknowledged, you know, she began to, like, withdraw, "No, it's not me. That's, you know, it's not a one-person achievement." So that is being honest, you know, with the humility. It's saying, "Yes, I was part of it, but it's not just me."

In her second reflective journal, Leader B elaborated on the idea of accurately assessing oneself.

Leader B: I have deep respect for people who do not pretend to have all the answers. I feel taking the praise due someone else is a sign of insecurity or some other unmet need.

In offering her thoughts on the subject, she suggested that confidence and self-esteem may be qualities that allow people to honestly evaluate themselves.

Saying "I don't know." During the team meeting in July, Leader B discussed the results of HealthCo's 2019 employee survey with her team members. When a chaplain asked her for clarification about whether a particular score referred to Leader B's performance, to their team's performance, or to HealthCo's overall performance, Leader B said, "I don't know." Several more times during the course of Leader B's presentation, she was asked a question and she responded by saying, "I don't know." In the ensuing focus group, two of the chaplains commented on the effect of such an honest admission. In doing this, they illustrated how they made sense of and found meaning in Leader B's words.

Chaplain 4: When I asked her [Leader B] about the top box [on a slide Leader B was presenting on the survey results], and she said "I don't know. I don't know what that is." And that just like, "Wow!" [He exhales deeply.] That just was a great relief, because none of us knew. And like we were on, it put us on the same footing."

Chaplain 5: That kind of leadership allows us not to have to be perfect and dance the line every time she [Leader B] walks in the room. There's an ease about that, that we are human, and we are beautifully, wonderfully made just how we are, and seeking to be better all the time, but receiving and giving information that can make us better. I just think it's a marvelous way to lead.

Nurses honestly assess themselves. In both his presentations to the new nurses, Leader A encouraged his audience to “take time to refill your well.” He attributed this phrase to a former colleague, referred to as Sister A throughout the study, who, though deceased, continued to exert a significant influence on HealthCo. Leader A’s advice prompted nurses to honestly assess their own behavior during the ensuing focus groups.

Nurse 5: We don’t, or from my experience, I don’t refill my well very well. You know, I go home, had a bad day, go to bed. I wake up, I do it again. And it’s sometimes hard to remember that you need to take time for yourself. To refill your well, so that you can go back and, and be a good nurse the next day.

In this excerpt, Nurse 5 found meaning in Leader A’s advice when she applied it to her own behavior and admitted that she has failed to take care of herself at times.

When Leader A encouraged nurses to take time to refill their well during his second presentation, Nurse 8 commented that she always tries to spend time with her kids. Her words hung in the air as she considered them more carefully in the context of what Leader A was encouraging the nurses to do. After this moment of reflection, Nurse 8 said that she recognized spending time with her children, while important, was not the same as doing something solely for herself. In the ensuing focus group, Nurse 8 and Nurse 9 discussed Leader A’s comments.

Researcher: If you think of concepts he talked about, do you recall specific language?

Nurse 8: “Refill your well.” That hit home to me.

Researcher: Okay, so let’s focus on “refill your well” a little bit. What did that mean? What did that make you feel and think about when you heard that?

Nurse 8: So with me, it kind of hits close because, I mean, I do have three kids of my own and three step kids, and I was telling them [other nurses and Leader A] earlier [during the presentation], their father passed away last year in a car accident. So it’s been kind of, myself has been put completely on the back burner in the midst of all of that. So it’s been, I’ve really not refilled my well in a really long time, I guess you could say. So when he [Leader A] said that, I was like, “Yeah, that kind of makes perfect sense.” You can’t fully take care of somebody if you can’t take care of yourself. So, I mean, it just kind of hit close to home for me.

Nurse 9: That statement [take time to refill your well] give a big impact also to me because first you have to know, like, you really have to know if you are feeling good to yourself. You need to know about it before you give impact to other people. For me, if I'm a person that I don't know what is my well, what's the thing that makes me good as a good person, everything will not make sense to me and everything that I will have to do will not make a big impact to others.

In this excerpt, the two nurses increased self-awareness by assessing their own behavior, prompted by Leader A's earlier expressions of humility, empathy, and compassion.

Category 2: being accountable to others. The concept of accountability presupposes a responsibility to others in which an individual, group, or organization feels compelled to report or otherwise justify their actions. Acts of accountability exemplify humility in that they involve some kind of honest self-reporting (e.g., here's what I/we did) that is presented to others for their review or approval (e.g., does it meet the expectations of my manager or the requirements of the board of trustees?). Being accountable to others is similar to two other categories I defined: Accurately Assessing Oneself and Being Part of Something Bigger. However, it is distinctive in its focus on serving others. Figure 2 depicts several coded behaviors that constitute this category.

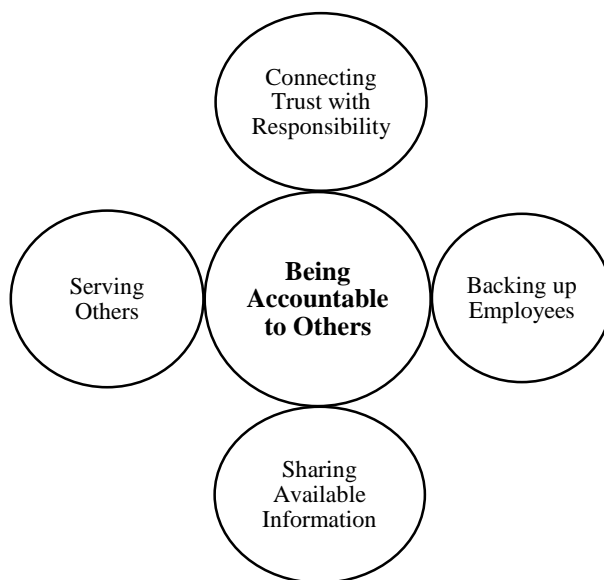


Figure 2. Category 2 – being accountable to others.

During my planning discussions with Leader A and Leader B before data collection, both leaders conveyed a strong sense of being accountable to others. This extended beyond serving their direct reports to include serving HealthCo's broader employee base and patients, as well as the most vulnerable populations in the region, which the organization is committed to serving. The two leaders conveyed accountability during their interactions with employees—sometimes intentionally and other times spontaneously. In focus groups, chaplains and nurses commented on this kind of leader behavior while articulating their own sense of accountability to others.

Leader A discusses accountability with nurses. During his two presentations to new nurses, Leader A used intentional language when he talked to the nurses about HealthCo's commitment to taking care of the most vulnerable people in society, noting that such behavior is consistent with the acts and teachings of Jesus in the Christian scripture. Leader A told the nurses that HealthCo will provide the same care to a homeless person who lives under a bridge as it will provide to the president of a bank. He tied this back to the organization's core belief in the "inherent dignity of every person," which also embodies the notion of equity.

In the first focus group, two nurses shared their impressions of Leader A's comments.

Nurse 2: I really liked how he mentioned to treat everyone equally. That we don't really see people as, you know, their color or their religion, but as people. That was one of the reasons why I applied to HealthCo, because they treat everyone equally, whether you have insurance or not. So I really like that he brought that into the presentation. Because it goes along with ethics again, you know, treating people the way you want to be treated.

Nurse 6: He [Leader A] said the word "dignity," which was kind of a really *strong* word to use to describe our roles as a nurse because it's something that we're taught is a pillar of our job. But it's also something that's a very *scary* thing, I think, because you're crossing boundaries of unknown expectations because you have to kind of be better than yourself. And so, I think that that was pretty impactful, because it's not something that you go to work and say, "I'm going to have a lot of dignity today." And so, it makes you think about it, and you feel pretty empowered by that.

In his presentations, Leader A also alluded to several sayings by Sister A that affirmed caregivers' responsibility to patients. He noted Sister A used to say that the relationships caregivers establish with their patients are "sacred relationships," and so HealthCo expects nurses to interact with patients as they would in a sacred relationship. In his second presentation, Leader A asked, "How many relationships do you have in your life that are sacred?" There was a long pause as the nurses considered his question. Leader A then stated that, if they are lucky, the nurses might have a handful of such relationships in their lives, perhaps with a spouse or partner, maybe with their children, parents, or very best friends. He then said that it is an honor for nurses to have the chance to forge such relationships with their patients. At this point, the nurses' attention was rapt and they seemed to be thinking deeply about the concept of a sacred relationship in the context of their personal and professional lives. In his first interview, Leader A explained the importance of Sister A's language that he quoted in his presentations to nurses.

Leader A: So, you know, again, Sister A, "The flame of the divine burning within every human being." When you bring all of that together, there's no other word that really encompasses it other than *sacred*. Which is why the Church considers healthcare a ministry. Even more so than education.

In education you don't oftentimes hear, in Catholic education, I used to be in Catholic education, you don't oftentimes hear, "Our relationship with students is sacred." You rarely hear that, you might hear, "It's a special relationship."

But in healthcare, you hear, "It's a sacred relationship." Because you're dealing with people, you know, at the most challenging points in their lives. So, again, it ties us back to our Catholic identity and our mission. Just the word, and I don't know if you noticed, but they're [new nurses] really just, generally speaking, they've never thought of it that way, most of the people in the room. And I think it's a beautiful eye-opener, and I hope when I leave that they are so proud and honored that they chose to be nurses. Because a lot of times they forget, only because they're so busy with the day-to-day work.

In his use of the phrase "sacred relationship," Leader A suggested that caregivers are accountable not only to patients but also to the authority of God, who consecrates the relationship.

In the first focus group, two nurses commented on the impact of Sister A's quotes and the sense of accountability they felt.

Nurse 7: His [Leader A's] "sacred relationships" talk was also really impactful. I think the wording was, "If you don't see God in your patient, let your patient see God in you," basically. The fact that he said every single one of our patient relationships is a sacred relationship is a big deal. Because we have lots of patients, and we're going to have so many patients throughout our entire career.

Nurse 3: I think what he [Leader A] said, going back to the ER [Emergency Room] director who had been there for 30 plus years, and said she couldn't see God in her patients sometimes. But you have to be that for your patient. You do have to remember that you do need to *be the good for them*, so they can have something positive out of the experience hopefully.

Leader A talks about trust. In his presentations, Leader A cited an annual Gallup poll that has historically found nurses to be the most trusted profession in the nation. In the 2019 Gallup poll, nurses achieved this rating for the 18th year in a row (Reinhart, 2020). While he shared this information for a variety of reasons, the news imbued nurses with a greater sense of responsibility to patients, HealthCo, and the nursing profession. In the first focus group, several nurses articulated a range of thoughts and emotions as they made sense of Leader A's comments.

Researcher: What do you recall him saying? Do any specific words come to mind?

Nurse 3: Um, *trusted*, that we're a trusted profession. And our patients put a lot of trust in us, and we're with them for long hours, and they continue to put trust in us even though they don't know us, they don't know who we are, they don't know our backgrounds. But they still trust us to care for them.

Nurse 1: When he mentioned that nurses were rated more trusted than first-responders. I took that to say, "Oh, we're more trusted than the heroes of our society." So then, I took it to look at, "Well, maybe we're heroes, too, in our own way."

Nurse 3: It makes you feel proud of yourself, to have someone put that kind of trust in you to do that type of job without a tone of supervision, something that impacts the bottom line and the mission so greatly.

The nurses' conversation about trust eventually broadened to incorporate other concepts associated with accountability, including ethics and integrity.

Nurse 6: I think that in nursing school, you're taught these things and you're supposed to learn these things and take a test on these things because it's ethical and that's what we're supposed to do as nurses. We're supposed to understand ethics, but I think after today, it's something that I now feel like I can apply confidently and personally achieve. And not be confused about an ethical dilemma, things like that nature, because it's something that has been clearly presented to me. And now I can strive to accomplish those things, not only for my organization, but to be a better nurse.

Nurse 4: I liked it when he [Leader A] said, when we were having the talk about "be who you say you are." Or when we were talking about integrity. So not only applying that to work, when you leave the hospital, too. Just practice what you preach, and we have to be ethical as nurses, but like taking that into everyday life, too. So just practice what you preach.

Nurse 7: I agree with Nurse 4. I think it was a good reminder to just say, "Hey, just remember, you are kind of representing not just yourself, but nurses and HealthCo as a whole. So be cautious of what you do, and make sure that all of your actions are something that you would be proud of, if you saw yourself doing it."

In his first interview, Leader A explained why he tells nurses how much they are trusted.

Leader A: So I think when I talk to nurses, I'm always trying to remind them of how important they are and how valuable they are. And I think it's always surprising, and I think they love hearing it, that the public views them as the most trusted profession. That's pretty remarkable. I hope that also makes them feel like they don't want to mess that up. You know what I mean? "Wow, the public really trusts me. I don't want to do anything to jeopardize that trust."

In these comments, Leader A explained his objectives for talking about trust with nurses. First, he wanted to recognize their value and contributions to HealthCo. Just as significant, he wanted to convey to nurses that with the trust of patients and HealthCo also comes responsibility.

Leader A explains why he serves nurses. In his second interview, Leader A explained why he is focused so intently on serving nurses, which he connected to his larger sense of accountability to HealthCo as a senior leader.

Leader A: If you ask any healthcare person, you know, "What's the most important thing in your healthcare system?" They're probably going to say, "Oh, patients."

There's a book entitled *Patients Come Second*. And it's specifically for healthcare leaders. And so, if you're a healthcare leader, like me, I don't take care of patients. Then my number one job is to take care of those who do take care of patients. And no one does that more than nurses. So I think I'm fulfilling my number one responsibility, which is to

take care of those who take care of patients. So they're [nurses] my number one responsibility. So it's really important that they feel like I'm there to help them take better care of patients.

In that regard, they're [nurses] my customers. And my customer service should be excellent if I'm asking their customer service [to patients] to be excellent. That's kind of how I view it. I want them to feel that I am there to help them.

In this excerpt, Leader A stated that as a leader at HealthCo, his top responsibility is to serve caregivers in general and nurses more specifically. He also posited a reversal of traditional power relations between leaders and employees, viewing nurses as customers to serve and predicating his own success on theirs. He then pivoted from his discussion of serving nurses to his larger sense of accountability to the organization.

Leader A: If I'm not helping our nurses and our caregivers, then I shouldn't be here. Because I'm expensive. This whole floor [of the building, which houses HealthCo's executive team] is expensive. We don't take care of patients here. [He laughs.]

Leader A affirmed that if he does not fulfill his responsibility to take care of nurses, then the organization should not continue to employ him, because it is investing a lot of money in him. Through this expression of being accountable not only to nurses but also to HealthCo, his assertion revealed an honest evaluation of himself and his value within a larger context.

Leader B demonstrates accountability to chaplains. In her interactions with chaplains as well as her one-on-one interviews, Leader B also expressed a sense of being accountable to her employees and the larger organization. She demonstrated this accountability by inviting several guest speakers to the August monthly meeting to discuss critical issues with her chaplains, and then supporting her chaplains in those difficult conversations. In the process of doing this, she postponed her own agenda items until the September meeting and guided the meeting from the side instead of leading from the front. This allowed Leader A, Guest Speaker A, and Guest Speaker B to present material that her team needed to hear and discuss, while empowering her chaplains to assert their own leadership skills. In her second interview, Leader B explained why

it was so critical for her employees to discuss the issues with the guest speakers, as well as how and why she supported them.

Leader B: I did promise the chaplains that I would back them up on issues that they had. And I said [to her teammates], “You know, we really need to get some direct answers on some of this.” There’s issues with the mission councils. And there’s issues with the students [student-chaplains].

And so I said, “This is our opportunity, guys, to get the information. But I’d rather be direct, and ask the hard questions while we have the opportunity. Rather than waste a bunch of time and energy down the road. And then the issues are still not resolved. So we need to go on record, ask the questions, get the answers, and move on. Like adults. Otherwise, the core value of stewardship is not going to be embraced. Because, you know what, it’s a big waste of time and money to sit around and talk about issues and not address them.”

It’s a balance between standing your ground and being firm and being direct, yet being compassionate without being arrogant or breaking the relationship. It’s vital that CPE [the Continuing Pastoral Education Team] and Spiritual Care have strong relationships.

In addition to expressing a need to address issues that had been languishing, she conveyed a broader sense of accountability to HealthCo’s core values and its investment in her team.

During the second focus group, two chaplains commented on the prevailing sense of accountability in the August monthly meeting.

Chaplain 7: I felt that there was, from the group, I felt that there was a desire to get an understanding or clarity on the issues. Whether it was Leader A speaking, or Leader B, or Guest Speaker A. I think that they tried to, including people asking the questions. But I think there was a desire to make sure that we’re clear on what we’re talking about. So that we’re all on the same page. And I think everyone tried to, to make sure that they could be as clear as possible.

Chaplain 8: I do agree with that. I agree that they tried to be as clear as possible, and humility was there, in that we don’t ever, we’re a team. We don’t ever stray from professionalism, and that was maintained through being able to tell a person as much as you can ... about a situation.

Chaplain 8 then commented specifically on how Leader B had guided the meeting from the side.

Researcher: Is that a leadership role? To sit quietly, to listen actively, and to take notes in the interest of clarification for your employees?

Chaplain 7: Yeah, her [Leader B] being willing to not only step back, take the notes, listen attentively, and then redirect communications so that there's clarity. It's the same thing that she's displaying and training us to do at our specific locations.

The chaplains described the actions taken by Leader B to achieve clarity, get answers, and reach agreement while being professional and respectful of all participants—all steps that built the team's sense of accountability and laid a foundation for productive future interactions. They also spoke about her integrity as a leader, noting that she models the same behaviors that she encourages chaplains to enact.

Category 3: being part of something bigger. This category occurred in the study when a participant gained a different perspective of him/herself in relation to someone or something outside him/herself, often as a result of a leader's intentional use of language and verbal expressions. In this respect, this category exemplifies the two-dimensional definition of humility that I used for this study, whereby a person looks within and looks out. Figure 3 depicts several coded behaviors that constitute this category.

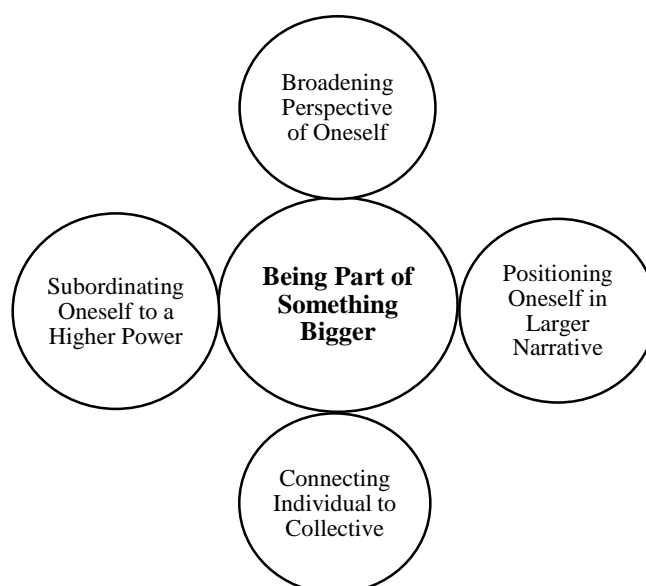


Figure 3. Category 3 – being part of something bigger.

Leader A positions himself within larger organizational narrative. During his presentations, Leader A alluded to wise sayings that he had learned from mentors or colleagues earlier in his life. By doing this, he paid homage to people who had taught him important lessons by which he still lived. He also sought to educate employees about the history of HealthCo and connect them with its larger organizational narrative. On several occasions, Leader A quoted Sister A, whose expressions included “sacred relationships with patients,” “the fire of dignity burning within every person,” and “if you cannot see Christ in your patients, be Christ to your patients.” In this way, Leader A positioned himself as one member of the larger organization responsible for passing along the wisdom of those who came before him.

In his first interview, Leader A explained the way one quote in particular, “Take time to refill your well,” functions to help connect new employees with the religious institute of women that was instrumental in founding HealthCo.

Leader A: It’s a wonderful connection to our Sisters because that’s sort of a famous saying of one of our beloved sisters, Sister A. She passed away unexpectedly. She was beloved around HealthCo. Just a very smart, formidable woman. Highly educated, a doctorate, she was at Name of University. So she’s very well-known and beloved. It was a huge loss when we lost her.

Leader A then explained the importance of making employees feel they are part of something larger than themselves, including HealthCo’s mission and its efforts to advocate on behalf of its patients and the most vulnerable in society.

Leader A: I think it makes all of us feel good to know that we are part of something larger, which is *purpose*, or we would say *mission*. But I bring those things in because, I want them [new nurses] to grasp and appreciate and understand that they are a part of something really big. You know, and it’s beyond their nursing unit or their hospital or beyond HealthCo. And it is an honor to be a part of it, and I hope they feel good about it.

I’m trying to make them feel good about being part of something big. And that’s an opportunity. You know, I also talk about, sometimes about the work that I do in advocacy. You know, when I go up to Washington, D.C., and sit down with senators or congress-people, or in Name of City/State Capital. Because I want them to see, wow, you

know it all is connected. And we have more connections and more influence than you might think. So that's kind of my goal there.

In his first interview, Leader A also explained his reasons for connecting the new nurses to HealthCo's Catholic identity and core values along with the larger healthcare system's faith tradition, which calls employees to serve others as equals created in the image of God.

Leader A: It is so fundamental to our Catholic identity, what I talk about, in terms of the ethical and religious directives and, you know, the social responsibility, human dignity, care for all, openness, you know, kindness, compassion, caring for people at the end of life, dealing with women and children, the most vulnerable. I mean, there's nothing any more vital than that. So it's a very important topic to a very important audience. ...

We're a healthcare system. So we're walking *with* the patient, experiencing *with* the patient. We're not doing something *to*, that's an object. You know, We're not changing the oil in a car. We're not building computers. We're not making shirts. They [patients] are *human beings*. And on top of that, we're a Catholic healthcare system. So we have the faith tradition, where every human being is made in the image and likeness of God.

In these excerpts, Leader A acknowledged the dignity of patients and affirmed their agency in being treated, as well as the equal partnership that should be formed between caregiver and patient. He also connected the nurse's job with HealthCo's mission and its faith-based identity.

In the first focus group, several nurses discussed the impact of Leader A's presentation.

Nurse 1: I thought that it was clarifying that we could see the perspectives of the organization as a whole with regard to certain scenarios and situations.

Nurse 4: I thought it was really informative, and I learned a lot about how to handle situations that I think I didn't know, that that was how HealthCo wanted us to handle certain things.

Nurse 6: I think that, because we're going into an organization that's a Catholic ministry, I think that it was good for everybody to hear. I think it makes you get a different perspective. But I just think it's good to know how HealthCo wants you to be as a nurse.

Nurse 5: They [HealthCo] stand by their values. Coming from a different organization, and getting their [HealthCo's] values of being an organization and their ethics. The majority of their values are presented based on ethics and where not only Catholicism stands, but the majority of the Protestant religions stand. And applying that into caring for the population.

The nurses expressed appreciation for the way Leader A helped deepen their understanding of HealthCo and its faith-based ministry, while broadening their perspective on their role at the organization. In the ensuing excerpt, two nurses commented on the impression that Leader A's quoting Sister A made on them.

Nurse 6: He [Leader A] talked about how she [Sister A] said that everybody has a "fire of dignity within themselves," and that relation to the way he spoke about her and the way he spoke to us, kind of touching back to what Nurse 3 said, how he was always giving us eye contact and everything he said, it was very intentional. He wasn't trying to find the words to say, because I think that he [Leader A] has what she [Sister A] spoke about [fire of dignity within]. He feels that way about what he talks about, and if that's something that he got passed down to, whatever he's doing and the message that he's relaying, he's doing that for others, I think.

Nurse 3: I think it ties it all together. When you see that he's the VP of Mission Integration, and the Sisters are the people that really influence the mission. And you have a Sister, who, you know, directly influences the mission. And then you have him, who enforces the mission and integrates it in everything we do. So it kind of ties it all together, and that, yes, this is supported by everybody in the organization.

In these examples, the nurses affirmed that Leader A's comments gave them a sense of being connected to HealthCo as well as a more holistic understanding of how different parts of the organization fit together.

Leader B uses weekly game plan to reinforce a sense of team. In the second focus group, the chaplains described the way Leader B uses their weekly game plan to remind them of their responsibilities to each other and the larger organization.

Chaplain 8: When Leader B starts her week off with her weekly game plan, that in itself lets us know that we're part of a team. We have a team where we play different positions on the field, but we're playing the same game. We have situations that say, for instance, Chaplain 7 might cover different units than Name of Another Chaplain does. And those are all roles that we play, hats that we wear. But we know the game plan. We know the elements that are needed to come together, and to bring this together, all the way to the team captain, Leader A.

After Chaplain 8 explained how the weekly game plan reminds chaplains they are responsible for fulfilling their roles and responsibilities to the team, Chaplain 7 expanded on this observation.

Chaplain 7: There's this idea that the whole, the whole is greater than the sum of its parts, right? So the sum of its parts have to know that they have to work together in order for any mission to be stood up. In order for us to really be successful. And it's not that there isn't something praiseworthy about what's being done. It's just, we're doing it in concert with each other. I think it is exhibited from the top down.

We know we're working hard for the mission, and like Chaplain 8 said, Leader A, mission director, is working hard for this team. And that does make it kind of this thing where we can, we can help with a project, and stand up these mission councils, and associate [employee] care things. It's wonderful that they're taking off, but when it comes to, and I'm speaking for myself, when it comes to just kind of taking responsibility, like it was just me, it wasn't. [He laughs.] It took a lot of other people. And it takes this entire team actually to sustain that. And to get those things to launch.

In his remarks, he articulated a strong sense of being part of a team that is committed to a shared mission, which is modeled from the top down.

Leader B and chaplains appeal to a higher power through prayer and scripture. During the Environment/Reflection/Prayer Box agenda item in their monthly team meetings, one chaplain leads a reflection based on a specific theme that is meaningful to him/her. This personal reflection features a scripture reading by the designated chaplain, who discusses its significance to him/her. That person also hands out related scripture passages to the other chaplains, who then read their passages aloud and explain what the scripture means to them personally. Another chaplain is then responsible for passing around a prayer box and blank slips of paper. Each teammate writes a prayer for someone who is in his/her thoughts, and then they put the slips in the prayer box as it is passed around the table. Through this ritual of prayer and scripture reading, Leader B calls upon team members to participate in something bigger than themselves. They do this by subordinating themselves to a higher power and appealing to God's grace. In addition, by sharing what the scripture passages mean to them personally and voicing their prayer concerns, chaplains express their own unique style of spirituality. In the first focus group, Chaplain 5 noted that the ritual gives chaplains a deeper sense of being connected to each other as members of a team.

Chaplain 5: I also really appreciate her [Leader B] foresight in knowing how incredibly valuable it is to experience each one of us in our own prayer style. And also to be able to experience each other, maybe a bit of our theology or a bit of our prayer style. Also, what's important to us in our prayer lives.

Leader B gains broader historical perspective on HealthCo, humility, and herself. In her second interview, Leader B discussed the importance of helping her chaplains keep a broad perspective on their work. By doing this, she strives to help them understand they are part of a larger organization in which their daily efforts contribute to the fulfillment of its mission.

Leader B: I think it's about keeping a broad perspective of what's important. I tell people every day. If you had an office down in Name of Hospital for Children where my office is, there's not much in life that's really a big deal and that's worth getting that upset about.

Researcher: Based on what you see in your experience?

Leader B: Yeah. I had one of them [a chaplain] call me the other day, she was crying and she had made a mistake, and I said, "Listen, this is not a huge deal. Take a breath. You're going to get through it. It's an honest mistake. It is seriously not a big deal to me." She couldn't believe I was saying that. I said, "What do we say? These little kids [patients at the hospital for children] can have an IV pole, and no hair, and they're riding down the hall with their IV pole, and they're smiling. How can I be upset about anything?"

Not long after Leader B had told me the story about helping a chaplain put things in proper perspective, she engaged in self-reflection that helped her do the same thing. As she and I discussed something that had happened in the August monthly meeting, our conversation prompted her to re-examine—through a lens of humility—an experience she had had 10 years earlier. As the first female chaplain at one of HealthCo's hospitals, and a lay-chaplain at that, she had experienced resistance from other male employees.

Leader B: It was difficult, with the patriarchal system and the role of women. And the women being in ministry. And it was very difficult, and very upsetting. And so, I called her [Guest Speaker A], she was my director, and said, "Look, this was said to me. A man didn't want me to give him, his wife communion because I'm a woman." And she [Guest Speaker A] goes, "Leader B, just think of it as, you're in mission territory." And I said, "I can do that. I like that idea." She gave me a shift in perspective. And, I ran with it.

When Leader B experienced the male chauvinism, she not only felt a sense of being personally wounded but also recognized the affront as a symptom of a deeper systemic problem. Guest Speaker A, her manager at the time, helped her refocus on the larger mission.

Leader B: I was the first Catholic woman out there [at one of HealthCo's hospitals]. I was a laywoman. And I think we [she and Guest Speaker A] took it, we kind of made the context there. But then we built on the idea that she gave me about, "This is mission territory." I think it was the Sisters [religious institute of women] who crossed the ocean and came from Name of City on this wagon train. It was hot, you know, and they had full habits on, and, "If they can do that, then, Leader B, you can do this." So she just, like, empowered me. "Okay, I can do that. And I'm just going to be me. I'm not going to apologize for being me. I'm just going to be me."

So I think Guest Speaker A's idea of "You're in mission territory. This is going to be hard." I think it turned me around. ... And maybe you could say, I don't know, I'll have to think about this. [She pauses here in a reflective moment.] You know, maybe my ego was, was wounded. When those hurtful things would be said to me. ... But maybe I just got my ego out of the way and became more humble about it. I don't know, I haven't really thought about that.

Just as Leader B tried to broaden the perspectives of her chaplains by helping them view their mistakes and concerns in a larger context, Guest Speaker A's comments helped Leader B adjust her perspective by situating herself within a larger historical context and organizational narrative.

Category 4: caring for and being cared for. The fourth category was characterized by a kind of reciprocity similar to that found in this study's two-dimensional definition of humility. Participants recognized the importance of caring for others based on their belief in the inherent dignity and value of every person. They also acknowledged their own humanity and made themselves vulnerable by allowing others to care for them. Leader A and Leader B intentionally used humility elements to bring this category to life, and nurses and chaplains described how they experienced, made sense of, and found meaning in these behaviors. Figure 4 depicts several coded behaviors that constitute this category.



Figure 4. Category 4 - caring for and being cared for

Leader A encourages nurses to “take time to refill your well.” In his presentations to nurses, Leader A talked about several of the ways that HealthCo and its employees care for others, including patients, their families, and the most vulnerable people in society. In addition, he instructed nurses to be sure to take care of themselves by tapping into those resources offered by the organization to help them do this. In delivering this message, he noted nurses’ selfless caregiver spirit, which epitomizes the outward-looking dimension of humility, but he encouraged them also to look honestly within themselves and admit when they needed to be cared for.

As noted earlier, Leader A shared Sister A’s advice, “Take time to refill your well,” to emphasize these points. He then told the nurses that “humans are much more than bodies, you need to take care of yourself, you need to tend to your spirit.” In his first interview, Leader A explained why he makes this point to the nurses.

Leader A: It’s not a secret that in health care, a lot of times the caregivers don’t take care of themselves. And so, there are two reasons. One, I love them [nurses] and they’re a new member of our family, and we want our family to be happy and comfortable and all that. And a little more selfish reason is, you know, if they don’t take care of themselves, they won’t be able to take good care of our patients. And I tell them that.

In his second interview, Leader A elaborated on the importance of this message.

Leader A: Nurses, by nature, they serve others. Nurses are the consummate caregivers, so their whole life is about taking care of everyone else. And that's why I hit it several times, and at the very end I come back again. Because it's so hard for a nurse. It's contrary to his or her, like, wiring. To worry about themselves. I mean, they don't go to the bathroom sometimes. They run downstairs and they eat while they're running. Or they don't eat. And when they get home, you know, they've got kids. So that's why I just hit it over and over and over again. And I've kind of been going a little further, giving them permission to "be selfish."

In the first focus group, several nurses commented on Leader A's advice to take care of themselves, recollecting his use of specific language to convey this point.

Nurse 3: I think that the self-care, you know, "Take care of yourself, take care of your whole self spiritually," was very, very prominent to me at least. And I think that's important to get across to us, because a lot of us will forget that sometimes. And just give all of ourselves to our patients. But I think it's very important for us to remember that we can't be our best if we're not at our best ourselves. So I liked that that was really talked about and really highlighted.

Nurse 1: He asked, "What refills your well?" And that stuck with me as well. Because I feel like caregiver strain is a real a thing, and not just felt by families, but anybody in a long-term care situation.

Nurse 5: I think that he [Leader A] hit on that hard because we're so used to taking care of other people that we forget to take care of ourselves.

In these excerpts, the nurses acknowledged that they don't take care of themselves as well as they should and expressed appreciation that Leader A emphasized the importance of self-care.

Leader A explains why chaplains take care of nurses. In both presentations, Leader A asked the nurses if they had gotten to know any of the chaplains at their previous jobs. Several of the nurses nodded their heads. He said that chaplains are a big deal at HealthCo, noting that the Spiritual Care Team within the Mission Integration Department is responsible for managing them. He then told the nurses that chaplains spend about one-third of their work time with employees, and the vast majority of that time is spent with nurses. When Leader A asked the new nurses in his second presentation if they knew why the chaplains spend so much time with the

nurses, Nurse 8 said, “It’s because nurses have emotionally difficult jobs. Learning about the patients’ conditions and taking care of them is demanding.”

In the first focus group, one of the nurses shared her thoughts on Leader A’s comments.

Nurse 2: Something that stuck out to me was when he mentioned, like, if you’re in ICU [Intensive Care Unit] or in the ER [Emergency Room], you’ve probably seen a lot of deaths. And so I’m just starting in the ICU, and I’ve never experienced any kind of death, not even in the family, and so that’s something that terrifies me. And it’s like, how am I going to feel in that moment when I do see a baby suffering or dying. Just knowing that the chaplain is there not only for the patients but for us. I love that HealthCo has a chapel and spiritual values that they want to help us. So that’s something that I’m thinking about that I will probably use in the future, because I know that death is inevitable.

Another nurse then commented on the important role chaplains would play in supporting nurses.

Nurse 5: I feel like the clergy has a good place to make sure that we, we check in with ourselves, too, especially in those situations. And just in, like, day-to-day life, dealing with difficult people. Because we do deal with a lot of difficult people, and making sure that we have someone to talk to or reach out to, and then either being able to deal with the rest of our day or anything of that nature.

Based on nurses’ comments during Leader A’s presentations and in focus groups, they embraced the reciprocal notion of not only caring for others but also allowing others to care for them.

Leader B’s Reflection ritual reinforces caring for others and being cared for. As noted earlier, the Environment/Reflection/Prayer Box is a regular agenda item on the Spiritual Care Team’s monthly meetings. Leader B mentioned to me that the ritual is positioned at the beginning of meetings to set a spiritual, reflective, and compassionate tone. The Reflection, in particular, fosters a culture of caring for others and being cared for. During this part of the ritual, whose theme is created and led by a different team member each month, participants experience a range of human emotions and share a spectrum of personal experiences—from good news about family members’ health or professional accomplishments to personal losses.

During the ritual at the monthly meeting in August, Guest Speaker B, introduced a theme of light, using a miniature model of a lighthouse as a centerpiece along with a short reading

about the history of lighthouses and the life-saving function they have served over the years. The Reflection included discussion of the light that God's love and mercy provides in times of darkness, like the lighthouse, along with a poignant story of personal loss. In the ensuing focus group, the chaplains commented on the Reflection.

Researcher: So there was sadness and happiness in today's Reflection, a full spectrum. Kind of the human condition.

Chaplain 8: Right.

Researcher: So talk a little bit about today's Reflection. And then, bigger picture, what role does the Reflection serve?

Chaplain 6: I think for me, you know, it shows that we trust one another here. And that's why we can share. It shows where we are as a department and as individuals. You know, like you mentioned, we have got a full spectrum of what's happening outside. All the joys and happiness, or the sorrows and sufferings. We've got that in our department, too. And, in a way, we are chaplains and, you know, we comfort other people. Also, we take time to be patients. So this is an opportunity for us to be patients.

Chaplain 8: Yes.

Chaplain 6: To receive.

Chaplain 7: Yeah.

Chaplain 6: We have always been giving.

Chaplain 6 went on to elaborate on this idea of caring for others and being cared for, and he found even deeper meaning by relating the discussion to a patient he once ministered to.

Chaplain 6: It's like, I visited a patient who said, "You know, I didn't want to cry before my family. You know, I have always been saying to them, 'I'm strong, I'm strong. There's no problem.' But now that they're not here, I can cry, Father, I can cry."

And so, we [chaplains] go out. We are almost superhuman. We are professionals. We go to meet patients. We are, we pray from Heaven. But we are truly fully human beings with the different spectrum of joys and sorrows of the world. And so now, here we are, you know, exposing ourselves and allowing ourselves to be cared for.

So that's what I think the Reflection today did. You know, this world is not, you don't have plentiful opportunities for people to listen to you. There is so much noise in the world. There is the air conditioner playing behind us. There is the television, or sound of moving vehicles, or your phone ringing, or text message, or whatever. So we have an

opportunity like this, where people are listening to you. You know, it helps people to share where they are.

In this excerpt, Chaplain 6 re-examined—through a lens of humility—an interaction he had had with a patient, just as Leader B re-evaluated a decade-old experience through a similar lens. In the process of doing this, the chaplain gained greater appreciation for the role of the Reflection while developing a better understanding of the way humility allows people to share in their common humanity. His comments also hearkened back to Leader A’s comments to nurses about taking time to refill their wells. Two chaplains continued to co-construct meaning from their shared experience by elaborating on the role of the Reflection.

Chaplain 8: You can come in here and say, “My son lost his job.” It’s a comfortable environment. It’s far greater than family. Because I don’t ever feel the, the negative feedback. No one is going to stop you and guide you to say, “Well, you don’t really mean that. You don’t really need to tell us about the [misfortune].” No, you can be real, and you can say exactly what’s going on.

Chaplain 7: I think the Reflections allow you to bring your full self to the table. Especially when you’re coming from the hospital. Who knows what you’re coming from. So being able to, at a moment, like, catch your breath. And then also being able to, to pour out in a way that is authentic because, I always hear this from other ministers. It’s like, who ministers to the other ministers? You know, who preaches to the preacher? And we’ve created this space [through the ritual] where you can ask for those prayers. You can bring those things, um, that are generally hard to bring.

During her second interview, Leader B explained how the Reflection serves her team.

Researcher: The chaplains commented that it gives them a chance to be patients.

Leader B: And to be prayed with or for, and be vulnerable. And allow others to pray for them, and to allow us to know each other, you know, a little bit better.

Her remarks and those of the chaplains spoke to the reciprocal nature of the ritual, including the honest give-and-take that allows them to care for each other, leaders and employees alike.

Category 5: connecting with others on a personal level. During the study, both leaders intentionally used verbal expressions and non-verbal behaviors to connect with others on a

personal level—as one human to another instead of as leader to employee or manager to subordinate. This category is similar to another category, Grounding Oneself, when a person strives to level his/her organizational status, balance power relations, or share control of decision-making with others. But it is distinctive in that it focuses on building rapport with and gaining the trust of others. Figure 5 depicts several coded behaviors that constitute this category.



Figure 5. Category 5 – connecting with others on a personal level.

Leader A negotiates physical settings to make personal connections. In our planning meetings, Leader A and I discussed several approaches to making a personal connection with the audience depending upon the number of nurses attending his presentation and the size and configuration of the room. Regardless of where he interacted with the nurses, he consciously shunned props and equipment that set him apart from the nurses, sought to position himself as close to them as possible, and used several non-verbal behaviors to establish rapport.

Leader A’s first presentation took place in a large auditorium with capacity to seat about 120 people. The auditorium had two big screens on the front wall, with a podium centered in front of that wall. In front of the first row of seats, two “confidence monitors” faced back toward

the podium allowing speakers to see the slides they were presenting. There were nine rows of classroom style seating ascending in a tiered fashion from the ground floor on which the podium stood. Each row had a single desktop running the full length of the row with 12 to 15 freestanding chairs set up on each row. There were 40 new nurses in attendance at the first presentation, spread out in the first six rows. (Several nurses opted not to participate in the study, so I did not include them in my observation and field notes.) In his first journal, Leader A commented on the importance of connecting and the challenge presented by the physical setting.

Leader A: It's always important for me to connect as a Mission VP and as a leader or presenter. I try to connect on a personal level with the participants immediately. The auditorium setting makes it harder, however.

While the rows of desks could not be reconfigured for more intimate interaction, Leader A used several techniques to connect with nurses in a more personal manner. He did not use a handheld or lapel microphone and opted for an open collar instead of wearing his customary tie, hoping these tactics would help nurses relate to him on a more human level. As he began his presentation, he walked to within 6 feet of the front row, well in front of the podium, and greeted the nurses warmly with a loud voice, friendly tone, and genuine smile.

In this large, structured setting, Leader A opened his remarks by making two statements: (a) nurses are the most important employees at HealthCo, and (b) nurses are the only group of employees at HealthCo he says this to. He paused for a moment to let these thoughts sink in before following up with a question: "Why do you all think I said this?" One nurse said it was because nurses spend so much time with patients. Leader A listened attentively, maintained good eye contact with her, and nodded his head as she spoke. He also stepped closer to her in an attempt to read her nametag. She went on to say that nurses need to have tough exteriors to support patients and their families through their illnesses and sorrows, implying that this takes its

toll on the nurses. After she finished talking, Leader A asked her name. After she told him her name, he thanked her by name and affirmed that nurses have more frequent and intimate interactions with patients and their family members than any other employee group at HealthCo.

In his first interview, Leader A explained why he used this “handshake” approach with his audience. He also noted that he integrated insights from our planning discussions in hopes of transforming a formal lecture into a more personal, interactive conversation.

Researcher: You started with that statement: “Nurses are the most important people in this organization.” But then you turned it around and said, “Why do you think I say that?” It sets the stage that you’re not going to be a talking head, you want some interaction.

Leader A: I think, you know, in that particular instance, that is the result of feedback from you and the readings you gave me. So there were several things that I had consciously said I need to do more of. Because of the nature of the content, which can easily devolve into lecture, and then the nature of the room, that auditorium is really hard because it’s an old-style, you know, auditorium type thing. One of the things that I noted prior to going in was to ask for more feedback and ask more questions. So I was consciously looking for opportunities. I haven’t done enough of that in the past. It was more of a conscious thing based on the work that we’ve been doing together. ... I think our work together so far has really improved the presentation. The impact. I think it has.

Despite the challenges that Leader A faced trying to connect personally with nurses in the large auditorium, they commented favorably on his techniques for connecting in the first focus group.

Researcher: Okay, let’s talk a little bit about the physical setting. So, the auditorium, how did that shape or influence the interaction between you all and Leader A?

Nurse 3: He [Leader A] didn’t hide behind anything. He didn’t make himself a statue behind a lectern. He moved around the room as best he could. He tried to make eye contact with people and, you know, use props very sparingly. But again, it was just himself and the presentation and the material. And you could tell he knew the material, and he was confident in the material, and he didn’t have to hide behind anything.

Nurse 2: I liked that there were different levels [of seating] so that he could see us better, rather than being on the same level.

Nurse 5: When you’re at the auditorium and you’re at different levels, you can actually make eye contact and see your faces, which establishes more of an intimate connection than just, like, I’m getting lectured at with material.

Nurse 4: You can just see him [Leader A] really clearly, too. So for us to be able to see him also helps it be more intimate, I guess.

The nurses confirmed Leader A established a personal connection with them, attributing this to his eye contact, sparing use of props and equipment, and movement and positioning in the space.

Leader A and I had discussed the possibility of his presenting in a smaller room on July 30 to provide a basis of contrast with the auditorium. He was able to give his second presentation in a more intimate setting because only four new nurses were enrolled in the orientation that day. The classroom for this presentation was about 20' x 20'. There was a standard 6' x 3' folding table set up against the back wall of the room with coffee, tea, soda, and water. Another standard 6' x 3' folding table was set up along one of the side walls (on the left as participants entered the room) for the display of a brochure related to Leader A's topic. The rest of the classroom was set with six round tables. There was a podium set up at the front of the room to the audience's left, and a large projection screen was lowered in the center of the front wall. Four nurses sat at the same table closest to the podium, with about 10 feet of space between them and the podium.

In this smaller setting, Leader A intentionally used different verbal and non-verbal techniques to connect with his audience. Before the formal presentation began, he approached the table where the nurses were sitting, introduced himself, and engaged them in casual conversation. Standing in a relaxed pose with one hand resting on the back of an empty chair at their table, he asked each of the nurses their names one at a time. He also asked them where they had worked previously and where they would be working at HealthCo. He facilitated these personal conversations in an easy manner, moving from one nurse to the next around the table, combining open body posture with casual hand gestures. This approach allowed Leader A to establish rapport with each nurse and connect on a more personal level. It also gave nurses a chance to learn more about their peers and establish comfort and familiarity with one another.

In the ensuing focus group, one nurse shared her impressions of these verbal and non-verbal behaviors.

Researcher: So if I were to ask you, what was that presentation like, on ethics. What were kind of the takeaways, or what was most noteworthy about today's presentation?

Nurse 8: He [Leader A] was really interactive, so that's one of the things that really stood out. You know, trying to make sure that we could relate to what he was saying, to understand, you know, the message that he was trying to relay. That's one of the, you don't see a lot. You know, it wasn't just a slideshow presentation.

Researcher: And so, was there anything he said or did?

Nurse 8: The eye contact, there was a lot of it. Asking specific questions, you know, kind of like probing questions, I guess, in the same way. But eye contact is always a big thing for me. So I think that he was really good about that.

Researcher: So when a leader is making eye contact with you, or when he or she is asking probing questions, what does that tell you? What are you thinking at that point?

Nurse 8: It lets me know that I'm not just a face in the crowd kind of thing.

In the following exchange during his second interview, Leader A explained the techniques he used to connect personally with his audience in the smaller classroom setting.

Researcher: You were able to have a conversation before you really even got started. When you came in, you didn't go shuffle papers behind the podium. But you addressed, if you recall, asked their names, where are you working, where did you come from.

Leader A: I've been doing that [engaging audience members in casual conversation] for a long time. The reason I started doing it was to reduce my own anxiety. And I don't get anxious very much anymore, unless it's like to the entire HealthCo leadership team or something. But I used to, and so I developed a habit then. And as I've done more, I learned that a nice side-effect is it builds rapport, relationships with, connection with them [the audience] before you even start. And it very much increases, I think, the quality of the interaction. Because it's like we already, it sounds silly, but we already know each other, you know? Because I've already talked to them.

Researcher: Your voice, your sense of humor, and all of the body language and non-verbal that comes with that. Why is that aspect of the presentation important?

Leader A: You can look at different studies, but as high as 80% of everything we say is non-verbal. So, I'm highly cognizant of that. It's sort of drummed into me since I was a high school teacher 30 years ago. [He laughs.] I'm a big believer in a lot of these

techniques, like the use of pauses. And I've had to practice a lot because it can be awkward. The looking at someone's face. ... A lot of it is just training that I've had and practice and messing up. You know, times when it didn't go well. [He laughs.]

In the second focus group, another nurse commented on several things Leader A did to make a more personal connection with nurses, including asking their names.

Nurse 9: The one that I remember is that he asked our name, asked where did we come from, what did we do before. It's a good thing.

In his second interview, Leader A explained the importance of asking nurses for their names.

Leader A: I always try to do that, but it depends upon the room I'm in. In that room [large auditorium], I can't see their badges [name badges that all employees wear], which I hate. But rather than not do it, I have to work a little harder. Since I cannot see their badges, the only way for me to accomplish that is to ask them point blank. You know, when they raise their hand, I'll say, "Tell me your name." "Bob." "Okay, Bob, and you're going to be working where?" And then I always say, "Welcome, Bob."

Now, in the smaller setting, I can see their name badges, or I can walk over to them, and I'll walk over and I'll look at their badge, and I'll say, "Oh, Cindy. And you're going to work at ..." and it will say on their badge. I'm going to say, "Cindy, you're going to work at Name of Hospital Location, right? Thank you, thank you for joining HealthCo."

Researcher: Okay. So what do you perceive the effect of that is on them? Because again, this is a new nurse, maybe right out of school. You're a big-wig in their minds.

Leader A: Maybe in my own mind. [He smiles and laughs.] Trying to get to their level. Yeah, I'm trying to get to their level. I put on my pants, two shoes just like everybody else. I try to break down that barrier that exists just because of my role [vice president].

It's also a good way to make personal connection. I mean, it's all about *personal connection*. And that's right in there with looking at their eyes.

And it's my nature anyway. So it kind of comes naturally. I know some of my colleagues [other executives] find that [making a personal connection with employees] very uncomfortable. And when I advise them to do it, they're like, "Oh, I don't know, that feels too weird."

The nurses' feedback confirmed that Leader A had established a closer connection with his audience as a result of his intentional use of verbal communications and non-verbal behaviors.

Leader A tells personal stories to help nurses relate to his messages. In both his presentations, Leader A told personal stories to connect with the nurses on a more personal level,

human to human instead of leader to employees. These included a story about his “abuelita” (grandmother). He acknowledged how at the end of his grandmother’s life, he felt the same range of emotions that all people do—the sadness, helplessness, fear, and regret—and he made the larger point that we are all vulnerable at such times in our lives. In his first interview, Leader A talked about his reasons for including personal stories in his formal presentation to new nurses.

Leader A: As an educator, I think that people learn best through stories. And so I’m always looking for real stories to share when I present. And this content, Ethical and Religious Directives, all that stuff, you know, can be a little dense and quite frankly boring to some people. So I try to make it come alive through stories. I’m always collecting stories in my head that, I mean, in my role, I experience these stories all the time. And so, it makes it real for them [new nurses]. It also demonstrates how what I’m talking about, what I’m trying to convey to them, how *powerful* these ideas are in life.

In these comments, Leader A described how he tells stories about fundamental human experiences to make his content more accessible to nurses instead of lecturing to them.

In the second focus group, two nurses commented on the effect of these personal stories.

Nurse 8: As far as like telling the stories throughout his presentation and everything. It just makes everything a little bit more relatable, a little easier to imagine, I guess. For me, I’m a very visual learner. Whenever you tell stories like that I can imagine the little old lady sitting in the bed. It just makes it a lot more relatable and understandable.

Nurse 9: Regarding that story, for example, the grandmother story. For me, it’s more like, I have to think about his experience. He said that “if you have grandmother, you have to spend more time or talk to her.” But I’m experiencing it right now, because my grandmother is in Long Beach [California]. And I wasn’t able to talk to her since I moved here. And right now I’m experiencing that. I remember I need to talk to my grandmother, I need to give some news regarding what I’m doing here. Because I know that she’s waiting for me to tell a story. It’s like a reminder when someone is giving their story.

While Nurse 8 described how Leader A’s personal stories made his presentation content more relatable, the abuelita story compelled Nurse 9 to think about her own relationship with her grandmother. These two comments illustrated well the difference between making sense in the context of the interaction, exemplified by Nurse 8, and finding deeper meaning by applying Leader A’s remarks more broadly to other aspects of one’s life, exemplified by Nurse 9.

In his second interview, Leader A delved further into how stories help him make a personal connection with his audience.

Researcher: Going back to storytelling, you talked about the experience at the end of your abuelita's life. One of the nurses [in the focus group] said, "I'm going through that right now."

Leader A: *Wow*. Well, I'm touched to hear that. There's no way for me to know, but knowing it, I'm really glad that I did it. [Leader A's tone of voice and facial expression here show that he was truly moved to learn his remarks resonated on a deep personal level with one of the nurses.] Even more so, because she can relate. You know, and I think I've said it in my journal, but I'm all about, you know, the most powerful way to get people to remember what you want them to remember is through stories. And emotion, because that's really what human beings remember, how we felt. So I do try to touch their hearts. I mean, that's how I'm going to get through to them. And I'm human like them, and so, odds are everyone in that room has experience with something like what I'm talking about. And they can relate to that.

Leader A described here how personal stories are a way for him to connect with nurses on an emotional level by touching their hearts, as one human relating to another instead of as a leader lecturing employees. Based on the nurses' feedback, Leader A's stories achieved their intended effect by connecting with them on a fundamental human level.

Leader B uses rounding to re-connect personally with chaplains. As a former chaplain and now manager of the Spiritual Care Team, Leader B had already established personal relationships with her teammates. During the study, however, she and the chaplains commented on a technique she uses outside the monthly meetings, called rounding, to sustain those meaningful, personal connections with them. In the first focus group, the chaplains commented on these interactions.

Chaplain 1: Every month, Leader B comes to our campuses and spends about 45 minutes to an hour with us, asking us what's going well, what's not going well. It's really not, I never feel like I'm being critiqued, it's not a critique. I mean, she's generally interested in like: "What's going on? What's going well? What's not going well? How can I support you better? What are resources that you need?" You know, and then, we always have a little bit of time, just to say, you know, to talk about our personal, our lives with our children, or whatever, our family. So that's a little bit about what we do.

Chaplain 3: During this rounding time, Leader B checks in with us and, and we can be honest, you know. I think Leader B, with me, and the other chaplains, invites that honesty and that openness. It's partly very necessary for our own health, I think our own mental and emotional health, and spiritual health to just be able to talk to another chaplain who understands some of the stresses that you've been in. She invites that honesty.

The chaplains expressed appreciation for the therapeutic benefits of being able to discuss family matters and things causing stress in their lives. They also acknowledged the personal nature of the rounding conversations in which Leader B addresses them as peers rather than direct-reports.

Leader B also noted how rounding allows her to re-connect with chaplains on a personal level that involves human-to-human conversation as well as work-related discussions.

Leader B: I make an appointment with them to sit down at the table with them individually and say, "How's it going personally?" Anything they want to tell me personally. "What's going well in your job? What's not going well? Do you have all the supplies you need to do your job? Do you have any safety concerns? Do you have anyone that you would like to recognize?"

Those are the basics. I think everybody looks forward to it as much as I do. Oftentimes, we find the humor in it. Sometimes we cry because of, you know, a story they tell me, or a patient. So there's a free exchange of ideas, feelings, emotions, concerns at those roundings. It's not just at the monthly department meetings. But it's ongoing.

Through this monthly practice, Leader B and the chaplains discuss work topics as well as personal matters; in doing so, they stay on top of business issues while staying in touch with each other's lives outside of work.

Category 6: creating a safe, comfortable environment. Through their intentional use of the humility elements, the two leaders sought to create environments where employees felt they could honestly express their opinions and feelings. This included speaking truth to power without fear of retaliation (i.e., safe) and admitting weakness or vulnerability free of ridicule (i.e., comfortable). In addition to commenting on how the two leaders created this kind of environment in the interactions, nurses and chaplains helped foster such environments

themselves through their own words and actions. Figure 6 depicts several coded behaviors that constitute this category.

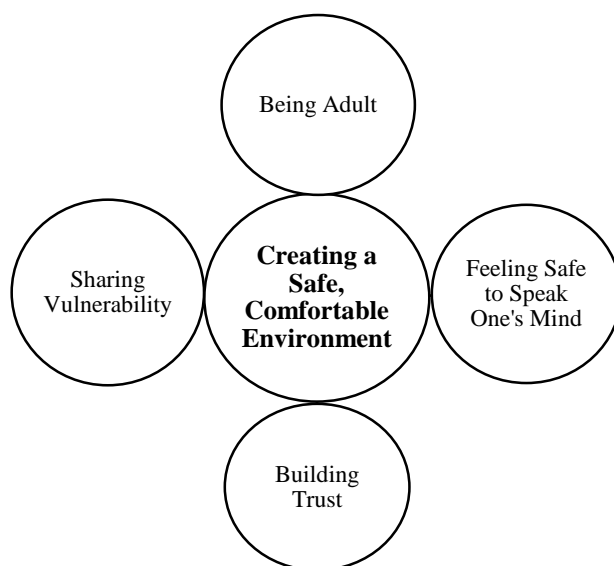


Figure 6. Category 6 – creating a safe, comfortable environment.

Leader A shifts discussion of “religion” to “spirituality.” During Leader A’s second presentation, Nurse 8 stated that she was “not a deeply religious person.” This moment presented an opportunity for Leader A to model humility, and he did. He responded by saying, “I’m glad you said that.” The look on the nurse’s face was a mixture of surprise and relief. Leader A then shared his views on the difference between religion and spirituality in a way that faithfully represented HealthCo’s values while creating an inclusive environment for people with other religious beliefs or no religious beliefs. In his first interview, Leader A explained this behavior.

Leader A: I think maybe some people who aren’t familiar with the Catholic Church might come in [to HealthCo] thinking that, you know, we’re very dogmatic and prescriptive. And that is not who we are. We’re the opposite, we’re actually very welcoming and diverse.

In his second interview, Leader A discussed the importance of creating an environment that was safe for people of different backgrounds and beliefs to engage in candid conversation, including his intentional use of language (e.g., spirituality instead of religion) to accomplish this objective.

Researcher: She [Nurse 8] said, “I’m not a deeply religious person.” And you handled it with great care and empathy. Why is it important that you took time to explain the distinction between, “We’re faith-based, but this is what we mean.”?”

Leader A: I do remember that. At the core of it is wanting everyone to feel included and an important part of our ministry. We are a Catholic ministry and much of what I talk about in the presentation is about Catholic ethical and religious directives. But I’m highly sensitive to the fact that not everybody I’m talking to is a Catholic or a Christian or any faith whatsoever. So I try to stress that we are not a church, we are a healthcare system.

I’ve been practicing this one for years, I have found that the word *spirituality* is positive. And sometimes I’ll even go as far, and I don’t remember that one, if I said it, I’ll go so far as to say that atheists [can] have a spirituality. Right? It can be a spirituality of the environment, or of love, or of compassion. Or whatever their spirituality is.

And spirituality is also highly personal. So what I tell them is, “I happen to be a Catholic. This is a Catholic organization. We’re not a church. If you can connect with our spirituality, which is basically one of service, then we want you, we need you. Please join us. Bring your spirituality and it makes us a stronger.” *Inclusivity* is the key word. Because diversity without inclusivity is useless. So we really try to talk about inclusivity. And remember, they are new to us.

In the first focus group with nurses, Nurse 6 commented on how Leader A conveyed HealthCo’s Catholic principles and practices in a way that was inclusive rather than exclusive.

Nurse 6: I think that because we’re going into an organization that’s a Catholic ministry, I think that it was good for everybody to hear because it doesn’t sound like a religious, I mean, it is religious-derived, but it’s not something that makes you feel, um, like you’re being persecuted on everything you do because of your religion. So it’s good, because it’s not the way you think typically when you hear “Catholic organization.”

During the second focus group, the subjects of faith and religion came up. Nurse 9 stated she was “a born-again Christian” and Nurse 8 reiterated that she was not a “deeply religious person.”

There was an exchange between the two nurses later in the discussion when the potential for disagreement arose regarding religious beliefs.

Nurse 9: For me, being born-again Christian, it’s about your having, like, a relationship in God. If you have, like, a relationship in God, all these things that you see in this world will make a difference. But what if you don’t really know God? You will not let the patient experience what God is.

Nurse 8: I don’t think, I mean, I kind of disagree just on the fact that it doesn’t necessarily have to be God to be that, that goodness. You know, it just has to be that, you

know, positivity, that positive energy, that gives them [patients] the hope, lets them know you're there kind of thing.

I tensed up a little during this exchange, sensing the potential for conflict. But in the wake of Leader A's remarks, which created "space" for diversity and inclusiveness, the two nurses smiled and nodded at each other and our conversation continued in a civil fashion.

Nurse 8 commented later on another instance when Leader A's response to one of her remarks created safe space for open dialogue.

Nurse 8: There was never a point where like, if he was talking about a certain subject, like whenever I said the social responsibility thing, what I was talking about wasn't exactly what he was talking about. But he didn't say, "Well no, that's not what I meant." He said, "Well, that's a very good example, but ..." You know, there wasn't, what's the word, I can't think of the right word to use. Like he didn't say, "No, that's not right." He said, "You know what, that's a good way to look at it. This is how I was looking at it."

Through these and other comments, nurses confirmed that Leader A had created an environment where it was okay to voice their own opinions while being open to and respectful of difference.

Leader B creates a safe, comfortable environment for chaplains. I observed a number of things said or done by Leader B that contributed to the safe, comfortable environment for the Spiritual Care Team's monthly meetings, including the physical setting for her monthly meetings and her unique approach to having adult conversations.

Physical setting is conducive to conversation and openness. The conference room where the monthly meetings took place was a large rectangular room, about 25' x 20'. In the center was a large rectangular table, formed by pushing six smaller tables together. There was no implied "head seat" for Leader B and no assigned seats for others at the large table. There were 15 identical rolling office chairs pushed up to the conference table, with several others pushed back against the walls. During the monthly meeting in July, Leader B did not sit at the head of the table but rather along one long side of the table between other attendees. She remained seated

throughout the meeting as other people talked and one guest speaker made a presentation. She did not stand above her teammates or circle them as she interacted with them, resisting the urge to literally talk down to them as some leaders do in similar settings. She even kept her seat when she clicked through slides for her presentation.

In the first focus group, one of the chaplains commented on the egalitarian nature of the setting, including its configuration and the type of interaction it fostered.

Chaplain 4: We don't sit in lecture style. We sit at a square table. Not square table, rectangular table. And we frequently change seats, at least I do and I think other people do as well. And that's very conducive to getting to know people better. And it's conducive to good conversation and openness.

The no-frills, nondescript setting, combined with Leader B's behavior within the space, put everyone on equal footing for open conversation and easy interaction.

Being adult and having adult conversations. Leader B's notions of "being adult" and "having adult conversations" also were key factors in her efforts to create a safe, comfortable environment for team meetings. These concepts were at the heart of her leadership philosophy, and humility was an essential ingredient in achieving both of them. In her first interview, Leader B described the meeting with chaplains, saying "it was a very adult meeting." She discussed the importance of this concept, connecting it to one of HealthCo's core values.

Leader B: I think that to *be adult* is important, to say what you want to say and you have your opinion. That's our core value of dignity. It's not just with patients or their families. It's the dignity of each other. I respect that you have a different opinion than I do. I would hope that you would have honor and respect and take time to listen to my opinion. Then there's a back-and-forth, healthy exchange of, "We've got this situation, what should we do about it?" Being adult requires you to value the dignity of every person.

In all transparency, it wasn't always that way [under the team's previous director]. There were a lot of things that wanted to be said but couldn't or wasn't said. Because of, whatever, fear, or, I don't know. I'm not going to go there. I just know that I experienced that. And it is draining. I think that to be adult is important. To say what you want to say and you have your opinion. That's our core value of dignity.

During the monthly meeting in July, Leader B handed out materials related to HealthCo's 2019 employee survey. The survey covered a range of areas in which the chaplains had rated Leader B, including leadership, communication, work-life balance, and recognition and rewards. To kick off discussion of the results, Leader B said, "We're doing well, but always have room to grow." Even though she had received the highest rating she could get in the area of communication, she told her team that she did not want to skip over this section or "pass the buck" on an opportunity to learn and grow. One of the chaplains said that the team's "car was running fine," referring to their communications. Leader B said, "Our car might be running fine, but we can still wax it up."

In the ensuing focus group, Chaplain 5 commented specifically on this instance and described how their work environment has improved since Leader B became their leader.

Chaplain 5: I think, not only do words speak, but the physical gesturing, that make such a difference. I've been here 18 years, so I've been through several supervisors, and when Leader B's talking about being open, and wanting to hear back, and even though we did really well [in the employee survey results], look at how we can really "wax that car." This is what she did. [Chaplain pauses and spreads her arms open.] I mean, this is what she does, like opening herself up, and I think it's giving permission to me, not only is she willing to give it, she's willing to receive it.

And I also know that, at least from my vantage point, this new leadership style of being open, and also coming from our ranks [Leader B was a chaplain on the team before being promoted to lead the team], her openness in knowing what really works, and wants to hear, and doesn't have that sensitive skin. And [she] wears it on her sleeve of, "It's okay for you to tell me what you want me to do better."

That's really, for me, it's honest, it's authentic. She lives what she says. She gives us opportunity to live like that in our teams, at our particular campuses. And that to me shows great humility on the part of our leader. I think that spreads to us like warm honey.

She went on to explain other changes that Leader B has brought to their team environment.

Chaplain 5: I have to say, back in the day, when we were changing directors, having one, I'm speaking for myself only, having one come from our own ranks, when we were fighting incestuously. Too many of us had been in everything together, for whatever, in CPE [continuing pastoral education] and all that. So there was a bit of, "Ooo, I hope this works."

In my heart, I can't tell you how her [Leader B] humility and her openness, and her leading by example has made us, I think, has brought out the best *in me*. But has brought out, I think, a lot of great things in all of us. There doesn't seem to be that kind of looking at everybody, "Who's going to answer?" anymore, ever. It's like, "Who speaks first?" [The other chaplains laugh and nod their heads in agreement.]

In the focus group following the July meeting, several chaplains shared their general impressions of the meeting, which were overwhelmingly positive but also revealed some of the anxiety inherent in discussing difficult topics.

Chaplain 4: I felt, I'm going with an emotion, I felt happy, and I felt that we had a, there was a lot of collegiality, openness I felt in the room. The happy feeling, I think, came from all the laughter and joking we can do and be okay about that with leaders here.

Chaplain 5: I am energized by being with my compatriots. But I also feel like it's time well spent. So I feel like it's worth my time. I also feel it's very collegial, and I like also the fact there's an easy feeling of give-and-take and honesty that is shared in the room, more so all the time. More so each meeting to each meeting.

Chaplain 2: I feel good about the whole thing because in my old job, the director was not able to talk about our campuses, and feel free to say your mind, you know. So I'm happy that we all agree on one thing, about our goal, you know, what we're going to do, especially on the topic of communication. I think that was good, that everybody was able to contribute, say their mind. It's just like, being open, you know, what I want and what I don't want. It's an improvement.

Chaplain 3: I agree with what all of the other chaplains have said. I always enjoy the opportunity to get together with them, and I enjoy and appreciate the collegiality. But I never look forward to this particular meeting because I feel like we have to examine things that maybe we don't always want to look at. You know, weaknesses, and I struggle with the best way to do that.

In the second focus group, two chaplains commented on Leader B's fearlessness and confidence, suggesting that these two personal attributes allow her to create a safe, comfortable environment for their team interactions.

Chaplain 8: I pick up on two words: *no fear*. She [Leader B] doesn't feel threatened that there is some, a person that's either going to say in front of her supervisor something that she's not ready to discuss. Or vice versa. And a person that does that is very strong and very, um, what's the word I'm looking for?

Chaplain 6: Confident.

Chaplain 8: *Confident*. That's the word I'm looking at. Confident, not just in her position but in, she has confidence in her people. And knows that she can let us be ourselves and speak to her or speak around her, and then know that the information will be either played back to us, "Now, is this what you said?" or "Let me understand." You know? And make sure that she does have a clear, guided instruction or clear, guided direction that the conversation was going in.

In her first interview, Leader B articulated a deeper understanding of her behavior by connecting the notions of being adult and having adult conversations to the concept of humility.

Leader B: I don't know if you could just sum it up with humility, in one word, humility. I think it's more about being transparent, being honest, being adult, encouraging everybody to speak their truth. To be honest with me, knowing that I'm honest with them. It's the only way I know how to be. So I don't think you can just sum it up with one word of humility. But I think humility's in there.

There's no kind of game-playing, pretending that I have all the answers because I don't. No hidden agendas. I don't pretend, and if I don't know, I don't know. And if I make a mistake, I have no problem falling on my sword. They [her teammates] all know that. And they know, I'm the same way with them, you know. "Look guys, I missed this beat. Well, we'll get it right."

In her second interview, she delved more deeply into the nature of humility, discussing its root causes as well as the role it plays in fostering creativity.

Researcher: So talk to me a little, if you think in terms self-awareness, keeps us grounded, checks arrogance, um, creativity. [He is reading an excerpt from Leader B's second reflective journal.] How does humility help to bring those?

Leader B: Well, you have to think about it in the broad context. Because a lack of humility is arrogance. And arrogance is usually a cover for not knowing. Or insecurity. So, I think, just to be able to be genuinely who you are. And be affirming of that.

I'm always about, "Okay, let's think about this. And how could we do it better? What are some ideas you have?" So if a team, if a department, if a person didn't feel comfortable expressing their ideas because of judgment or because of whatever, they wouldn't say anything. You know, you wouldn't get anything, you wouldn't get opinions. There would be a lot of resources lost. There's a lot of talent, there's a lot of education, there's a lot of spirituality around that table. [She is referring to the conference room table.] And, it's got to come from a lot of people. It can't just come from one person.

In this excerpt, Leader B described the important role that environment plays in a team's successful operation, bringing out the best ideas and making the most of the team's resources.

Category 7: grounding oneself. Another way participants expressed humility during the study was by grounding themselves. Some of the coded behaviors making up this category were relational in nature, when participants put themselves on equal footing with other participants. Participants also grounded themselves when they embraced their own humanity and accepted their imperfect nature, explicitly or tacitly. Most of the examples involved leaders grounding themselves; but in several instances, nurses and chaplains talked about surrendering control of decision-making to patients in situations where caregivers actually had greater knowledge and authority. Figure 7 depicts several coded behaviors that constitute this category.

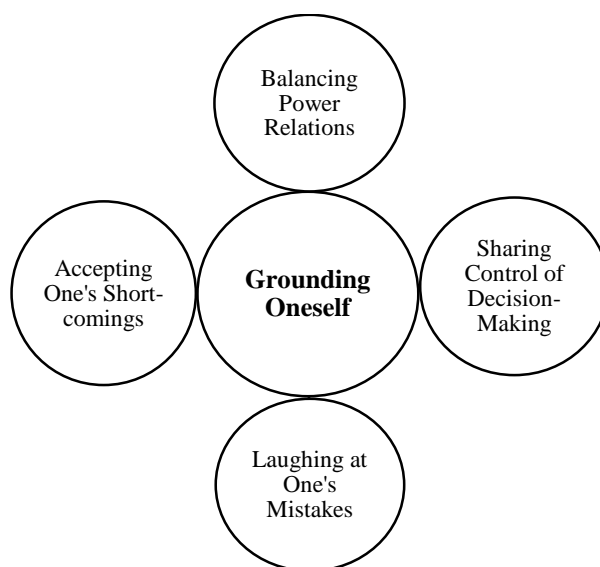


Figure 7. Category 7 – grounding oneself.

Leader A overcomes structural barriers to ground himself. In the context of this study, Leader A had a loftier organizational title than the nurses along with its attendant elevated status. His first presentation took place in a large auditorium configured with physical objects that created barriers, distance, and separation between him and the nurses. With 40 new nurses enrolled in the day-long orientation program featuring multiple presenters, Leader A did not have the ability to change venues for his first presentation or significantly alter the room's

configuration. Through several non-verbal behaviors, he sought to reduce this status difference and power imbalance. He did not stand behind the podium, nor did he use the mounted microphone at the podium or wear a lapel microphone to amplify his voice. Instead, he stepped out from behind the podium and stood as close to the front row of nurses as practicable.

In his first interview, Leader A talked about the importance of overcoming structural barriers between him and the nurses in the large auditorium setting.

Leader A: In that room [larger auditorium], there's a barrier really. You know, a physical barrier. And I worry that it makes me pace. So I'm very cognizant of pacing. Because I want to go walk among them, you know. I like to walk among them, and then turn around and look at whatever's on the screen with them. Like I'm participating with them instead of standing in front of it. But I can't do that in that room. I still will turn around. I don't have to, because I have screens in front of me. [He is referring to the "confidence monitors" on the floor in front of him]. But I'll still at least try to turn around, so I'm like with them.

As noted earlier, Leader A's second presentation to nurses took place in a smaller setting that also was configured with a podium and mounted microphone. Rather than standing behind the podium and using a microphone, he walked up to the table where the nurses were seated to engage them in a conversation instead of a presentation. In the ensuing focus group, two nurses made sense of this behavior by suggesting he was willing to surrender some of his control.

Researcher: What role does a podium play in leader-employee interactions?

Nurse 8: To me it acts as a barrier. I don't like them, especially like if it's on a stage. It's kind of like *standing up* talking to a patient versus *sitting down* talking to a patient. You're standing up, you feel like you're being, you're talking *at* your patient. You sit down and get eye-level *with* them, you feel like you're talking *to* them. So a lot of times, and I know there's situations where you really don't have a choice. You have to have the microphones and you have to get stuck behind the podium. But I feel like podiums really act like a barrier whenever presentations and stuff like that are done.

Nurse 9: Being in the podium is like you're having more control in your environment. You're not giving people a chance to communicate to you as well. Because if the speaker is like, walking around, um, it makes a big impact to the one who's listening. It will not get boring.

Researcher: So he [Leader A] is saying, “I don’t need that [a podium] between me and the employees to have this interaction.” What does that make you feel like?

Nurse 8: I feel like it goes back to what she [Nurse 9] said, the humbleness thing. I couldn’t think of the word earlier, but it goes to show that he [Leader A] doesn’t think that he’s better, that he’s here to work *with* you, not *against* you.

In his second interview, Leader A explained his strategy for using various tactics to break down physical and perceived barriers between himself and the new nurses in both settings.

Leader A: I think, you know, to me, I think it makes you *more approachable*. Like more, a regular guy. Instead of somebody *up there*. You know, if you think about it, if you’re standing at the podium, they’re much less likely to come up to you because it’s like a class, which is divided. Whereas if you’re moving around and you’re very near them. You know, when it’s in the auditorium [larger, more formal setting], I might even tap their shoulder, or something like that, or get really close to them.

Researcher: So let’s bring that into this notion of *conversation* versus *presentation* [which Leader A mentioned in his reflective journal]. Why is it important to turn that into as much of a conversation as possible?

Leader A: Well, number one, it’s everyone feeling included. So the inclusivity thing again. Um, them sharing their stories that are very similar to my stories. So it puts us on the same level. And when it’s only a small group, a presentation to a small group is awkward, for the group. Because there’s only a few people. But if it’s a conversation, it’s like you could almost picture cups of coffee on the table and you’re just sitting around talking. That’s kind of fun. That’s a positive experience.

Based on feedback from nurses, he succeeded in transforming the interaction from a formal presentation to employees into a casual conversation among colleagues sitting around a table.

Leader A grounds himself and nurses through discussion of patient autonomy. Leader A discussed end-of-life issues in both presentations, exploring the pros and cons of providing different types of care to terminal patients who are near death. He explained that caregivers are responsible for providing patients with the information they need to make informed decisions, and that patients sometimes make end-of-life decisions that caregivers do not like or agree with. In addition, he noted caregivers must realize that what their clinical training instructs them to do at the end of a patient’s life is not always the right thing to do, emphasizing the need to respect

the inherent dignity of every patient. He underscored this point by asking the nurses: “When you come to the end of your life, do you want a nurse or doctor to make those decisions for you, or do you want to make those decisions for yourself?” All the nurses nodded their heads, with some responding out loud that they should be able to make their own decisions.

Following Leader A’s comments about patient autonomy in his first presentation, two nurses observed that giving patients the right to make their own end-of-life decisions requires caregivers to suspend the power they typically wield over patients. They also noted that it requires nurses to make an effort to understand patients’ reality, treat them with grace, and recognize their own shortcomings or biases in such situations.

Nurse 6: I feel like I’m a very opinionated person. So I like when I come to nursing because sometimes it helps me not be so, follow things that I think. They [patients] really think these things and they really believe these things. Or when they say things, and in my head, I’m like, “Why would they want that?” It’s sometimes really difficult to understand, and I feel like I’ve had to learn that. And I appreciate that I have an understanding of it. And it’s not what *I want*. It’s what *they truly want* and *they really think*. And that’s kind of a challenge, but it’s also something that you have to take with grace, because it’s not a thing that everybody in this world gets to do.

Nurse 3: It gets tough when you have patients who, you know, that there’s not much you can do for them medically, except for maybe offer them some palliative care and some spiritual care and send them home, you know, *home* home. But families don’t understand that, and they want everything to be done, and they want every last moment with that patient. And sometimes it’s because of regret, things that have happened in the past. So they want you to do everything. ...

And whatever they want done, you have to do it. And it’s hard to take that hat off, because you know what’s coming. You do. We all know what’s coming. You know what’s going to happen, but you can’t let that, your judgment, affect you, and you just kind of have to go with them on that journey, and it is *their journey* to take ultimately.

Leader A uses storytelling to ground himself. Leader A sought to accomplish several objectives by telling personal stories to nurses. As noted earlier, he established a more personal connection with nurses and made his content more relatable. He also told stories to ground himself with his audience by illustrating the challenges he has faced managing end-of-life issues.

These included emotional struggles and ethical dilemmas he experienced with the deaths of his grandmother and another HealthCo patient. In addition, he admitted to having made mistakes when his own emotions got in the way of his decision-making. To illustrate this point, he told a story about the challenges he faced when a morbidly obese diabetic patient decided to forego additional treatment at the end of his life so that he could die on his own terms.

In his first reflective journal, Leader A commented on why he shares such stories.

Leader A: I made it a point to share stories where I struggled with what to do or was emotionally affected by ethical situations. I directly acknowledged that there are times when I don't know what to do. And that's normal and okay.

He expounded on this idea in his first interview.

Leader A: My personal stories demonstrate where I was weak, where I knew what to do in my head but my heart wanted me to do something else. And so, I'm sort of trying to identify with them. And the story about the person at Hospital Location who refused to have the amputation and died. You know, it demonstrates my own frustration, my own experience. When I'm telling them [nurses] the patient decides what they want, and if you don't like it, too bad. That sounds harsh, so it's showing a story where I had to deal with it myself. And so, I think it all sort of makes it real for them. *Pertinent*. In other words, why should they care? You know, they're sitting in orientation for two full days. Why should they care about what the Mission VP is telling them? That's my goal.

I really don't care if they can say, "Oh, that's the principle of double effect." But I do care if they can remember the story and what the lesson was. And to be honest with you, and you helped me with this, Researcher's Name, it also is an opportunity for me to demonstrate my own humility.

In the second focus group, one nurse described Leader A as someone who grounded himself through storytelling, while conveying the values of equality and respect for others.

Researcher: So if you think about them [Leader A's stories] again. What does he demonstrate when he says, "I can learn from my grandmother" or "I can learn from Sister A" or "I can learn from different sources"?

Nurse 8: It just shows that he has the ability to look around him and realize we are human beings. We are all that same level. Nobody's better than anybody else, which means that that's going to translate into how he treats the people that are under him. ... And, you know, if he was to ever be patient care, which I doubt that, but just that he would treat them the same way that he would treat his grandmother. You know? It just shows that he puts everybody on the same level playing field.

The focus group discussion continued as another nurse offered her impression of the stories.

Researcher: Does that make you feel anything when he [Leader A] tells stories that point to other sources of either wisdom or inspiration as a leader? What is he demonstrating to you at that point?

Nurse 9: Regarding that, I can see humbleness. Yeah, because as a leader, or if you are in the higher position, you have to be humble. Because being humble is like listening to everyone that's around you. Not just for yourself. Because, if you are humble enough, you're going to learn many things around you.

Both nurses suggested that Leader A exemplified humility through his willingness to treat everyone as equals as well as to listen to and learn from others.

Leader B demonstrates ability to laugh at herself. As noted in Chapter 2, self-deprecating humor occurs at the intersection of humility and humor, when an individual is able to see the humor or folly in something s/he has said or done, often expressed by laughing at oneself (Gilbert, 2009; Hopton et al., 2013). Leader B exhibited this ability in ways that grounded herself among her teammates. During the monthly meeting in July, an unexpected circumstance arose that presented both stressful and comical possibilities. As Leader B played the song accompanying her beach-themed Reflection through a Wi-Fi speaker connected to her cell phone, a recorded message intermittently interrupted the song, announcing that the speaker battery was low. Rather than getting frustrated or angry by this glitch, Leader B was able to smile and laugh about it. In fact, she looked over at one of her chaplains and thanked him for the “knowing looks” that he cast at her across the table, and the team shared a moment of stress-relieving laughter.

In her first interview, Leader B commented on this humorous event, which included an acknowledgement of her own responsibility in the mishap.

Leader B: I didn't pick the [musical] artist early enough. It was a terrible rendition [of the song]. And we didn't know about the speaker needing to be charged because we had just

bought that speaker, and Chaplain's Name had only used it once before. So that turned out to just set the tone of humor really. [She smiles.]

Researcher: It really did. [He laughs.]

Leader B: [Laughing] And Chaplain 7 is, like, looking at me, "What's going on?"

Another instance of self-deprecating humor occurred near the end of the same meeting. The team was discussing the results of the 2019 employee survey, focused specifically on how the chaplains had rated Leader B's efforts to recognize them for good work. When she asked for additional feedback from her employees regarding how she could do a better job of recognizing them for good work, Chaplain 1 said, "But Leader B, you give us ..." There was a long pause here, as the chaplain considered her words and the anticipation from others mounted. Chaplain 1 finally completed her sentence, "*sticks* ... and rock and things." As soon as the word *sticks*—a reference to the Spirit Award—was out of the chaplain's mouth, there was uproarious laughter from all participants, including Leader B. (The Spirit Award is given as part of a ritual at the end of the Spiritual Care Team's monthly meetings. Before the Closing Prayer, Leader B gives the award to one of her chaplains to recognize his/her extraordinary team spirit and camaraderie. The award is typically a piece of driftwood that Leader B has found during one of her walks along a beach and then decorated in a way that is personalized to the recipient.)

In the first focus group, Chaplain 4 made sense of this humorous moment.

Chaplain 4: One of the things that contributed to that [feeling of openness], for this meeting, was the "sticks" comment. [Several chaplains laugh.] You know, it was just, like, broke all the ice. It was just like everybody seemed to breathe a sigh of, of this is really good that we can talk like this, to kid with our director. And just have that type of interaction. So that's what, you know, to me, that was helpful with the openness.

In the ensuing interview, Leader B laughed at herself and Chaplain 1's "sticks" comment.

Leader B: It fills my heart. I was still smiling when I went home that night at Chaplain 1's comment, because I was trying to get to the bottom of what could I do to recognize

them more? But when she [Chaplain 1] said, “Well, you give us *sticks* ... and rocks and things. What more could we ask for?” I just found that so funny. That’s so fresh.

She then explained the larger implications of how self-deprecating humor functions on the team.

Researcher: Talk about humor, and the role humor plays with your team, and the ability to laugh at oneself or at things that the team has done. Being kind of silly. Why is that important to you all?

Leader B: I think that it again shows me, just maturity, emotional maturity, self-awareness. I think when you’re able to laugh at yourself and recognize, “Yeah, that’s me” and add some humor to it. ... Our life, a chaplain’s life, the ministry is so serious, that I think we need to take the opportunity to laugh and find humor in it.

Leader B shares control of the monthly meeting, lets others lead. In both planning for and facilitating the monthly meeting in August, Leader B shared control of the agenda as well as the actual leadership of the meeting. She invited Guest Speaker A to talk about an important issue the team needed to address with her. She honored the request of Guest Speaker B to discuss another topic with her team that was causing some confusion. And she welcomed Leader A when he asked to present updates on the Mission Integration Department, HealthCo’s strategic plan, and the recent leadership retreat he had attended. By doing this, Leader B delayed her own agenda items until the September meeting to make room for issues her team needed to discuss with other leaders. Once the meeting began, she did not insist on dominating the conversation. Instead, she used silence—an often-overlooked tool of leaders—to allow guests speakers and chaplains to ask questions and clarify key issues. She also practiced active listening, focusing intently on others’ remarks so she could pose clarifying questions, as necessary. In addition, she took notes to document answers to key questions and help formulate follow-up questions.

In the ensuing focus group discussion, the chaplains commented on Leader B’s ability to adapt her leadership style in ways that grounded herself with employees and other leaders.

Researcher: Is that a leadership role? To sit quietly, to listen actively, and to take notes in the interest of clarification for your employees.

Chaplain 6: I think it does. It does very well. You know, *guiding from the side*. You ask those prompting questions, and they help to correct things. Instead of you giving a lecture, the person who is speaking or whose department it is, can then clarify. And the leader can also learn because the leader does not know everything. It's a very good way of empowering other people, too, instead of interrupting them and running them down.

Chaplain 7: Yeah, I think that behavior [guiding from the side] kind of demonstrates that leadership is a *partnership*. And so, how you lead, you know, people are going to catch more what you do than what you say. ... In the partnership, you know, Chaplain 6 is the lead over at Hospital Location. So in that leadership position, she's [Leader B] partnering with him [Chaplain 6] so that they have the best care over at that particular facility.

If she [Leader B] didn't listen, if she didn't take notes. [He laughs.] If there was just constant talking, how could she help him [Chaplain 6] lead, or how could she allow him to lead in his particular facility? So there is this humility in that partnership, in that dance of trying to make sure that everything is running, where you are being attentive and you are being focused and open to each other in this space. I think it's demonstrated well.

In their ongoing focus group discussion, the chaplains explored the relationships between humble behavior and notions of genuineness and vulnerability, as well as the teachings of Jesus in the Christian scripture.

Chaplain 8: It's a hard thing to do, but to be *genuine* is what this team is about. And, the reason I say it's hard is because sometimes people draw back, or pull back, and say, "No, I just can't." And that doesn't mean they're not being genuine. But they just don't have that trust factor there. And, if I could just drill down on one word, it would be genuine.

Chaplain 6: I think, um, you know, *humility* helps one to be himself or herself. It helps one to be understood. And, um, I think of the roots of the word humility, it's actually *humus*. Which is soil, ground. So when you are there, it's like sometimes they say somebody's pulled down. When you are on the ground, you can't be pulled down, you can actually be lifted up. So I think humility helps us to lift people up.

Like Jesus talking in the scripture says, "If you are invited to a party, don't go take the high table, take the table at the low place so that you are taken up to the high table. If you go to the high table, you'll be brought down unto the low place."

So I think even though it's called vulnerable, it's empowering. Humility empowers. It makes you recognize, it makes people respect you. Instead of the other way around. So it's best to be humble.

In his comments, Chaplain 6 pointed out the inherent irony in humility; by initially grounding people, it ultimately can have an elevating effect.

Category 8: recognizing the value and contributions of others. Throughout the study, Leader A and Leader B intentionally used the four humility elements to express appreciation for other people’s contributions and recognize the value they added to their teams and HealthCo. By elevating peers, nurses, and chaplains through such recognition, leaders exemplified the second dimension of humility, looking outside themselves and being open to and grateful for others. Many of the nurses and chaplains voiced appreciation for such behaviors, which were demonstrated not only by the two leaders but also by their peers. Figure 8 depicts several coded behaviors that constitute this category.

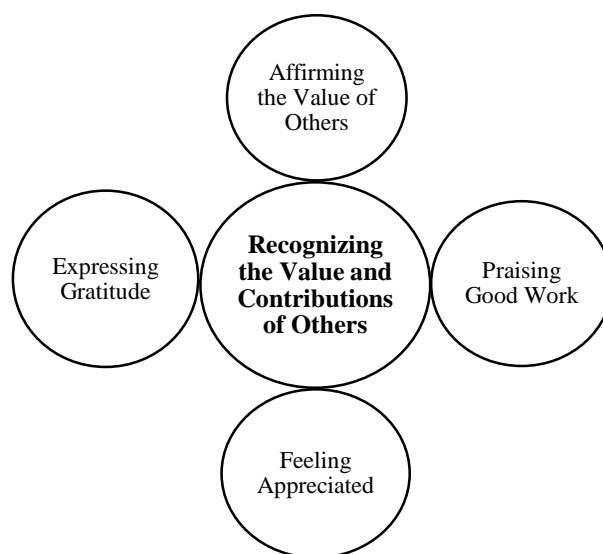


Figure 8. Category 8 – recognizing the value and contributions of others.

Leader A expresses fondness and appreciation for nurses. During his two presentations, Leader A intentionally expressed fondness and appreciation for nurses, recognizing their selfless service to patients, as well as the valuable role they serve in fulfilling HealthCo’s mission. In his opening remarks to nurses, he told them, “We love you. You are part of our family. You are very important to us.” In his first interview, Leader A talked about his affinity for HealthCo’s nurses, including why he recognizes their value in his presentations.

Leader A: One is that I just love nurses. I really believe, and you heard what I tell them, and I absolutely believe that in my heart. They're the most important people in our healthcare ministry. It's not only because there's more of them than anyone else, it's that no one touches the patients and families more intimately, more regularly, and more consistently than nurses. As the mission executive, it is an awesome opportunity for me to talk to associates or staff members who really impact the care we're providing.

As he expressed appreciation for the role nurses play at the organization, he also demonstrated that he understood the difficult nature of their jobs.

Leader A: As I tell the nurses, not only are they the most important people in our system, but they're also probably some of the hardest working people in our system. They have really hard jobs. And that's intellectually, physically demanding, I mean the hours that they put in. They do 12-hour shifts. Many of them work overnight, and then you add to that emotionally demanding. All the challenging and painful and difficult situations they find themselves in.

He went on to acknowledge how underappreciated nurses are despite the uniquely important role they play in healthcare.

Leader A: You know, in health care, nurses are workhorses. I know they can feel underappreciated. We demand a great deal from them. More than doctors. You know, doctors probably have, or at least the perception is that doctors can do what they want. They have a lot more power and autonomy, and they certainly make a lot more [money] than nurses. ...

When I talk to nurses, I'm always trying to remind them of how important they are, and how valuable they are. ... And to be honest, they're new nurses, so I'm always thanking them for choosing to work for us. Because nurses can work anywhere, and I don't want to lose them. And so I'm always kind of selling HealthCo a little bit, too, if I can. You know you tend to lose people in the first 2 years. And it's very expensive to hire a nurse. We don't want to lose them. [He laughs.] I always acknowledge the truth, which is, "I know that you can go work anywhere. And so, thank you for choosing us. You could have chosen Competitor 1 or Competitor 2 or Competitor 3, or anywhere else in the country."

In the first focus group, one nurse shared her thoughts about Leader A's recognition.

Researcher: What do recall him saying, though, about the nursing profession?

Nurse 5: That we are important. He didn't just focus it on the patients, he focused it on us. Because, if we don't feel valued by our organization, we're not going to be able to have those sacred relationships with our patients. I feel like their ethical principle of making sure that we feel valued by them makes sure that we value our patients more.

Her comment intimated the reciprocal and relational nature of nurses' feeling valued by HealthCo, which, in turn, helps them to value their patients. Several other nurses then discussed the impact of specific language Leader A used in his presentations.

Researcher: Okay, so if we look at language around "trusted profession," "nurses are important," "you are valued" coming from a vice president. What sort of effect does that have on you all in the nursing profession? To hear those words spoken, you know, by someone who has a fairly lofty title within the organization.

Nurse 6: I think that gives me more confidence to do my job because it lets me know that someone is confident in me. Somebody not only trusts me but values the expectations that I have. And they also know that I value the expectations that they have. It's a cordial relationship.

Nurse 7: It makes you happy also that somebody is seeing you and recognizing you, and not that, you know, you're just another worker, just another way that this hospital can get patients in and out.

Nurse 2: It makes us feel needed. He kind of mentioned how nurses are one of the most important people in the healthcare field. And so, I think we play a really valuable role in bridging the gap between patients and doctors, and so it makes me see the need for nurses, and how our role is really important and valued.

The nurses expressed a range of thoughts, including the joy of feeling important and valued, the confidence needed to perform a job well, and a sense of reciprocity that was evident throughout the study.

Leader B and chaplains recognize the value and contributions of others. Leader B and her teammates often expressed appreciation for teammates and other colleagues, both verbally and non-verbally. In the first monthly meeting, the chaplains echoed Leader A's expressed gratitude for Leader B because she helped create a new job title and career advancement opportunity for chaplains who had more experience and expertise than their peers. On another occasion, Leader B thanked chaplains who volunteered to participate in the study's focus group after the meeting.

In her first interview, Leader B talked about this genuine sense of appreciation that emerges organically and authentically from being part of her team and the larger organization.

Researcher: What's the experience of gratitude like for you in those meetings? Why is that important and meaningful?

Leader B: Well I don't know that I could answer why it's important and meaningful. I am a feelings-based person. And so, I operate a lot out of my heart, more than my head. And so, I feel gratitude each and every day for being in this role of director. I sign almost 100% of my emails with, "With Gratitude, Leader B's First Name."

I felt grateful walking down the hall [of the hospital] from the front lobby with you just now. You see how many people smiled and said, "Hello," or stopped to say, "Oh, I didn't know that was you," or "Oh, nice to see you." That's just the gratitude I feel for being at HealthCo. It's not a striving to be grateful. It comes from my heart.

And I'm very humbled to be in this position. I told you it wasn't something that I sought. I was grateful to have the chaplain position here at Name of City, and to walk in these doors every day. I'm humbled by my team and the kinds of things that they tell me. Their honesty and self-awareness and adult conversations around the table is very humbling.

You know, telling them in my weekly game plan, I tell them how extraordinary our team is. And I don't say that just to say it. I mean it. It's what Leader A said, we hear it all over the system, not just the region, but the system, is how extraordinary these chaplains are in our region. I'm very proud of the team that we have now.

Leader B gives Spirit Award to recognize contributions of chaplains. As noted earlier, the Spirit Award is a piece of driftwood that Leader B decorates in a style that is befitting the chaplain who will receive the award in a particular month. The sticks are humble objects (not store-bought plaques), literally of the earth or from the sea. In giving the award, Leader B shines the spotlight on a teammate and lauds his/her exemplary behavior, held up for the entire team to emulate. In her second journal, she wrote that she gives the Spirit Award because it "helps build team spirit ... and bring a tone of joy and light-hearted spirit to the table."

Near the end of the monthly meeting in August, Leader B gave the Spirit Award to a team member who looks after the other chaplains, supporting them in different ways to make sure they can deliver spiritual care to patients, their families, and other HealthCo employees. In

the ensuing focus group, Chaplain 6 commented specifically on the recipient in August, as well as more generally about the role of recognition in the larger context of the Spiritual Care Team.

Chaplain 6: For me, I think it's not a word, but it's the action, of like, the recognitions. Chaplain's Name being recognized today [with the Spirit Award] for serving us. She doesn't see patients, but she's like a hub for us, you know, to revolve around her. She gets things moving for us. Otherwise, we would be stuck. You know, she arranges for these meetings, types the minutes, and all that. She runs the office, makes sure that our supplies, most of them are ordered, and received. And you know, connections, information dissemination.

So being recognized today, I see that as, the way every time we gather here, somebody is recognized and appreciated. And you know, it shows an acknowledgment [by Leader B] of, "It's not me, it's the team. It's people, it's everyone."

Chaplains talk about culture of gratitude. In the second focus group, two chaplains commented on the specific expressions of gratitude that occurred in the August monthly meeting, and then explained the team's broader culture of gratitude.

Researcher: Were there any words or specific phrases that came out of today's meeting that struck you as being memorable, or exemplary of the way this group operates?

Chaplain 7: I don't think there was a phrase, but I remember when Leader A spoke about Leader B, and Guest Speaker A, and the video. It was either Leader B that complimented Guest Speaker A, or Guest Speaker A that complimented Leader B about the opportunities and the departments working well together. [It was Leader B who had complimented Guest Speaker A.] But that's kind of one of those moments where it's like, that is *it* in action. I don't remember the exact words. But I remember that moment being, like, we're taking a step to use language to boost each other up, and to actually acknowledge and appreciate each other.

Chaplain 8: I think there's a saying that hangs in our office, or sits in our office, that says, "Gratitude is the best attitude." And when it comes down to thinking of all that you have to prepare yourself for, or get ready to do, and make ready your work and senses, and all the reports that have to be done, and trying that has to be done. You have to approach that with that gratitude, with that, that attitude. With that element of really saying, "I'm going to be thankful for this opportunity to do this work."

Chaplain 7 then elaborated on the role gratitude plays in the team's culture, noting the restorative effect it has on team members whose work can be physically and emotionally exhausting.

Chaplain 7: I think from a culture standpoint, it [gratitude] has to be something that you build, you want to build a team off of. Specifically doing the type of work that we do.

Where you deal with a lot of grief, and where you meet people in critical moments. So part of self-care and even servant leadership, I think, is making sure that you're caring for those that are also co-laboring with you. So being grateful for those laborers with you, and taking those actions, steps to appreciate them, um, lessens the burden and it actually increases your longevity.

And I think because it's a culture that we create and facilitate within our department, it helps us to pour that out to the nurses, or to associates [employees] or families that we encounter. Because we also need to be poured in to. So if we have each other to pour into each other, that appreciation, that gratitude does make it easier to continue to do this work. And to pour into people who may not feel like they are poured into, or appreciated.

In these comments, Chaplain 7 also remarked on the reciprocal nature of the team's culture of gratitude by which chaplains pour appreciation into one another.

Based on my detailed analysis of the data collected, it was clear that participants brought humility to life in myriad ways throughout the study. These eight categories, however, represented the primary means by which humility was expressed and experienced.

Themes

After I completed categorizing the data, I used a "contextualizing strategy" to understand the connections between different categories (Maxwell, 2013, p. 106). This entailed performing an in-depth analysis of several things: the ways different categories were formed, their constituent codes and distinctive characteristics, their similarities and differences with other categories, and ultimately the relationships among categories. Designed to help me move from conceptual categorization to a more theoretical level of thematic analysis, this process sometimes required me to re-examine earlier decisions I had made that grouped focused codes into their conceptual categories. Beginning in the early rounds of data analysis, I had sketched several emergent themes, as I deployed grounded theory's theoretical sampling technique. I subsequently scrutinized those early themes to reshape, dismantle, or validate them.

During this analysis, three themes began to take more coherent shape: Seeking Clarity and Truth, Putting Oneself in Context, and Achieving Reciprocity. In some instances, I found that multiple categories constituted a single theme because they exemplified the theme. For example, Becoming Part of Something Bigger and Being Accountable to Others were two ways that participants put themselves in context. In other instances, my analysis determined that the relationship between a category and a theme was one of influence, such as an antecedent influencing a consequence or a means bringing about an end. The category of Creating a Safe, Comfortable Environment, for example, produced conditions by which participants could seek clarity and truth. Figure 9 illustrates these three themes and their constituent categories.

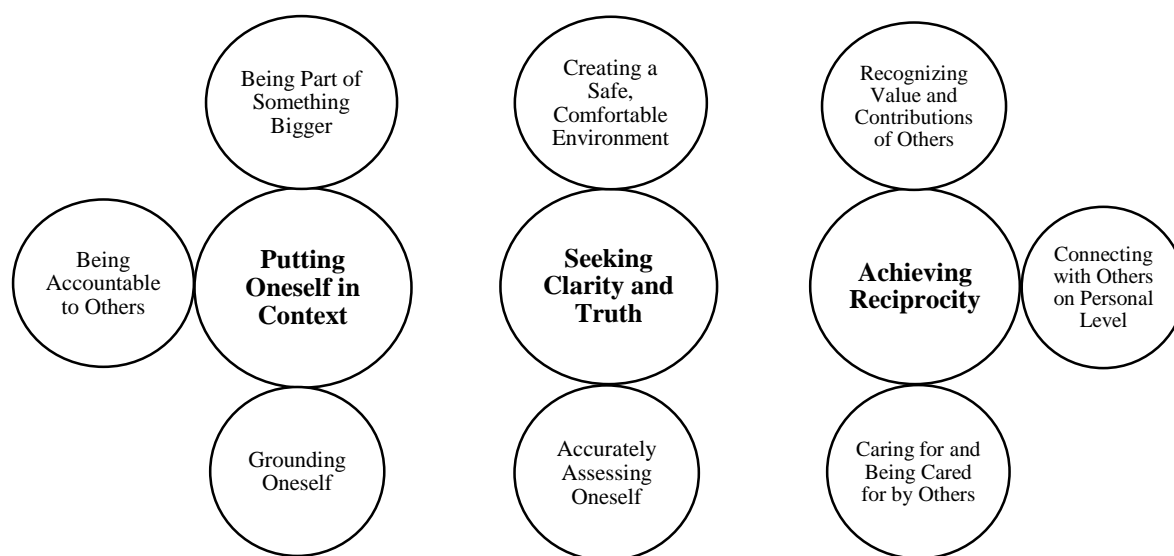


Figure 9. Three themes and their constituent categories.

As I re-read transcripts to help identify themes, I noticed for the first time that several participants had made attempts to define the essence of humility during the second round of interviews and focus groups—to sum up exactly what humility is. I did not solicit these culminating observations, but rather they emerged organically from participants as they reflected

on the interactions they had experienced with other participants. Their ideas about humility, while different in some respects, were similar in a more fundamental way.

As I compared the participants' comments side by side, I concluded that their striking similarity warranted a fourth theme. So I formed Transcending the Perceptual near the end of my analysis. While this theme was different in some respects from the other themes, it was equally important to the study in terms of answering the research questions and forming an explanatory theory for how humility functioned. Figure 10 depicts this theme and its constituent elements.

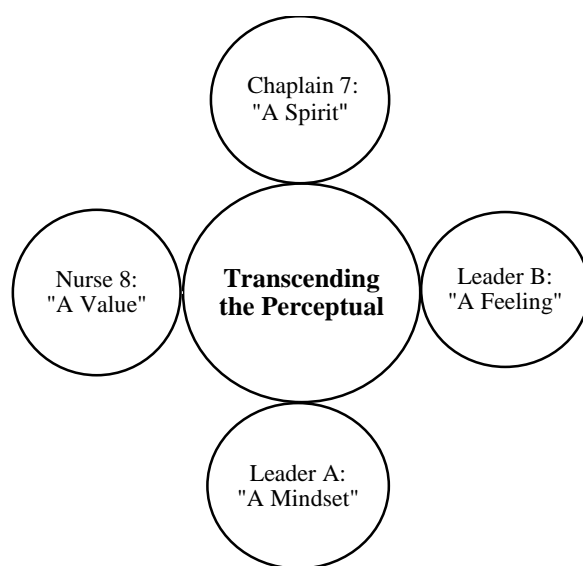


Figure 10. Theme 4 – transcending the perceptual.

Following are descriptions of the four themes, which summarize the primary ways participants expressed, experienced, and defined humility, including how they made sense of and found meaning in it.

Theme 1: seeking clarity and truth. In the context of this study, Seeking Clarity and Truth was not a solitary endeavor. Rather, it involved looking honestly inside oneself with open eyes while looking outside oneself and being open to the ideas of others. Throughout the study, leaders, nurses, and chaplains exhibited a range of humility elements while seeking clarity and

truth in this manner. These included accurately assessing oneself to increase self-awareness, as well as having adult conversations that allowed participants to clarify confusing issues, tackle difficult topics head on, and work together to develop solutions to problems.

During her monthly meetings with chaplains, for example, Leader B deflected praise directed at her onto others who rightfully deserved the accolades. She also admitted weakness and mistakes through assertions such as “I don’t know” and “I forgot it.” These expressions resonated powerfully with chaplains, giving them not only a sense of relief and shared humanity, but also a desire to improve their own performance. Leader A used intentional language (e.g., spirituality instead of religion) to establish a more comfortable and inclusive climate for talking candidly with nurses about complex ethical questions and emotionally charged end-of-life issues. Nurses, meanwhile, admitted to not taking care of themselves very well and needing to listen more carefully to patients’ wishes. Through these and other behaviors, both leaders created environments where employees felt they could honestly express their opinions, ideas, and emotions—without fear of retaliation for speaking truth to power and free of ridicule for admitting weakness or vulnerability.

Theme 2: putting oneself in context. Putting Oneself in Context occurred when participants situated themselves in larger contexts (e.g., organizational, historical, professional) or came to view themselves through different lenses or from broader perspectives. Based on data in this study, participants exemplified this theme in several ways. Through Leader A’s allusions to Sister A’s wise sayings and Leader B’s use of prayer and scripture, nurses and chaplains recognized they were part of something bigger. They came to view themselves not as isolated individuals or solitary professionals but as valued members of a faith-based organization whose words and actions contributed to their own growth and development, the well-being of others,

the fulfillment of team goals, and the realization of a shared mission. Leader B's weekly game plan situated chaplains' day-to-day work in a larger context, reminding them of their roles and responsibilities within the team, as well as the team's purpose within the larger organization. Leader A conveyed to nurses that with the trust placed in them by patients and the general public comes a profound responsibility to act with integrity and humility as they serve others.

Leaders also put themselves in context by grounding themselves. This took the form of stepping out from behind podiums, expressing their own vulnerability, or laughing at themselves. During his discussion about patient autonomy with nurses, for example, Leader A shared personal stories of the ethical and emotional struggles he faced dealing with patients' end-of-life situations. Through these and other verbal expressions and non-verbal behaviors, leaders balanced power relations with employees, leveled their own organizational status with others', and interacted with employees on more equal footing. In addition, leaders affirmed their responsibilities within an organizational context, demonstrating their accountability to employees by being physically, emotionally, and intellectually present and approachable.

Theme 3: achieving reciprocity. According to the American Psychological Association Dictionary of Psychology, reciprocity is defined as "the quality of an act, process, or relationship in which one person receives benefits from another and, in return, provides an equivalent benefit" (American Psychological Association, 2020). Cialdini (2001) noted that reciprocity is an integral part of human interaction, based on the fact that researchers have found some kind of reciprocity norm in every society that has been investigated. During the course of observing and listening to study participants talk about, make sense of, and find meaning in their humility-infused experiences, I detected a reciprocal aspect to much of what they were describing. These comments emerged organically and unexpectedly as part of the natural course of various

conversations. During my analysis of data, coded excerpts that embodied notions of reciprocity coalesced into three categories, which ultimately crystallized into a theme.

This reciprocity ranged from a willingness to care for others and be cared for, to a desire to connect with others on a personal level in an effort to establish rapport and build mutual trust. For example, after Leader A quoted a wise saying by one of his former mentors, nurses acknowledged the need to take care of themselves by leveraging the spiritual support of chaplains so they could, in turn, take care of their patients. In addition, Leader A intentionally closed the physical distance between himself and his audience and used the first names of nurses to connect with them on a more personal level, ultimately transforming formal, one-way presentations into casual, interactive conversations. Through their expressions of gratitude for teammates, chaplains poured appreciation into each other in mutually beneficial ways that were restorative to their physical, emotional, and spiritual well-being. In addition, Leader B and the chaplains discussed difficult issues with Guest Speaker A through an honest and respectful give-and-take, seeking to solve problems while maintaining good working relations for the future.

Theme 4: transcending the perceptual. During the interviews with leaders and focus groups with nurses and chaplains, several participants attempted to summarize the essence of humility. They talked about humility as something that transcended its verbal, non-verbal, or physical manifestations to exist in an intangible state, guiding people's words and actions from one context to another

Chaplain 7: *humility is a spirit.* In the second focus group, Chaplain 7 defined humility as something immaterial that imbues the Spiritual Care Team and influences their behaviors.

Chaplain 7: I think humility is a *spirit*. ... We can have the environment of humility and we can do some of the work of humility, but if we don't have the spirit to humble ourselves, and to be humble to one another, it's a façade.

I think there's that genuineness about this entire team and what we're trying to accomplish. I think the fact that we foster that spirit, and it is intentional. That we can care on each other and celebrate each other. While we celebrate each other we're celebrating others who helped us along this path. I think the spirit of humility just kind of rests on this department.

Leader B: *humility is a feeling.* During her second interview, Leader B explained how she hires chaplains for humility based on her ability to feel its presence in job candidates.

Leader B: You know, I'm just very aware of humility and people that I interview. And so the two things that I look for in someone to bring onto the team is humility and hunger. That they're passionate about the ministry. But they're humble about it.

Researcher: Is there one behavior that clues you in to this, when it comes to humility?

Leader B: It's the questions I ask, it's how they answer. It's not something tangible. I can't really verbalize it. ... When you see it and humility isn't there, you can really recognize it when it is there.

As she continued to think about humility, she offered a unique perspective on its essence, connecting it to courage and vulnerability, as well as noting the potential risk leaders can experience when their humility is perceived by others as a sign of insecurity.

Leader B: Humility is something that you can't, it's not really tangible. You can't really put so many words on. It's more of a *feeling*. ... I think it takes courage to be humble and to be vulnerable. And I think there's a balance between humility and insecurity. That it could, the lines could get kind of fuzzy there.

Leader A: *humility is a mindset.* In his second interview, Leader A explained how he applied some of the humility tactics from the research study when he attended HealthCo's executive leadership retreat. He grounded himself by doing this and affirmed his commitment to applying humility more broadly in his professional interactions, not just in the presentations to nurses that I was observing for my study. He concluded that humility is more of a mindset, like an attitude that someone consciously applies when interacting with others and being in the world.

Leader A: I've been an executive for almost 10 years. And, yes we're a Catholic ministry and nonprofit and all that, but we're still executives. And executives tend to be A personalities [Type A]. Love to talk about themselves, like to brag about themselves. And

so as I was flying out there [to HealthCo's executive leadership retreat], I was thinking, "Okay, this time, don't get caught in the trap." Because I can do it, too.

And it gets competitive. So I really just made an effort to talk less, which is totally not my nature. Ask more questions. I did more complimenting. And I got to tell you, there were a few times where I was sitting there, and in my mind I'm thinking, "Oh my God, I'm so sick of listening to this." [The researcher laughs.] To be honest with you. You know, letting people just share their stories. But I found that it [behaving more humbly] just drew people to you more than usual. And it may just be better for me in the long run.

So the last night, I was sitting at the table where the CEO of all of HealthCo was and some other bigwigs. And I kept telling myself on the inside, "Just keep quiet, just listen, ask some questions." Everyone wants to, because the CEO is there, and everyone wants to brag about themselves, or talk about themselves. And I really fought the impulse to do that. And, I don't know how related it is, but I just kind of, I think it's more of a *mindset*. What we're talking about here. It's not just when presenting. It's really a mindset. Not just when we're leading necessarily, because we're all leaders.

Nurse 8: *humility is a value.* During the second focus group with nurses, Nurse 8 discussed humility within a framework of values, something that influences people's views and guides their behaviors. She said that Leader A's willingness to learn from others—exemplified by his allusions to Sister A's wise sayings—reflected a value of humility that shaped the way he viewed himself in relation to others along with the way he treated others.

Nurse 8: As far as *values*, it shows that he does not necessarily think that he's above anybody else, because he holds the position that he does. He puts everybody on the same level playing field.

Nurse 8's comments on the nature of humility are similar to those of Chaplain 7, Leader B, and Leader A. Each of these participants recognized that while humility was present in specific language, verbal expressions, non-verbal behaviors, and even physical objects or settings around them, it ultimately transcended these physical manifestations to exist in an immaterial form. Put another way, they came to view humility as something intangible that shaped their views of, interactions with, and relations to others.

Summary

In this chapter, I described what happened when participants experienced a series of interactions infused with the four humility elements. Using rigorous grounded theory analysis, I initially produced more than 450 unique codes for nearly 800 excerpts from the data I collected through observations, focus groups, one-on-one interviews, and reflective journaling. I then placed those codes into 22 conceptual categories, which—through further scrutiny—were eventually narrowed down to eight categories, from which four overarching themes were identified. The recursive and iterative nature of the analysis I performed was critical to the development of final categories and themes that faithfully represent the primary ways participants expressed, experienced, and defined humility.

After taking a step back and viewing these findings from a broader perspective, I observed that a dynamic and complementary interplay existed among the four themes. Each of them was closely related to the other themes and their constituent categories. For example, the theme of Putting Oneself in Context and one of its categories, Grounding Oneself, necessarily involved Achieving Reciprocity, as participants adjusted the way they viewed themselves by bringing their own perspectives into focus within a broader frame of reference. Similarly, Seeking Clarity and Truth often required participants to achieve a kind of reciprocity by reconciling their own opinions with those of others through what Leader B described as “a back-and-forth, healthy exchange,” also described by Chaplain 5 as “an easy feeling of give-and-take and honesty.” At other times, participants were able to unlock a deeper truth about themselves or a past experience by viewing them from a different perspective (i.e., Putting Oneself in Context). On its surface, the fourth theme, Transcending the Perceptual, seemed to be fundamentally different from the other three themes, as it defined the essence of humility rather than describing

the ways humility was expressed or experienced. But it proved to be a critical element in the formulation of the explanatory theory I present in Chapter 5. It also binds the other themes together by suggesting that humility is an intangible force with the potential to influence individual and collective behavior across various contexts within an organization. Similar to osmosis, this state of mutual influence and interdependence bolstered the themes rather than enervated them, as the categories and constituent codes of one theme invariably connected with and enriched another.

In the next chapter, I answer the study's research questions and draw conclusions based on these findings. I also present an explanatory theory of how humility functioned during the study, along with recommendations for organizational practitioners, limitations of the study, and opportunities for future research.

Chapter 5: Conclusions and Discussion

This chapter presents my interpretation of the findings in Chapter 4. It features answers to the primary and secondary research questions, including an explanatory theory of how humility functioned in the study, followed by three conclusions. I connect the answers to research questions, explanatory theory, and conclusions to my findings from Chapter 4, as well as to the academic literature on humility and the literature related to my research methods. I also discuss the implications of my answers and conclusions in the form recommendations for practitioners. The recommendations have the potential to positively influence desirable employee measures as well as organizational outcomes. Finally, I describe limitations of the study and opportunities for future research.

Interpreting the Findings

The theoretical lens for this study was interpretivism, so it is useful to revisit the tenets of this philosophical approach to research before embarking on a discussion of my conclusions and their implications. As noted in Chapter 3, interpretivism is concerned with how individuals perceive and make sense of their lived experiences by means of interpreting the phenomena and events around them (Price, 2011). Creswell (1998) stated that researchers exploring the world through an interpretive lens strive to “make sense of (or interpret) the meanings others have about the world” (p. 21).

From an ontological perspective, Denzin and Lincoln (2005) noted that interpretivism assumes a relativist position in which there are multiple realities. I gave voice to participants’ realities through focus groups, one-on-one interviews, and reflective journals. From an epistemological perspective, knowledge is constructed through social interaction, subject to interpretation, expressed as a coherent whole through narratives, and continuously reinterpreted

through ongoing relations (Price, 2011). In this study, knowledge was initially constructed through the four leader-employee interactions; interpreted and re-interpreted through focus groups, interviews, and reflective journals; and ultimately structured into a coherent narrative in my final report. From an axiological perspective, an interpretivist theoretical lens values the specific features of setting and context, such as time and place, as well as the individual perceptions and authentic voices of researchers and participants. I intentionally studied four natural interactions that took place between two leaders and four groups of employees in their actual work settings, and then gave voice to participants through several feedback channels. From a methodological perspective, interpretivist studies typically use a range of qualitative methods and techniques for close listening and careful observation. This study employed observations and audio-recordings of leader-employee interactions, focus groups, and one-on-one interviews, as well as reflective journaling—all focused on spoken and written words as the data to be interpreted (Odgers et al., 2018). In these respects, interpretivism was the common thread running through every aspect of this research study, serving as the connective tissue binding all parts together.

Answers to Research Questions

Through the exploratory instrumental case study design and grounded theory techniques used to analyze and interpret data in this study, the primary and secondary research questions were satisfactorily answered. In this section, I initially answer the secondary research questions. I then answer the primary research question, which includes an explanatory theory for how humility functioned in the study.

Secondary research question 1. What role does each of the four humility elements—language, verbal expressions, non-verbal behaviors, and physical objects and settings—play in

participants' experience? By answering this question, this study made two unique contributions to the humility literature: (a) the way it integrated four humility elements into natural interactions between leaders and employees in actual organizational settings, and (b) the way it brought to life the authentic voices of participants as they described their experiences. By doing this, the study revealed the complex, dynamic, and reciprocal ways that humility functioned during the interactions. In general, these four elements played an integral role in the primary ways participants experienced, expressed, and defined humility, which are articulated in the four themes I identified: Seeking Clarity and Truth, Putting Oneself in Context, Achieving Reciprocity, and Transcending the Perceptual.

The role of humble language. The two leaders used language intentionally to convey their own humility and evoke humble thoughts or actions by other participants. They also deployed humble language in more spontaneous ways, as opportunities arose during the course of interactions. The humble language used by leaders exemplified humility dimensions in several humility scales (Ashton & Lee, 2008; Owens et al., 2015; van Dierendonck & Nuijten, 2011), as well as Sullivan's (1988) three types of motivating language: direction-giving language, empathetic language, and meaning-making language. For example, Leader A deployed direction-giving language on several occasions when he told new nurses to act with integrity, forge sacred relationships with patients, respect patient autonomy, and honor patients' right to decide. He also shared expectations for nurses' behavior when he quoted Sister A, saying, "If you can't see Christ in your patient, be Christ to your patient." By grounding himself and nurses, making them accountable to others, and helping them feel part of something bigger, Leader's A language put himself and the nurses in context. Nurses commented on the impact of these and other examples of language, which made them feel more loyal to HealthCo and more confident and empowered

to do their jobs. They also expressed a greater sense of accountability to patients and the nursing profession along with a positive perception of Leader A's effectiveness.

Both leaders used empathetic language to reveal their own humanity, convey care and compassion for others, and foster honest and open conversations (Sullivan, 1988). Leader B's assertions of "I don't know" and "I forgot it" revealed her own humanity and empowered chaplains to seek clarity and truth with teammates and other colleagues—without fear of retaliation for speaking truth to power and free of ridicule for making themselves vulnerable or admitting weakness. Through his use of Sister A's expression, "Take time to refill your well," Leader A opened nurses' eyes to the importance of being cared for in addition to caring for others, awakening in them a sense of reciprocity that was fundamental to how participants experienced humility during the study.

In addition, through his discussion about the terms "diversity" and "inclusiveness," Leader A used meaning-making language to convey HealthCo's organizational values (Sullivan, 1988). Nurses commented on how this use of language created a safe, comfortable environment for people of all faiths and backgrounds to discuss their opinions honestly and respectfully.

The impressions that nurses and chaplains expressed regarding the two leaders' use of humble language were similar to the effects of motivating language revealed through other research. Numerous studies have found motivating language to be positively related to employee job satisfaction, performance, and self-efficacy along with perception of leader effectiveness (Mayfield et al., 1998; Mayfield & Mayfield, 2009a; Mayfield et al., 2015; Sharbrough et al., 2006). Based on the overall feedback from nurses and chaplains, the humble language used in this study was memorable, impactful, and consistent with findings from the literature. It

increased participants' self-awareness; shaped positive feelings about their work, leaders, and HealthCo; and influenced the ways they viewed and treated others.

The role of verbal expressions. Throughout the study, two leaders verbally expressed a range of humble sentiments—from praise and appreciation, to regret and vulnerability, to concern and compassion. Sometimes planned, sometimes spontaneous, these verbal expressions exemplified leader humility while evoking humble thoughts or actions by other participants. The ways leaders verbally expressed humility in this study and the ways employees experienced those expressions were consistent with findings from earlier studies that explored antecedents, contingencies, and outcomes of leader-expressed humility (Li, et al., 2016; Owens & Hekman, 2012; Owens & Hekman, 2016; Owens et al., 2013).

For example, in seeking to explain how leaders' expressions of humility affect organizational outcomes, Owens et al. (2013) found that leaders who exemplify several aspects of humility foster an organizational climate in which employees focus more on personal and team development and are more willing to pursue learning opportunities. These aspects of humility included “a manifested willingness to view oneself accurately” and “a displayed appreciation of others' strengths and contributions” (p. 1518). The authors concluded that such leader-expressed humility was positively related to employee job engagement, employee job satisfaction, and learning-oriented teams, while being negatively related to voluntary job turnover.

Leader B exhibited these behaviors when she deflected praise onto those who deserved it; gave the monthly Spirit Award to recognize teammates' accomplishments; and repeatedly expressed appreciation for her chaplains, for Leader A's support, for the opportunity to lead her team, and for the privilege of working at HealthCo. Her email signature line included the

expression “With Gratitude,” and the chaplains commented on one of their team’s favorite sayings, “Gratitude is the best attitude.” Through these humble verbal expressions, Leader B continuously put herself in a larger team context and assigned responsibility for good deeds where it rightfully belonged. The chaplains commented on Leader B’s expressions of gratitude and recognition, noting that her remarks strengthened their sense of loyalty and belonging to the Spiritual Care Team. One chaplain observed that the team expressed gratitude “to boost each other up, and to actually acknowledge and appreciate each other,” suggesting a kind of reciprocal exchange that was a central theme in the study. The team’s pervasive culture of gratitude and recognition exemplified the notion of collective humility observed by Owens and Hekman (2016), which occurred when a team exhibited “patterns of admitting mistakes ... spotlighting team member strengths ... and being open to new ideas” (p.1091). The authors found that leader-expressed humility positively influenced group performance by “fostering the constructive interpersonal processes inherent in collective humility” (p. 1103).

In telling stories about his personal and professional experiences with end-of-life issues, Leader A expressed sorrow, sadness, uncertainty, and regret as a way of grounding himself, sharing his vulnerability, and discussing lessons he had learned from his mistakes. Such sentiments, humbly expressed by a senior leader, helped nurses relate to Leader A and evoked in them a sense of accountability to their patients, HealthCo, and the nursing profession. These findings were consistent with Owens and Hekman (2012), who found that leaders’ acknowledgements of their personal limits, faults, and mistake were positively related to employees’ sense of loyalty and accountability.

The role of non-verbal behaviors. The two leaders used a number of non-verbal behaviors to express compassion for employees, make personal connections with audience

members, establish more equal footing for their interactions, and create safe, comfortable environments in which all participants could voice their opinions and share their feelings. During the monthly meeting in July, for example, Leader B asked one chaplain in particular to share her good news. As the chaplain was telling her poignant personal story, Leader B stood up from the conference room table, walked around to the chaplain, and gave her several tissues—anticipating the emotional nature of the story. Leader B did not say a word as she did this, she did not call attention to herself, and she returned to her seat quietly with no fanfare as the chaplain finished telling her story, using the tissues to blot tears in her eyes. Through this intimate gesture, she infused the meeting with humility by conveying compassion and exemplifying servant leadership.

This non-verbal behavior illustrated what Yukl (2012) referred to as a supporting behavior, when leaders express concern for the needs of others and actively listen to employees' concerns. The author noted that supporting was one of three relations-oriented behaviors—along with recognizing and empowering—by which leaders can impart values such as humility and altruism. Through her monthly Spiritual Award ritual and her techniques of guiding monthly meetings from the side, Leader B deployed non-verbal behaviors that exemplified recognizing and empowering. The author noted that such behaviors can increase leader effectiveness and positively influence employees' loyalty and sense of being trusted.

As a vice president in structured settings where he was expected to stand and talk while nurses sat and listened, Leader A deployed several non-verbal behaviors to ground himself and engage his audience in honest conversation. Presenting open body language, as opposed to closed posture, was one of the behaviors nurses commented on the most. Maintaining eye contact was another tactic Leader A used intentionally to make a personal connection with nurses. In

addition, Leader B used silence—an often-overlooked tool of leaders—to allow guests speakers and chaplains to ask questions and clarify key issues in her monthly meetings. She also practiced active listening, focusing intently on others' remarks so she could pose clarifying questions, as necessary. And she took notes to document answers to key questions and help formulate follow-up questions.

These humble non-verbal behaviors were consistent with leader behaviors explored by Owens and Hekman (2012). In their study, the authors sought to understand why some leaders behave more humbly than others as well as how those behaviors affect followers and other factors influencing such behaviors. They identified several non-verbal behaviors that accompanied and enhanced leaders' various verbal communications, including huddling with teams of followers, keen observation, assuming attentive posture, listening actively to others before speaking, note-taking while listening, and learning by doing. The authors reported several consistent outcomes of these humble leader behaviors, including followers' increased relational trust and loyalty, a sense of psychological freedom where followers felt they were able to be more honest and authentic, and followers' increased sense of accountability and pressure to perform for their leaders.

Their findings are consistent with comments made by chaplains and nurses in this study. These participants noted that the leaders' non-verbal behaviors reinforced an air of candor and openness in their interactions, established personal connections with them, and gave them a sense of being important instead of just being a face in the crowd. Based on the feedback from the employee focus groups, the two leaders' non-verbal behaviors infused their interactions with humility and evoked positive thoughts and feelings in nurses and chaplains.

The role of physical objects and settings. The two leaders used physical objects and settings in ways that balanced power relations with employees, helped them connect with employees on a personal level, and created safe, comfortable environments in which all participants could speak candidly and express their feelings—exemplifying three themes identified in the study. Nurses and chaplains expressed a range of positive thoughts and feelings when they experienced these physical objects and settings that were consistent with employee sentiments found in other studies of office design and workspace configuration (De Paoli et al., 2013; Higginbottom, 2017; McElroy & Morrow, 2010).

Leader A used several tactics to navigate the tables, chairs, podiums, and other equipment, and in doing so circumvented traditional leader-employee roles and relations. For example, he refused to stand behind the podium or use a microphone, choosing instead to move as close to audience members as was practicable in the two rooms. In addition, at the start of his presentations, Leader A held up his cell phone, which he referred to as an “electronic leash,” declared he was going to put it away for the duration of his remarks, and asked the nurses to do the same as a way of being respectful of their time together. Through these and other acts, Leader A grounded himself, established rapport and built trust with his audience, and put everyone in the room on more equal footing. In their comments about Leader A’s use of physical objects and settings, nurses expressed a sense of trust related to his authenticity and a sense of respect and admiration related to his mastery of material and competence in delivering it. They also noted that he transformed the interactions from formal one-way lectures into more personal two-way conversations.

Leader A’s use of physical objects and settings and the positive effects experienced by nurses were consistent with findings from Higginbottom’s (2017) study of several contemporary

organizations' office-space designs. These included increasing the visibility of and access to top leaders, reducing the status of leaders by making them seem more human and approachable to employees, and ultimately reinforcing egalitarian ideologies.

Leader B was better able to control the physical setting in which her monthly meetings took place, and she did this in ways that balanced power relations among participants and fostered productive, respectful interactions. For example, by establishing an open-seating arrangement at the large rectangular conference table with no defined head of table for herself and no assigned seats for others, she used the room's furniture configuration in a way that allowed participants to interact on equal footing. One of the chaplains commented that this use of the physical setting was "conducive to good conversation and openness." In addition, through her presentation of the Spirit Award and the Environment/Reflection/Prayer Box ritual, Leader B used aesthetics to create, as one chaplain described, "a tone and atmosphere for calmness, for beauty" that recognized individual accomplishments and allowed chaplains to express their own unique style of spirituality while enhancing their prayer time together. Based on my observations and chaplains' comments, she used physical objects and settings to create safe, comfortable environments where the Spiritual Care Team could engage in "adult conversations" while bolstering relational trust, camaraderie, and engagement.

In this respect, her utilization of workspace, furniture, and aesthetic elements along with chaplains' perceptions of these elements were consistent with findings from earlier studies that examined how physical settings influence human perception, attitudes, and actions. McElroy and Morrow (2010) found that when employees moved into a new open-office setting that fostered greater collaboration and an egalitarian culture through its physical layout, furniture arrangement and other aesthetic elements, employees reported greater satisfaction with their co-workers and

higher levels of affective organizational commitment (AOC). The authors defined AOC as “one’s feelings of commitment to (loyalty or identification with) an organization because of a belief in that organization’s goals and values” (p. 621).

Based on feedback from nurses and chaplains, both leaders’ use of physical objects and settings produced effects similar to those found in a case study by De Paoli et. al. (2013). In exploring how a firm’s employees and leaders experienced an open-space office design featuring “dynamic use, free seating” work zones, the authors found that the new open-space office design increased employees’ access to leaders, elevated leaders’ sense of accountability to employees, stimulated a more participative, democratic style of leadership, and ultimately improved overall productivity (p. 186).

Secondary research question 2. How do leaders make sense of and find meaning in those interactions? In this study, I defined “making sense” as the process by which participants understood their own words or actions and those of other participants in the immediate context in which they were said or done (i.e., during the leader-employee interactions). “Finding meaning” occurred when participants applied that contextual understanding more broadly to consider how those words or actions affected their own lives or those of others beyond the context of the interaction. By answering this question, this study made a unique contribution to the humility literature by exploring in depth the experiences of leaders participating in humility-infused interactions, as articulated in their own voices. The vast majority of studies on leader humility have focused on understanding employee perceptions of leader behaviors with less regard for leader perceptions. The study also addressed a gap in the academic literature, which Owens and Hekman (2012) noted was “sorely lacking ... rich, real-life accounts of what leader humility

looks like” as well as the “meanings of [humble leader] behaviors and their observed outcomes in different leadership contexts” (p. 790).

How leaders made sense of interactions. I observed that leaders made sense of the humility-infused interactions in several ways: by processing in real time the verbal and non-verbal feedback other participants offered during the interactions, by writing about interactions in their reflective journals, and by discussing them in their one-on-one interviews. One example of this, referenced earlier, occurred in Leader A’s second presentation. During a discussion of social responsibility, one of the nurses defined the concept in terms of her Christian beliefs. Nurse 8 then stated that she was “not a deeply religious person.” Nurse 8’s assertion, made as a new employee in front of a vice president and her peers at a faith-based organization, was a statement of humility and an act of courage in that she made herself vulnerable, open to being judged by others. Following a brief pause in the discussion, as Nurse 8’s words hung in the air, Leader A stated, “I’m glad you said that.” A look of surprise and relief spread across Nurse 8’s face. Leader A seized this opportunity—when two nurses had voiced divergent perspectives on a topic—to be gracious and open to alternative viewpoints. He then transitioned smoothly into a discussion about the difference between the words “spirituality” and “religion” with the goal of creating a more inclusive, safe, and comfortable environment for all participants.

This exemplified spur-of-the-moment sense-making by Leader A, as he listened carefully to both nurses’ assertions, saw a chance to defuse tensions by infusing humility into the situation, and immediately responded in a way that modeled openness and inclusiveness. It also exemplified Uhl-Bien’s (2006) theory of relational leadership, as Leader A and the nurses—through their humility-infused interactions—redefined traditional roles and responsibilities of leaders and followers. As Leader A made sense of the nurses’ comments and then infused further

humility elements to build upon their honest, open conversation, he and they refashioned the interaction. Together, they transformed it from a formal one-way presentation—in which a dominant leader lectures to passive employees—into a more interactive and egalitarian conversation. In this respect, Leader A was “one voice among many in a larger coordinated social process” where “leaders and those with whom they interact are responsible for the kinds of relationships they construct together” (Uhl-Bien, 2006, p. 662).

Additional examples of leader sense-making occurred when Leader B laughed at herself during the July monthly meeting. The first instance happened when the Wi-Fi speaker’s “low battery” message interrupted her Reflection. The second instance occurred when Chaplain 1 commented on the way Leader B recognizes her chaplains, saying, “But Leader B, you give us ... *sticks* ... and rocks and things!” On both occasions, Leader B was able to laugh at herself in the moment, grounding herself as a humble leader in front of her teammates. Her behavior on these occasions and its effect on the chaplains were consistent with findings from Gilbert (2009), who noted that while leaders must often convey serious messages, they set the tone and culture of an organization and can reduce workplace stress by “making it okay to find humor in the day, and by being the first to smile” (p. 41). By using self-directed humor, the author noted, leaders can keep their egos under control and help employees maintain proper perspective about what is most important. In addition, Hopton et. al. (2013) concluded that leaders can use self-deprecating humor as an “equalizing strategy” (p. 7). By downplaying her own importance and de-emphasizing her organizational status, Leader B embraced humor to bring herself closer to her teammates.

How leaders found meaning in interactions. The two data collection methods of reflective journaling and one-on-one interviews were particularly effective in answering this

research question. Through writing their journals and thinking out loud during the interviews, the leaders forged meaning from their interactions with employees as they considered them in the broader context of their personal and professional lives—past, present, and future.

I found compelling evidence that the two leaders had achieved the kind of personal growth and professional development reported in the findings of DeRue et al. (2012), who explored the role that leaders' structured reflections on experiential-learning activities can play in leadership development. I noted several instances in which Leader A and Leader B increased their self-awareness as they wrote about their interactions with employees and then generalized from those experiences to “develop new mental models, skills, and knowledge that will improve their performance in future experiences” (p. 5). In one of Leader A's journal entries, for example, he stated, “I am a trained educator and have been teaching and presenting for 30 years, but I am always striving to improve and be more effective. The humility elements have been wonderful suggestions. I have fully embraced them and believe that they will increase my ability to reach staff, inform minds, AND touch hearts.”

Through the one-on-one interviews, the two leaders and I co-constructed a deeper understanding of humility, as they gleaned valuable insights about themselves and their leadership roles. The interviews also allowed me to better “understand the world from the subjects' point of view, to unfold the meaning of their experiences ...” (Brinkmann & Kvale, 2015, p. 3). A good example of this occurred when Leader B and I discussed an experience she had had 10 years earlier. Our conversation prompted her to re-examine the decade-old experience through a lens of humility and, in the process, find new meaning in what had happened to her at the time and how she had dealt with the situation.

Another way leaders found meaning in the interactions was by applying the four humility elements more broadly to their lives beyond the study. The best example of this occurred when Leader A applied the humility tactics at a HealthCo executive leadership retreat he attended during the study. At the gathering of HealthCo's senior leadership team, Leader A consciously talked less, listened more, asked more questions, and resisted the urge to tell stories about his own accomplishments. True to a constructivist perspective, he developed a richer understanding about the nature of humility by engaging in the process of constructing interpretations from these various experiences (Berger & Luckmann, 1966; Moshman, 1982).

Secondary research question 3. How do employees make sense of and find meaning in those interactions?

How employees made sense of interactions. Nurses and chaplains made sense of the interactions when they thought about the humble language, verbal expressions, non-verbal behaviors, and physical objects and settings in the contexts in which they experienced them. The act of sense-making exemplified one of the study's themes, as participants sought clarity or truth about what they had experienced. Sometimes they offered their own interpretations of what had happened. For example, after Leader B responded to several chaplain questions during the July monthly meeting by saying "I don't know," Chaplain 4 said that this leader behavior gave her a sense of relief by putting everyone "on the same footing."

At other times, employees made sense of interactions through dialogue with each other, exemplifying the concept of co-construction, which posits that knowledge is created when groups of individuals engage in a process of jointly developing interpretations from their shared experiences (Berger & Luckmann 1966; Moshman, 1982). When Leader A talked to the chaplains about HealthCo's strategic plan, stating that "nobody knows for sure" exactly how it

will play out, several chaplains co-constructed sense of Leader A's admission of uncertainty. They suggested that his admission was an example of a leader "being real" and "being realistic," which engendered greater trust in them and ultimately prepared them to deal with uncertainty and change more effectively. These employee-expressed sentiments were consistent with findings by Guilmartin (2010), who explored how leader admissions of not knowing affected organizational learning and ultimately an organization's overall success. In one particular organizational situation the author studied, by asking "What don't I know I don't know?", a CEO welcomed a "gold mine of feedback" from a project team developing a training solution (p. 73). By doing this, the CEO tapped into the power of humility to increase the trust of his employees, boost the curiosity and learning of his organization, and develop a better training program.

How employees found meaning in interactions. Similar to sense-making, the act of finding meaning occurred when participants searched for clarity or truth about what they had experienced during the humility-infused interactions. However, they applied a wider lens in this search, exemplifying another of the study's themes: Putting Oneself in Context. Nurses and chaplains found meaning in the humility-infused interactions by thinking about how the experiences applied more broadly to their own lives and the lives of others—in the past, present, and future. During the focus groups, employees sometimes found meaning individually when they expressed their personal thoughts and feelings to fellow participants and the researcher. They also co-constructed meaning when they built common understanding together through dialogue. This co-construction process exemplified the theme, Achieving Reciprocity, as individuals engaged in an "easy feeling of give-and-take," voicing their own ideas while being open to the ideas of others in an effort to develop a shared interpretation.

In the second focus group, for example, two nurses discussed their impressions of the personal stories Leader A told. Through these stories, he appealed to other colleagues as sources of wisdom and inspiration, admitted how he had failed to make the right decisions in several end-of-life patient situations, and explained how he had struggled emotionally at the end of his grandmother's life. While Nurse 8 described Leader A as someone who grounded himself through storytelling and conveyed values of equality and respect, Nurse 9 found a more personal meaning in the abuelita story because it compelled her to think about her own grandmother and steps she needed to take to nurture that relationship.

This example and others illustrated the active meaning-making process described by Harbin and Humphrey (2010). The authors found that leader storytelling in organizational settings can transform audience members from passive recipients into engaged listeners who are actively involved in the cognitive process of trying to figure out the various meanings of the story. The nurses' comments also were consistent with findings from researchers who have explored the effects of meaning-making language, a type of motivating language by which leaders use storytelling to convey cultural norms, organizational values (e.g., humility), or desired behaviors to employees (Mayfield & Mayfield, 2009a; Mayfield et al., 2015; Sharbrough et. al., 2006; Sullivan, 1988). Those studies found positive correlations between leaders' use of motivating language and employees' perceptions of leader effectiveness and communication competence, as well as employees' job satisfaction, self-esteem, and job performance.

In another instance, two nurses in the first focus group jointly constructed meaning from Leader A's comments about patient autonomy. In their dialogue about end-of-life situations, they initially made themselves vulnerable by accurately assessing their own behaviors. They later acknowledged the need to ground themselves in the future by balancing power relations with

patients and sharing control of decision-making. This recognition exemplified the notion of cultural humility in healthcare settings that Hook et al. (2013) defined as “having an interpersonal stance that is other-oriented rather than self-focused, characterized by respect and lack of superiority toward an individual’s cultural background and experience” (p. 353). At the heart of the nurses’ realization—affirming patients’ rights to make their own decisions about end-of-life issues—was an acknowledgement of one of HealthCo’s most sacred beliefs: the inherent dignity and value of every person.

Primary research question. What happens when leaders and employees at large, complex, geographically dispersed organizations experience a series of interactions infused with humble language, verbal expressions, non-verbal behaviors, and physical objects and settings? The following answer to this question includes a description of what literally happened when the leader-employee interactions at HealthCo were infused with humility, followed by a broader explanatory theory of what was actually going on at a more fundamental level, in terms of the way humility functioned in the organizational settings.

What literally happened. A number of things literally happened when nurses, chaplains, and the two leaders experienced interactions infused with the four humility elements. From the moment the leaders entered the physical settings for their interactions, they began enacting different humility elements. Sometimes this occurred intentionally as part of their planned remarks or actions. At other times, the leaders exhibited humility in a more spontaneous manner, as opportunities to be humble presented themselves in the moment. When leaders modeled humility, their behavior accomplished two things. First, it prompted employees to make sense of humility in the context of the interaction as well as find deeper meaning by considering its broader relevance, value, and applicability in their lives. Second, it gave employees

permission—either explicitly or tacitly—to emulate leaders’ humble behavior verbally or non-verbally and harness its benefits. These benefits for employees included the ability to express ideas and emotions without fear of retaliation for speaking truth to power and free of ridicule for sharing their vulnerability. By doing this, employees individually and collectively strengthened the safe, comfortable environments initially established by leaders.

What was actually going on—an explanatory theory of humility. In the midst of what was literally happening, I surmised that something more fundamental was going on. Building upon several incipient theories that had emerged throughout the study as a result of my use of grounded theory’s theoretical sampling technique, I eventually forged an explanatory theory of humility. Informed by the study’s eight conceptual categories and four overarching themes, the theory explains how humility functioned during the study. I concluded that humility was functioning simultaneously in a *relational* and *reciprocal* manner. Put another way, when the four humility elements were infused into the organizational settings where leaders and employees interacted with each other, participants began to think, talk, and/or act in reciprocal relation to one another. Humility prompted participants to think of themselves in relation to others, which included establishing new relationships, preserving existing ones, or mending broken ones. This relational aspect was characterized by an implicit understanding of some kind of mutually beneficial exchange. This is not to suggest that humble acts or expressions were driven by selfish ulterior motives. There was no evidence that participants spoke and acted humbly with the exclusive goal of reaping the personal benefits of an expected return-of-favor. Rather, they did so out of a sense of shared humanity and common purpose. Figure 11 presents a model of the Reciprocal Relation Theory of Humility.

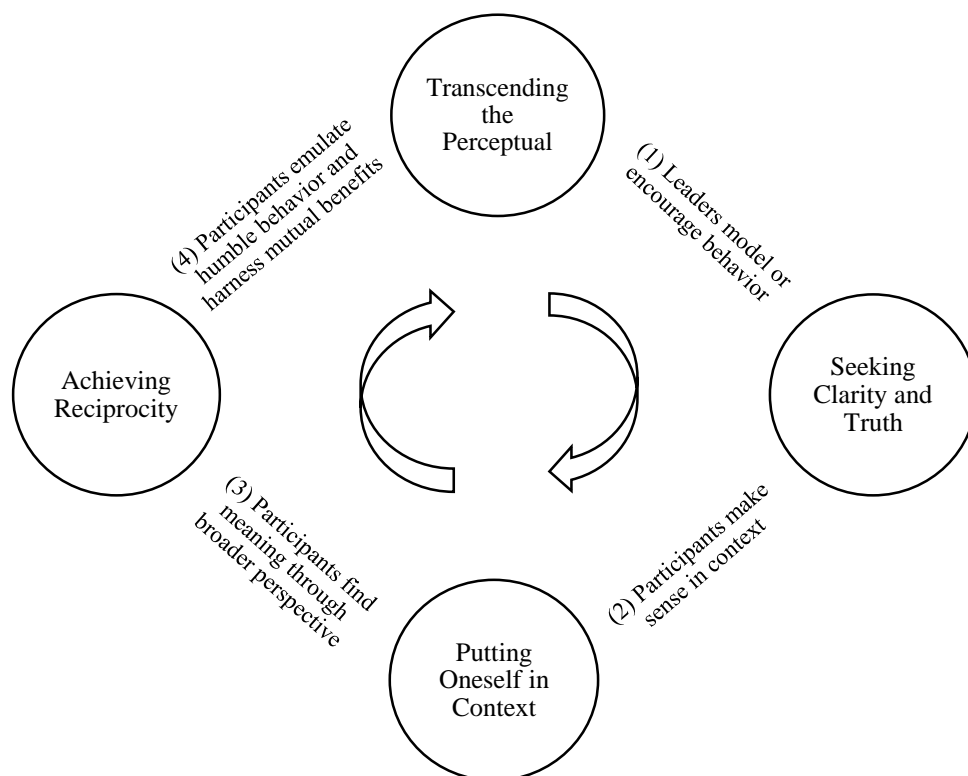


Figure 11. Reciprocal relation theory of humility,

Note: As the cycle of humble behavior is repeated, humility is transformed from its tangible manifestations (e.g., language, verbal expressions, non-verbal behaviors, physical objects and settings) that occur in specific contexts into its intangible essence that transcends context. This transformation, in turn, lays the foundation for respectful, productive, and mutually beneficial interactions in the future.

In the context of the academic literature I reviewed, my Reciprocal Relation Theory of Humility is most similar to a theoretical article by Nielsen et al. (2010). By reviewing primarily extant literature from personality and social psychology literatures, the authors considered humility's impact on the behaviors and effectiveness of socialized charismatic leaders (SCLs), which they defined as charismatic leaders who "serve collective interests, develop and empower followers, are follower oriented, and tend to be altruistic" (p. 33).

They proposed that humility positively impacts SCLs' effectiveness in several ways. First, by helping SCLs understand the values of their subordinates, seek the perspectives and opinions of others, and view themselves in relation to others, humility assists them in creating compelling visions for their organizations. Second, humility causes SCLs to work closely with followers and connect subordinates' self-concepts to the larger organizational vision; this positive role modeling ultimately helps leaders translate their visions into action. Finally, humility compels SCLs to implement a "two-way communication structure that demonstrates their desire for reciprocal feedback" from employees while engaging them in an intellectually stimulating manner (p. 38). The authors theorized that the infusion of humility into leader communications would ultimately increase follower identification with leader, trust in leader, self-efficacy, motivation, and willingness to sacrifice.

The authors' descriptions of the attributes and behaviors of SCLs, their ideas about how humility operates through leader communications, and their suppositions about the effects on employees were consistent with numerous coded behaviors from my study along with conceptual categories (e.g., Connecting with Others on a Personal Level, Being Part of Something Bigger) and overarching themes (e.g., Seeking Clarity and Truth, Putting Oneself in Context, and Achieving Reciprocity). Table 2 illustrates similarities between the two theories, in terms of humble leader behaviors and impacts on employees.

It is worth noting that my Reciprocal Relation Theory of Humility gives greater validity and definition to these ideas by grounding them in data that were gathered from multiple sources participating in natural interactions in actual organizational settings, collected using multiple methods, and analyzed through rigorous and recursive grounded theory techniques.

Table 2

Comparing Socialized Charismatic Leaders and Reciprocal Relation Theory of Humility

Socialized Charismatic Leaders: Humble Behaviors	Reciprocal Relation Theory of Humility: Themes
Understand values of subordinates Seek perspectives and opinions of others	Seeking Clarity and Truth
View themselves in relation to others Work closely with followers to connect their self-concepts to larger organization	Putting Oneself in Context
Implement two-way communications that demonstrate a desire for reciprocal feedback from employees	Achieving Reciprocity
Common Impact on Employees	
Increase identification with leader	
Increase trust in leader	
Increase self-efficacy	
Increase motivation	
Increase willingness to sacrifice	

Note. The source for Socialized Charismatic Leaders was Nielsen, Marrone, & Slay, 2010.

Conclusions

In addition to answering the primary and secondary research questions and formulating an explanatory theory, I made three conclusions based on the study's overall findings.

Conclusion 1. Humility offered leaders a range of strategies and tactics to improve their effectiveness amid the turbulent environment characterizing today's workplace. During one-on-one interviews and in reflective journals, the two leaders articulated numerous benefits of infusing humility into interactions. These included improving the quality of their interactions

with employees, enhancing their personal growth and professional development, and helping them cope with mistakes and frustrations as well as manage the stress and emotional challenges of work—for themselves and their employees.

Leader A, for example, acknowledged that his presentations to new nurses had improved when he infused them with the four humility elements. From telling personal stories that revealed his humanity and vulnerability, to posing more questions to the nurses and asking for more feedback from them, he perceived that his presentations were having a greater impact on his audience. From a broader perspective, he recognized that humility offered a better way of interacting with not just new nurses but also other leaders and people in general, saying, “I found that it [behaving more humbly] just drew people to you more than usual. And it may just be better for me in the long run.”

Leader B observed that infusing humility into employee interactions was an effective strategy in developing not just herself but also her employees—an important responsibility of any leader. By creating a safe, comfortable environment for the Spiritual Care Team’s monthly meetings and then taking a step back to guide from the side, she empowered chaplains to assert their leadership skills and tackle tough questions head on. She noted that if employees did not feel safe and comfortable in such interactions, opinions would not be shared, problems would not get solved, talent would be wasted, and resources would be lost. She also noted that enacting humility through behaviors such as self-deprecating humor not only reflected the maturity and self-awareness of her team, but also helped chaplains deal with the “serious work” of the ministry and the emotional toll that such work can exact.

Leader B’s observations were consistent with findings from a number of humility studies, including Avolio and Gardner (2005), whose research on authentic leadership and humility

revealed that by increasing self-awareness, self-regulation, and positive modeling, authentic leaders can “foster the development of authenticity in followers that, in turn, contributes to follower well-being and sustainable performance” (p. 317). In addition, in the above examples and others, infusing humility into participant interactions also served as a kind of forcing-function for relational leadership (Uhl-Bien, 2006). The four humility elements ignited leaders and employees to rethink their traditional roles and power relations, behave differently toward each other, and—in some instances—even switch roles in terms of leading discussions versus actively listening and taking notes.

Conclusion 2. Participation in the study offered leaders distinctive professional development experiences. The vast majority of studies on leader humility have been quantitative, investigating the relationships between leaders’ verbal and non-verbal behaviors and various employee measures (Irving & Longbotham, 2007; Li et al., 2016; Owens & Hekman, 2016; Sousa & van Dierendonck, 2017). While my qualitative study gave nurses and chaplains the opportunity to express how they experienced, made sense of, and found meaning in the two leaders’ use of the four humility elements, it also afforded leaders the same opportunity. I anticipated that all participants would learn something about themselves and the nature of humility through the study, but I was surprised by the richness of the experiences and the depth of personal insights articulated by the two leaders. In many instances, the two leaders used humility in similar ways to accomplish similar objectives, but I concluded that the study had provided them with unique professional development experiences. By collecting data from multiple sources within multiple leader-employee groups and then analyzing that data within and between those groups, I was able to gain valuable insights into the distinctiveness of each leader’s experience (Baxter & Jack, 2008).

Leader A's experience. Leader A served not only as a participant in the study, but also as the gatekeeper of the study at HealthCo. He was a vice president with a PhD in organizational leadership and more than 10 years of senior leadership experience. He also was an avid student of leadership techniques and a firm believer in lifelong professional development. So from the beginning, he understood and supported the dissertation process; he recognized it as an opportunity for me to learn about organizational humility and contribute to the academic literature, as well as a chance for him to hone his leadership skills.

It is important to note that Leader A did not know or manage the nurses, who were new to HealthCo and thus unfamiliar with its culture, values, and ethical and religious directives for healthcare. That organizational distance and lack of familiarity offered Leader A a degree of safety and insulation from his audience. While he conveyed information about how HealthCo expected nurses to behave, he also sought to make nurses feel welcome, valued, trusted, cared for, and supported by various resources. He used humility elements primarily to establish rapport with the new nurses, build their trust, and connect with them on a human-to-human level instead of as a vice president lecturing frontline employees. He felt it was essential to present himself as an “approachable” person and make his messages relatable and memorable.

Because Leader A was giving a standard presentation that he had presented many times to new nurses, he was able to plan for and practice when and how he would use different humility elements. This contrasted with Leader B, who interacted with chaplains and guest speakers in a less formal monthly meeting environment that fostered more free-flowing discussion. To accomplish his objectives, Leader A intentionally used non-verbal behaviors, such as eye contact, facial expressions, and body posture and positioning, along with handshake techniques that combined bold statements and engaging questions. He also used intentional

language and alluded to wise sayings of former HealthCo leaders as a means of grounding himself, raising nurses' self-awareness, and connecting them to the organization's rich history and ongoing narrative.

As a result of his substantial leadership experience, familiarity with his presentation material, and insulation from his audience, Leader A was comfortable trying new humility tactics that stretched him, confident in his abilities to implement them, and open to learning from my feedback and observations. This was evident in excerpts from his reflective journaling, in which he wrote: "I learned that I can do this! It takes practice and planning, but I have enjoyed this experience. I have employed these principles in other areas of my professional and personal life as well." In this and other excerpts from his reflective journals, Leader A articulated the same kind of growth and development that DeRue et al. (2012) observed in their research on leaders' structured reflections on experiential-learning activities. The authors concluded that "individual development occurs as people reflect on their lived experiences and then generalize from those experiences to develop new mental models, skills, and knowledge that will improve their performance in future experiences" (p. 5). Leader A forged a new "mental model" in his second interview when he recognized that humility was not just something that a leader does when giving formal presentations to employees, but rather a more general mindset for interacting with others and being in the world. His insight contributed to the formulation of the study's fourth theme: Transcending the Perceptual.

Leader B's experience. Leader A was Leader B's manager, coach, and mentor. He had recommended her to me as another leader-participant in my study, and he had encouraged, but not required, her to participate. This created a different context for Leader B's participation, and I sensed that it generated some anxiety for both of us early in the study. Despite the

confidentiality and privacy measures I communicated to her and enacted throughout the study, I perceived that she initially thought I might evaluate her job performance and report back to Leader A. In order to overcome this potential barrier and earn her trust, I recognized that I had to exhibit the same humility behaviors I was studying. I accomplished this by striving to understand her perspective, concerns, and anxiety, as well as by emphasizing the spirit of partnership and close collaboration that was essential to a successful study. Through these steps, I exemplified two tenets of constructivist grounded theory: (a) the researcher as an active co-participant in the co-construction of knowledge, and (b) researcher reflexivity, by which the researcher critically examines and manages his/her influence on participant interactions at every stage in the research process (Charmaz, 2008; Gentles, Jack, Nicholas, & McKibbin, 2014).

Leader B had a master's degree and several professional certifications. She had less formal leadership experience than Leader A (about 4 years as director of the Spiritual Care Team), and was grateful for the leadership training she had received as an employee at HealthCo. In addition, she interacted with employees who were formerly her peers but who now reported directly to her—a significant contrast with Leader A's situation. While she did not have the organizational distance and insulation from her audience that Leader A enjoyed, she benefitted from a baseline of trust and familiarity that she had already established with her teammates. As a result of these factors, she tended to emphasize those humility elements she was accustomed to using, which were considerable, instead of incorporating new elements into the monthly meetings. She deployed honest admissions, familiar rituals, personalized awards, and more intimate gestures to reinforce her existing relationships with chaplains and foster the safe, comfortable environment that was so critical to the day-to-day operations and long-term health of her team. The chaplains were attuned to many of the ways Leader B infused humility into

their interactions and they were appreciative of them. More so than the nurses, they emulated the humble behaviors that Leader B modeled and were perceptive in describing their immediate effects on the monthly meetings along with their broader influence on their team's culture.

The humility interplay that I observed between Leader B and the chaplains exemplified the concept of organizational culture as a dynamic, evolving process through which culture is learned, shared, and modified—as opposed to a fixed, non-adaptive structure (Florea et al., 2013; Gagliardi, 1986; Gilbert et al., 2012). The specific patterns of interaction exhibited by the Spiritual Care Team were consistent with Schein's (1984) perspective of organizational culture as something that is constructed over time as group members interact with each other, test various behaviors, negotiate meanings, and ultimately agree on a shared system of beliefs, customs, and values. As Schein noted, and as I observed in the Spiritual Care Team during the study, such a shared system helped facilitate the group's continued well-being along with the successful accomplishment of collective goals.

Not only was Leader B's approach to infusing humility different from Leader A's, so too were her reflections on the experiences. In her reflective journals, Leader B described how the team had behaved during the interactions in addition to expressing what their shared experience had been like. For example, she acknowledged that “the meeting [on July 16] was lively and very productive with lots of feedback from the team ...” including the “generous and honest participation of everyone at the table ...” as well as “the light-hearted humor that is always the topping on the cake.”

While Leader B tended to write about her team and their collective experience in her reflective journals, she became more comfortable sharing personal insights with me in her one-on-one interviews over the course of the study. In her second interview, for example, she talked

to me about an upsetting professional experience she had had 10 years earlier, and she gained a new perspective on the past event by viewing it through a lens of humility. Just as the qualitative researcher continuously circles his/her data—comparing and contrasting data collected most recently with data collected in the past in an effort to make sense of it all—so too Leader B’s participation in the study caused her to find deeper meaning in the present by reflecting on the past. In addition, like Leader A, her conclusion that humility was essentially a feeling contributed to the formulation of the study’s fourth theme: Transcending the Perceptual.

Based on the different ways leaders made sense of and found meaning in humility as well as the ways they described their experiences, I concluded that participating in the study offered them distinctive professional development experiences with the potential to shape the way they thought about and interacted with others going forward.

Conclusion 3. The study findings suggested that infusing humility into leader-employee interactions may be an effective organizational strategy for influencing important employee, team, and organizational outcomes. These include bringing people’s best ideas and authentic feelings into honest discussions focused on spurring individual growth, solving shared problems, achieving team goals, and/or advancing an organization’s mission. Participants also talked about the role humility played in fostering the physical, emotional, and spiritual well-being of leaders and employees; increasing team effectiveness and adaptability along with enhanced organizational learning and innovation; and laying the foundation for respectful, productive, and mutually beneficial interactions in the future.

Leader A, for example, encouraged new nurses to take time to refill their wells and tap into the spiritual and emotional support offered by chaplains on the Spiritual Care Team. He did this in the interest of the nurses’ well-being with the hope that they, in turn, would be able to take

good care of patients, which ultimately would benefit the patients while advancing HealthCo's mission. Several of the nurses subsequently admitted their own failure to take care of themselves, welcomed the opportunity to seek the spiritual support of chaplains, and acknowledged the mutual benefits they could achieve in doing so—for themselves, their patients, and HealthCo.

On another occasion, when two nurses had voiced divergent perspectives on the topic of social responsibility, Leader A demonstrated grace and openness to alternative viewpoints. He transitioned smoothly into an inclusive discussion about the differences between the concepts of spirituality and religion with the goal of facilitating learning among the new nurses and reinforcing a safe, comfortable environment for all participants. Similarly, when Leader B and her chaplains raised difficult issues with Guest Speaker A regarding the student-chaplains in the Continuing Pastoral Education Program, they did so in a collegial, non-combative manner—in the spirit of shared responsibility and common mission. Through their humble behavior, they sought clarity and truth in a respectful way that preserved Guest Speaker A's dignity, was open to her ideas about how to resolve the issues, and strived to maintain a good working relationship with her and her team for future collaborative efforts. Leader B described this process as “a balance between standing your ground and being firm and being direct, yet being compassionate without being arrogant or breaking the relationship.”

In another instance, the chaplains and Leader B discussed the important role that their one-on-one rounding sessions play in preserving the well-being of the Spiritual Care Team. Chaplains noted that Leader B helps sustain their mental, emotional, and spiritual health by interacting with them on equal footing as one human to another instead of as manager to subordinate, inviting honesty and openness in their conversations, and asking them about their personal lives as well as their work needs.

Leader B and the chaplains also noted the positive thoughts and feelings they experienced when Leader A admitted the limits of his knowledge. These included their renewed sense of trust in his honesty and authenticity as both a leader and a mentor. One chaplain associated Leader A's behavior with "adaptive leadership," which, he observed, did not render the Spiritual Care Team helpless and ineffectual but rather empowered them to go "into a place of uncertainty or instability" and be better prepared for a wider range of factors and scenarios. These findings were consistent with those of Vera and Rodriguez-Lopez (2004), who concluded that humility enhances an organization's ability to identify and respond to threats and opportunities because humble leaders avoid the stumbling blocks of self-complacency and over-confidence. The authors also noted that leadership humility plays a fundamental role in key processes that are positively related to leader, employee, and organizational success. These included "organizational learning," which influenced innovation, productivity, leadership development, and low employee turnover, and "organizational resilience," which produced the positive outcomes of continuous adaptation and renewal as well as employee commitment (p. 397).

Through these and other humble behaviors, Leader A and Leader B also influenced employee measures and organizational outcomes similar to those found in research conducted by Yukl (2012). The two leaders encouraged innovation among nurses and chaplains by creating safe, comfortable work environments in which they could take calculated risks, test new ideas, and voice dissenting opinions. By admitting they did not have all the answers and acknowledging their mistakes and shortcomings, the two leaders also facilitated collective learning by giving permission to chaplains and nurses to admit their failures and encouraging them to analyze their causes and learn from their mistakes (Yukl, 2012).

Implications for Practitioners in Organizational Settings

The findings, answers, and conclusions from this study have a number of implications for practitioners at large, complex, geographically dispersed organizations, including leaders, human resources staff responsible for employee training and leadership development, and individuals tasked with creating and sustaining organizational culture. I discuss these implications below in the form of recommended steps that organizations should take in creating leader humility programs. I developed these recommendations by filtering this study's findings, answers to research questions, and conclusions through a professional lens I have continuously refined during my 25 years of organizational and leadership communications experience.

Recommendation 1. Conduct a humility audit of an organization's culture to establish a baseline for leader humility programs. The Reciprocal Relation Theory of Humility model depicts the way humility functions among leaders and employees within a larger organizational context. As such, any efforts to implement leader humility programs should be guided by in-depth knowledge of an organization's broader cultural context. Organizations interested in developing leader humility programs should consider initially conducting a humility audit of their current culture. This would serve as a valuable first step by establishing foundational knowledge on which to develop such programs. Conducting such an audit would entail looking for evidence of humility embedded in organizational policies, systems, practices, and cultural artifacts (e.g., mission statement, vision statement, core values, signs, slogans, taglines); in leaders' language, verbal expressions, and non-verbal behaviors; and in the physical objects and settings used for various interactions. After defining an organization's current state of humility (i.e., its humility baseline), practitioners could then define what the desired future state of

humility should look like and develop leader humility programs designed to address existing weaknesses and gaps.

Recommendation 2. Customize humility programs for individual leaders. In developing humility programs designed to cultivate humble leaders and organizational humility, practitioners should strive to customize these programs for individual leaders as much as possible. This would ensure that leaders enact the four humility elements in authentic and appropriate ways, as indicated in the first step of the theoretical model. While such programs should draw upon common humility elements and follow consistent protocols, they also should be flexible enough to accommodate the unique situations of each leader and organization. This customization effort would initially entail establishing a humility baseline for each leader by studying him/her in a variety of employee interactions and settings before implementing new humility elements. As noted in Conclusion 2 above, customized programs should take into consideration each leader's years of leadership experience, current role and scope of responsibilities, overall communications skills, personality profile, and sphere of influence (i.e., different audiences they could potentially influence as well as possible settings for those interactions). Instruments for measuring humility, such as the Hexaco Personality Inventory (Ashton & Lee, 2008), could be useful in this effort. Such an approach would allow organizations to determine how each leader is currently performing, including ways they are already behaving humbly along with humility blind spots or weaknesses. Armed with this knowledge, practitioners could then develop strategies and tactics tailored to help individual leaders infuse humility with different audiences in different settings.

I had a chance to meet individually with Leader A and Leader B several times before my study began. I also was able to observe Leader A giving a presentation to new nurses and Leader

B leading a monthly meeting before I started collecting data. These glimpses into their unique personalities and leadership styles enabled me to propose humility programs that were somewhat tailored to each of them. However, performing a more comprehensive humility assessment for each leader up front would have allowed me to develop programs that were truly customized to their strengths, weaknesses, and leadership styles.

Recommendation 3. Consider other ways to infuse humility into an organizational environment to complement leader humility programs. While leaders are often the most visible and knowledgeable spokespersons for an organization's culture, they represent only one channel in a diverse array of communications channels available to organizations today. Because participants' experiences with humility during the interactions were overwhelmingly positive, practitioners should consider additional ways they could imbue their organizations with humility that would complement leader humility programs. These could include formally instituting humility as a core value that could be promoted in print and digital materials, discussed during new employee orientations, celebrated through storytelling, encouraged through individual and team performance goals, evaluated through individual and team performance reviews, and measured in customer surveys. It also could entail weaving humility into the fabric of organizational policies, systems, and practices, including re-evaluating how executives are compensated relative to rank-and-file employees as well as integrating the voice of employees into leaders' performance reviews. Such an effort would be informed by and benefit from the organizational humility audit described in Recommendation 1. It also would transform the Reciprocal Relation Theory of Humility from a standalone model—describing how leaders can infuse humility into their interactions with employees—into an integrated piece of a larger multi-channel effort by which organizations inculcate their cultures with humility.

Limitations of the Study

My exploratory instrumental case study design had two limitations related to the work schedules and accessibility of participants. Due to the pre-existing work schedules and availability of the two leaders and their employee groups, the four leader-employee interactions and related activities that I studied occurred in a relatively short period of time—from July 16 to August 25, 2019. Within this tight timeframe, I conducted preliminary rounds of data analysis in July and August, even as I was still collecting more data, using grounded theory's constant comparative method and theoretical sampling technique (Charmaz, 2015). If the four leader-employee interactions had been spread out over several months, I would have been able to conduct more in-depth data analysis throughout the data collection process.

All participants did not have the same amount of time to process the leader-employee interactions. The study offered leaders an ample amount of time to make sense of and find meaning in their interactions with employees through reflective journals and one-on-one interviews that took place during the week following each interaction. However, because of scheduling and logistical factors, I had to conduct focus groups with nurses and chaplains immediately following their interactions with leaders. While this undoubtedly helped them immediately recall specific language, verbal expressions, non-verbal behaviors, and physical objects and settings deployed during the interactions, it did not give them much time to process the experiences more deeply from the valuable perspective afforded only by the passage of time.

Opportunities for Future Research

This study shed new light on humility in organizations, including the different ways leaders can infuse humility into employee interactions, as well as how leaders and employees experience, make sense of, and find meaning in those humility-infused interactions. In addition,

it posited an explanatory theory of how humility actually functioned in those interactions.

Additional research is needed to enrich these limited, albeit valuable, insights about humility.

Opportunity 1. Study humility in organizations operating in different industries, regions, nations, and cultures. HealthCo is a faith-based, nonprofit organization operating in the healthcare industry in the southwest region of the United States. It does not have to report quarterly earnings or cater to the profit-driven demands of shareholders. Generally speaking, these distinguishing features could predispose HealthCo's leaders and employees to view humility differently (e.g., more favorably) than leaders and employees at for-profit, secular organizations operating in other industries, in other regions throughout the United States, and even in other countries. In addition, leaders' use of humility and its effects on employees could be culturally bound. For example, when leaders intentionally close the physical distance with employees to make more personal connections with them, this behavior could be perceived differently in low power distance cultures versus high power distance cultures (Hofstede, 2011). Additional studies are needed to gain insights into similarities and differences in the way leader humility operates in different types of organizations, industries, regions, nations, and cultures.

Opportunity 2. Study more leaders interacting with a variety of audiences in multiple settings. In this study, the two leaders faced unique challenges and opportunities as they infused humility elements into their natural interactions with several groups of nurses and chaplains in a total of three work settings. Leader A spoke eloquently and insightfully about the differences between presenting to 40 nurses in the larger, more structured auditorium compared to presenting to four nurses in the smaller, more intimate classroom setting. Both of Leader B's employee interactions were monthly meetings that followed the same basic agenda and took place in the same conference room with her team of chaplains and guest speakers. According to the feedback

of leaders, chaplains, and nurses combined with my observations, myriad factors influenced their interactions. These included the leader's relationship to his/her audience and the physical settings where the interactions took place.

In general, studying more leaders as they infuse humility elements with a broader number of audiences in a wider variety of settings would provide several benefits. First, it would generate richer data by testing the theoretical model in multiple leader-employee contexts across an entire organization. Second, it would teach leaders to think more critically about how humility functions across large organizations, including those humility elements that are better suited to certain audiences and settings, as well as those transcendent elements that work well across all audiences and settings. It also would teach them the valuable skills of assessing audiences and settings and then adapting their verbal and non-behaviors accordingly. Over time, they would learn to apply these adaptive leadership skills to successfully deliver any kind of message to any audience in any setting. Such insights ultimately could enable practitioners to develop more effective humility programs across their leadership ranks.

Opportunity 3. Apply the four humility elements to advance research on cultural humility in healthcare settings. Data suggest that racial and ethnic minorities and people from lower socioeconomic segments of U.S. society have been harder hit by the global COVID-19 pandemic than other segments (Centers for Disease Control and Prevention, 2020). In light of the increased interactions among healthcare providers and these marginalized patient groups and the disproportionately high impact those patients have felt during the pandemic, there is an opportunity to develop and study caregiver humility programs that integrate the four humility elements from this dissertation. These could serve as employee training programs for physicians, nurses, and other clinical providers who wield greater medical knowledge and decision-making

authority over their patients and thus enjoy a power imbalance similar to that of leaders over employees. This line of study would advance a growing body of research focused on exploring the role of cultural humility in healthcare, including its relationship with hospital safety culture, employee perceptions of the workplace and organizational learning, and patient perceptions of caregivers (Hook et al., 2013; Hook et al., 2016).

Opportunity 4. Apply this study's research design and methods to explore other organizational values. One of this study's unique contributions was the way it integrated four humility elements into leader-employee interactions. These elements included humble language, verbal expressions, non-verbal behaviors, and physical objects and settings. Based on my observations of those interactions along with feedback from leaders, nurses, and chaplains, the four elements were impactful when they were applied in isolation and in concert. They positively influenced participants' thoughts, feelings, and behaviors, as well as their intentions to act more humbly in the future. Future research could explore if the integration of these four elements is an effective approach to cultivate other organizational values, such as integrity, respect, honesty, innovation, and teamwork. Such studies would need to develop customized programs that integrate the four elements in ways that express or embody the desired value. This potential line of research should be guided by a thorough review of the relevant academic literature, which would shed light on findings from previous studies that examined the desired value, including existing constructs defining the value as well as valid scales or instruments for measuring it.

Summary of the Study

In the past two decades, the pace of change and the degree of complexity within organizations have increased exponentially—driven by such forces as the globalization of markets and greater interdependency among businesses, the rising nationalism resisting such

integration, relentless advances in technology, greater diversity among employee and customer populations, and, more recently, the uncertainty and risk presented by the global pandemic. By just about any measure, organizations today are more connected, dynamic, and uncertain than at any other time in history. This turbulent environment puts unprecedented stress on the human capacity to lead.

Findings from this exploratory instrumental case study suggested that infusing humility into leader-employee interactions may be an effective strategy to improve leader effectiveness and organizational performance by bringing people's best ideas and authentic feelings into honest discussions focused on spurring individual growth, solving shared problems, achieving team goals, and/or advancing an organization's mission. Results also suggested that leader humility programs can foster the physical, emotional, and spiritual well-being of leaders and employees, while laying the foundation for respectful, productive, and mutually beneficial interactions in the future. Participants expressed a range of positive thoughts and feelings in describing how they experienced, made sense of, and found meaning in the four humility elements. These included feeling increased relational trust, organizational loyalty, and self-efficacy; a stronger sense of belonging and being valued; and the perception of increased team effectiveness and adaptability along with enhanced organizational learning and innovation.

As for my experience, interacting with the leaders, nurses, and chaplains at HealthCo evoked in me powerful feelings of gratitude, respect, and humility. I feel truly privileged to have learned so much about organizational humility and myself from a remarkable group of people who dedicate their lives to serving the physical, emotional, and spiritual needs of others. Finally, I am grateful for the roadmap I discovered that will guide me to walk humbly on the remainder of my life's journey.

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Appendices

Appendix A
Examples of Four Humility Elements for Leader-Employee Interactions

Language	Verbal Expressions	Non-Verbal Behaviors	Physical Objects and Settings
<p><i>Direction-giving language:</i> Forge “sacred relationships” with patients</p> <p>Respect “patient autonomy”</p> <p>Honor “patients’ right to decide”</p> <p>“If you can’t see Christ in your patients, be Christ to your patients”</p>	<p>Compliment or give praise to follower for his/her work (Praise)</p> <p>Encourage follower’s work effort (Encouragement)</p> <p>Express support for follower’s professional development (Support)</p> <p>Ask follower about his/her professional well-being (Concern)</p>	<p>Present open body language</p> <p>Extend a consolatory physical gesture (pat on back)</p> <p>Step closer to follower and maintain eye contact to make personal connection</p> <p>Dress like followers (not more formally than followers)</p>	<p>Configure rooms to reduce distance and barriers between leaders and followers</p> <p>Do not use raised stages or podium; if podium, step out from behind it and close distance with audience</p> <p>Minimize use of microphones, special sound effects and lighting, or use of slides that imply leader’s superior status</p>
<p><i>Empathetic language:</i> “We love you. You are part of our family. You are very important to us.”</p> <p>“Take time to refill your well”</p> <p>“I don’t know”</p> <p>“We can still wax it up”</p>	<p>Express trust in follower’s skills (Trust)</p> <p>Ask followers if they have any questions for you (Accountability)</p> <p>Tell stories about a personal or professional <u>mistakes or failures</u>, including lessons learned, apologies, and corrective actions (Self-Awareness, Regret, Vulnerability)</p>	<p>Shake hands with all participants</p> <p>Convey a keen attentiveness to the situation at hand through eye contact, body language, and posture</p> <p>Listen actively, with the clear intent to understand; do not interrupt before the follower is finished talking, do not look at cell phone during conversations</p>	<p>Create settings where all participants are either standing or seated; minimize the time that leader is standing “over” seated followers</p> <p>If seated, use round or oval table (if possible) with open seating and no implied “head of table”</p>
<p><i>Meaning-making language:</i> “Act with integrity”</p> <p>“Diversity without inclusivity is useless”</p> <p>“We provide the same care to a homeless person as we do to the vice president of a bank.”</p> <p>“Our car might be running fine, but we can still wax it up.”</p>	<p>Tell stories about being mentored or coached (Gratitude)</p> <p>Admit what you do not know, as well as what you not know you do not know (Accountability, Integrity)</p>	<p>Serve lunch to followers; work side-by-side with frontline employees</p>	<p>Facilitate a more democratic, participative leadership style through intentional use of <i>symbolic artifacts</i> (e.g., Spirit Award), and <i>aesthetic elements</i>, including colors, types of flooring, furniture style, and décor (e.g., Environment/Reflection ritual)</p> <p>Create open-office settings to increase followers’ access to leaders</p>

Sources for humble language include Ashton & Lee (2008); Mayfield and Mayfield (2002); Mayfield, Mayfield, and Kopf (1998); Owens, Johnson, and Mitchell (2013); Owens, Wallace, and Waldman (2015); and Sullivan (1988).

Sources for humble verbal expressions include Guilmartin (2010); Hardin and Humphrey (2010); Hopton, Barling, and Turner (2013); Li, Liang, and Zhang (2016); Mayfield and Mayfield (2002); and Nissley and Graham (2009).

Sources for humble non-verbal behaviors include Hopton, Barling, and Turner (2013); Owens and Hekman (2010); Owens, Johnson, and Mitchell (2013); and Yukl (2012).

Sources for humble physical settings and objects include De Paoli, Arge, and Hunnes Blakstad (2013); Higginbottom (2017); Love (2017); McElroy and Morrow (2010); and Morrow, McElroy, and Scheibe (2012).

Appendix B Protocols for Employee Focus Groups

Protocol before Focus Groups

I did several things to prepare for the focus groups:

- Secure a comfortable meeting location and a day/time that was convenient for participants.
- Print copies of the consent form to bring to the focus groups.
- Prepare a statement of confidentiality, which I read to all participants.
- Create a list of number-codes assigned to the participants to use instead of their names to ensure anonymity.*

Protocol during and after Focus Groups

I did the following things during and after the employee focus groups to ensure that they were secure and successful:

- Conduct all focus groups myself.
- Explain the purpose of the focus groups to participants.
- Create a positive rapport and collegial environment by greeting participants in a warm and authentic manner.
- Obtain consent form signatures of all participants granting me permission to conduct and audiotape the focus groups.
- Confirm the duration of the focus group (45 minutes) with participants.
- Ask the same set of questions in all focus groups (though follow-up questions were customized to address unique responses of participants).
- Take handwritten field notes of my observations during the focus groups.
- Use two devices to audiotape the focus groups for back-up purposes.**
- Transcribe all audio recordings of focus groups.***

* In the focus groups, each participant was randomly assigned a number-code to protect his/her identity and ensure anonymity. Each participant stated his/her number before making comments. This allowed me to connect comments made by the same individual when I analyzed the transcripts, while still protecting participant anonymity. It also enabled me to follow up with individual participants to clarify any points that were confusing or incomplete in the audio-recordings.

**I used two audio-recording devices to record the four focus groups that I conducted with employees. Using two devices was a “failsafe” measure intended to address the possibility that one device fails during the focus groups.

***I store the electronic audio-recording files and transcript files on a single secure, password-protected laptop computer as well as on University of the Incarnate Word’s OneDrive (Microsoft’s secure Internet-based storage platform) and a back-up thumb-drive stored in a fireproof safe. I also stored copies of the physical transcripts in the fireproof safe.

Focus Group Questions

1. How did you feel about the interaction in general?
2. What stood out for you as most notable or impactful?
3. What kind of language did the leader use in the interaction?
 - a. How did you feel about specific words or phrases?
4. What kind of sentiments (e.g., concern, appreciation, praise, humility, admiration) did the leader express in the interaction?
 - a. How did you feel about those sentiments?
5. What kind of behaviors or non-verbal communications did the leader demonstrate in the interaction?
 - a. How did you feel about those behaviors?
6. What features of the physical setting/environment did you notice? These include things like the room configuration, furniture and seating arrangement, absence of barriers that separate leaders and employees, and use of audio-visual and lighting equipment.
 - a. How did you feel about those elements?
7. How did these four elements (the leader's use of language, expression of sentiments, non-verbal behaviors, and the physical setting) affect the way you communicated and interacted with the leader and each other?
8. What did you learn about yourself from this experience?

Appendix C
Journal Prompt for Leaders

1. How did you feel about the interaction in general?
2. What stood out for you as most notable or impactful?
3. Was it different from past interactions you have had with employees (new nurse orientation presentations for Leader A, monthly team meetings for Leader B)?
4. What did it feel like to incorporate the humility elements into the interaction?
5. How do you perceive employees experienced the humility elements?
6. What did you learn about yourself from this experience?
7. What would you do the same next time?
8. What would you do differently next time?

Appendix D Protocols for One-on-One Interviews with Leaders

Protocol before Interviews

I did several things to prepare for the interviews:

- Secure a comfortable meeting location and a day/time that was convenient for participants.
- Print copies of the consent form to bring to the interviews.
- Prepare a statement of confidentiality, which I read to participants.

Protocol during and after Interviews

I will do the following things during and after the interviews to ensure that they are secure and successful:

- Conduct all interviews myself.
- Explain the purpose of the interviews to participants.
- Create a positive rapport and collegial environment by greeting each participant in a warm and authentic manner.
- Obtain consent form signatures of each participant granting me permission to conduct and audiotape the interview.
- Confirm the duration of the interview (45 minutes) with each participant.
- Ask the same set of questions in each interview (though follow-up questions were customized to address unique responses of individual participants).
- Take handwritten field notes of my observations during the interviews.
- Use two devices to audiotape the interviews for back-up purposes.*
- Transcribe all audio recordings of interviews.**

*I used two audio-recording devices to record the four one-on-one interviews that I conducted with the two leaders. Using two devices was a “failsafe” measure intended to address the possibility that one device fails during the interviews.

**I produced verbatim transcripts of the four interviews, identifying the two leaders in the written data by the pseudonyms Leader A and Leader B, thus protecting their anonymity and privacy. I allowed the participants to review their respective transcripts and make modifications to ensure that the transcripts accurately reflected their thoughts and feelings. In addition, I stored the electronic audio-recording files and transcript files on a single secure, password-protected laptop computer as well as on University of the Incarnate Word’s OneDrive (Microsoft’s secure Internet-based storage platform) and a back-up thumb-drive stored in a fireproof safe. I also stored copies of the physical transcripts in the fireproof safe.

Questions for Leaders

1. How did you feel about the interaction in general?
2. What stood out for you as most notable or impactful?
3. What was the experience like when you used direction-giving language to explain how employees’ jobs are connected to and support larger organizational mission and goals?

- a. How did specific words or phrases make you feel?
 - b. How do you perceive those words or phrases made employees feel?
4. What was the experience like when you used empathetic language to express compassion and humanity? (This includes expressing praise, encouragement, concern, support, trust, and respect for your employees, as well as asking them for their ideas on various projects or issues and asking them what you can do to support them in their jobs.)
 - a. How did specific words or phrases make you feel?
 - b. How do you perceive those words or phrases made employees feel?
5. What was the experience like when you used meaning-making language to convey organizational norms, values, and behaviors? (This includes acknowledging your own mistakes, admitting your own weakness or vulnerability, conveying an openness to others' ideas and a willingness to learn, expressing gratitude to people who've helped you along the way, and admiring the strengths and contributions of others, including competitors.)
 - a. How did specific words or phrases make you feel?
 - b. How do you perceive those words or phrases made employees feel?
6. What was the experience like when you enacted humble behaviors or non-verbal communications in your interactions with employees? (This includes greeting and shaking hands with employees and walking/sitting among them, dressing as they dressed, asking questions of employees followed by probing or clarifying questions, actively listening with the intent to understand, and not interrupting employees before they were finished talking.)
 - a. How did specific behaviors make you feel?
 - b. How do you perceive those behaviors made employees feel?
7. How did features of the physical setting/environment affect your experience interacting with employees? (This includes the room configuration, furniture and seating arrangement, absence of barriers that separate leaders and employees, and the removal of objects that convey status differences between leaders and employees, such as a podium, raised stage, audio-visual equipment, etc.)
 - a. How do you perceive those elements made employees feel?
8. What did you learn about yourself from this experience?

Appendix E:
Graphical Depiction of Study Findings

