

INFUSING HUMILITY AS A LEADERSHIP DEVELOPMENT TOOL: An Exploratory Instrumental Case Study

Abstract

An *exploratory instrumental case study* design was used to study interactions between leaders and employees at a large faith-based nonprofit healthcare organization. The study used a four-part intervention to infuse humility into leaders' language, verbal expressions, and non-verbal behaviors, as well as the physical settings in which the interactions occurred. The study made a unique contribution to the field of leadership education in several ways. The researcher worked closely with two leader-practitioners to develop customized leader humility programs using the intervention tool. Following each leader-employee interaction, leaders had a chance initially to reflect on the experience through a journaling exercise and subsequently to discuss the experience in a one-on-one interview with the researcher. This article shares the key findings from the study along with each leader's unique development experience, as well as a recommendation for people who are charged with developing leaders in academic or organizational settings.

Introduction

Some three decades 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 degree of complexity within organizations have increased exponentially. Several

forces today are dramatically altering the nature of work and the workplace. The globalization of markets creates greater interdependency among nations, industries, and businesses, as a rising tide of nationalism around the world resists integration. Demographic shifts introduce greater diversity among employee populations and force companies to focus on the changing face of the customer. Technological advances and the proliferation of information-based economies transform how, when,

and where people work, as well as how they communicate.

The COVID-19 outbreak has further impacted the nature of work, disrupted workplace environments, and affected employment trends related to recruiting, hiring, and retention. Nothing illustrates this upheaval better than the Great Resignation, when in early 2021 an unprecedented number of employees began quitting their jobs. At the same time, the global pandemic has shed light on our connectedness, even as people rethink familiar ways of living, working, and interacting with each other.

This dynamic environment, sometimes characterized as “permanent white water” (Nahavandi, 2009, p. 298), puts unprecedented stress on the human capacity to lead. Today, there are too many forces, too much information, and too many decisions for a single leader to make sense of, much less to act on. Still, many people demand more from leaders, even as employees experience rising stress levels, declining loyalty, and deteriorating trust in employers, and organizations face high rates of leader and employee turnover along with the resulting emotional and financial costs (American Psychological Association, 2021; Challenger, Gray & Christmas, 2019; PriceWaterhouseCoopers Strategy&, 2019; Russell Reynolds Associates, 2021; Work Institute, 2020).

One style of leadership seeking to impose order on the turbulent workplace is narcissistic leadership, generally characterized by “self-centered behavior” leading to “an excessive focus on self-gratification” (Gilbert, Carr-Ruffino, Ivancevich, & Konopaske, 2012, p. 29). Since the early 2000s, successive waves of corporate scandals have been characterized by narcissistic executive behaviors, such as falsified credentials, gratuitous greed, bullying, and sexual harassment. The first wave began with Ken Lay, Jeffrey Skilling, and Andrew Fastow at Enron, and was more recently exhibited by Founding Fox News CEO Roger Ailes, Travis Kalanick, founder and CEO of Uber, and Nissan-Renault CEO Carlos Ghosn. Some scholars have found benefits to this leadership style, such as leaders’ ability to express compelling visions and attract followers (Gerstner, Konig, Enders, & Hambrick, 2013; Maccoby, 2000; Malmendier &

Tate, 2008; Tang, Mack, & Chen, 2018). However, the preponderance of evidence points to negative effects, including erosion of organizational citizenship behaviors and organizational trust among employees; increased employee stress, depression, and job dissatisfaction; and damage to organizations’ reputation, brand, and stock price (Gilbert et al., 2012; Jha & Jha, 2015; Larcker & Tayan, 2016).

Many people cling to the idea of the larger-than-life leader who articulates a grandiose vision, insists on making every decision, and demands unquestioned loyalty from servile followers. These romanticized notions blind us to the paradoxical promise of humility; namely, that leaders’ greatest strength may lie in their ability to honestly assess their own abilities while being open to the ideas of others. Viewed from this perspective, humility is a useful construct for exploring and potentially managing the limits of humans’ capacity to lead (Owens, Rowatt, & Wilkins, 2011).

Statement of Problem

Today’s turbulent workplace puts unprecedented pressure on the human capacity to lead. Several quantitative studies have found positive correlations between leader humility and desirable measures, such as employee job satisfaction, team effectiveness, and organizational innovation; but they have not explored how humility operates within organizations. Furthermore, the individual perceptions of leaders and employees—articulated in their own voices—are conspicuously absent from the literature on humility. There is a dearth of research that has sought to understand how leaders and employees express and 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 research on humble leadership is “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). 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). Hook et al. (2016) pointed out the need to develop, implement, and study humility interventions as an employee training strategy focused on improving organizational performance.

In today’s permanent white water work environment, this study sought to forge a deeper understanding of how leadership humility functions in organizational settings, including its potential to influence organizational culture along with important employee measures and organizational outcomes.

Purpose of the Study

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.

Research Questions

Research questions sought to understand how leaders and employees expressed, experienced, made sense of, and found meaning in humility, as well as the roles that humility-infused language, verbal expressions, non-verbal behaviors, and physical settings played in the experience.

Literature Review

The literature review examined humility constructs as well as scales designed to measure humility as a personality trait or leadership attribute. It also encompassed research examining the presence of humility in leadership styles, verbal communications, and non-verbal behaviors, along with its effects on organizational culture, employee measures, and organizational outcomes. In addition, it included studies exploring how organizations can imbue their cultures with values such as humility through the physical design of work environments.

Two-Dimensional Humility Construct. For this study, the term humility encompassed two elements that can be exhibited by individuals as well as groups and organizations. The first involves looking honestly 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 openly without (i.e., outside oneself) by listening to others’ ideas, acknowledging their strengths, and recognizing the value of their contributions (Kellerman, 2004; Morris, Brotheridge, & Urbanski, 2005). This multifaceted definition is aptly expressed through Lawrence’s (2006) concept of neohumility. It does not include negative characteristics traditionally associated with humility in the 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, 2006, p. 123).

Humility Scales. Several studies have established instruments for measuring humility as a personality trait or leadership attribute. 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.

Owens, Wallace, and Waldman (2015) adapted a leader humility scale that was developed and validated earlier by Owens, Johnson, and Mitchell (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 added two items to their scale based on other studies suggesting that humble leaders admit their mistakes and are aware of their strengths and weaknesses.

Another instrument is the Servant Leadership Survey (SLS) (van Dierendonck & Nuijten, 2011), an eight-dimensional measure including humility as one dimension. For this instrument, the authors defined humility as “the ability to put one’s own accomplishments and talents in proper perspective,” noting 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). The authors confirmed the SLS as a psychometrically valid and reliable instrument whose dimensions are positively related to employee well-being and performance.

Humility and Leadership Styles. Several studies have explored how humility is embodied in leadership styles, including 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). These authors found humility to be a desirable leadership trait or behavior positively related to several measures, including job satisfaction, organizational commitment, employee performance, team effectiveness, and knowledge sharing.

Humility and Leader Verbal and Non-Verbal Communications. Another group of scholars has found positive correlations between leaders’ use of humble verbal and non-verbal communications 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).

Humility and the Physical Design of Work Environments. Much has been written about the impact of workplace design on employees, leaders, and organizational culture in 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 using physical objects and the design of physical settings, several studies are relevant to an exploration of leader humility.

Higginbottom (2017) found that several contemporary organizations have implemented open-plan office spaces to reduce leadership status and reinforce egalitarian ideologies. 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’ other humble behaviors.

De Paoli et al. (2013) explored how organizations can create business value by combining management practices with flexible, open-space offices. The authors used several data sources: an occupancy evaluation study, observations of the workspace in action, and 20 interviews with managers representing various functional departments. In one interview, a 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). The authors’ key takeaway was that the office design stimulated a more participative, democratic leadership style.

Study Design, Methods, and Rationale

I used an exploratory instrumental case study design to study humility-infused interactions between leaders and employees at a large faith-based, nonprofit healthcare organization (Stake, 1995; Yin, 2002). The case study was bounded; I selected one organization to study, referred to as HealthCo, and scrutinized its unique contextual features and

activities. 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 (e.g., large, complex, geographically dispersed). Studying the specific case was instrumental in helping me develop a better understanding of how humility is experienced more broadly by leaders and employees of such 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. Recently hired nurses were chosen for their “newness” to the organization along with their low familiarity with Leader A and the organization’s culture and practices. By contrast, a team of seasoned chaplains was selected because of their extensive knowledge of HealthCo and their experience interacting with Leader B, who was their former peer and current 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.

Four-Part Intervention for Humility-Infused Interactions. At the outset, I worked individually with the two leaders to develop customized plans for them to infuse humility into their language, verbal expressions, and non-verbal behaviors, as well as the physical settings in which interactions took place. Both leaders deployed humility intentionally according to these plans as well as spontaneously when opportunities arose organically during interactions with employees. The interactions took place in natural situations in actual work environments (e.g., regularly scheduled new nurse

orientation programs and monthly team meetings of chaplains), revealing the dynamic interplay and complexities of such interaction that cannot be captured through surveys or questionnaires (Yin, 2002).

Humility-Infused Language. The two leaders and I discussed words and phrases—based on academic literature—they could use to convey one or both dimensions of humility: looking honestly within themselves as well as opening up to the ideas of others and recognizing their contributions. Examples included “I was wrong,” “I made a mistake,” “I don’t know,” “I can’t do this alone,” and “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 employee interactions. Leader A also quoted sayings made by a former colleague that embodied humility, including “Take time to refill your well” and “Respect patients’ rights to make end of life decisions.”

Humility-Infused Verbal Expressions. I also worked with the 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 others; and expressing concern and compassion for others (Guilmartin, 2010; Harbin & Humphrey, 2010; Hopton, Barling, & Turner, 2013; Mayfield & Mayfield, 2012; Nissley & Graham, 2009).

Humility-Infused Non-Verbal Behaviors. During the interactions, the leaders also exhibited humble non-verbal behaviors, including 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* employees instead of *apart from* them (Owens & Hekman, 2016; Owens et al., 2013; Yukl, 2012).

Humility-Infused Physical Settings. The two leaders deployed physical settings in ways that conveyed humility. In some instances, this involved furniture arrangements, 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 using conference room tables with no implied head of table and no reserved seating; minimizing or eliminating the use of audio-visual equipment and podiums; giving employee awards handcrafted from natural objects harvested from the earth and sea; and incorporating 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 makes a unique contribution to the literature.

Data Collection. I collected data on four interactions that occurred between two leaders and four groups of employees. For each interaction, I collected data through 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. My data collection efforts produced eight researcher reflective journals; four leader reflective journals; four transcripts of employee focus groups; and four transcripts of leader interviews; as well as researcher field notes from four leader-employee interactions, four employee focus groups, and four leader interviews. This effort yielded 233 pages of data, totaling about 116,000 words. Table 1 depicts the data collection schedule.

Data Analysis, Interpretation, and Reporting. 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 and theoretical sampling.

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 printouts of data collection documents, I wrote 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). I converted these handwritten codes into electronic format, producing 454 unique codes for 792 document excerpts.

Table 1:
Schedule of Data Collection

1 Organization, 2 Leaders, 4 Employee Groups, 4 Interactions													
June 1- June 25, 2019	Researcher worked with Leader A and Leader B to develop customized plans to incorporate four types of humility elements into interactions with employee groups.												
July 16- July 25, 2019	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">Interaction #1: Observation of Leader A's Presentation to Nurse Group 1</td> <td style="width: 50%; vertical-align: top;">Interaction #2: Observation of Team Meeting with Leader B and Chaplains</td> </tr> <tr> <td style="vertical-align: top;">Focus Group with Nurse Group 1</td> <td style="vertical-align: top;">Focus Group with Chaplain Group 1</td> </tr> <tr> <td style="vertical-align: top;">Researcher - Reflective Journal</td> <td style="vertical-align: top;">Researcher - Reflective Journal</td> </tr> <tr> <td style="vertical-align: top;">Leader A - Reflective Journal</td> <td style="vertical-align: top;">Leader B - Reflective Journal</td> </tr> <tr> <td style="vertical-align: top;">Interview 1 with Leader A</td> <td style="vertical-align: top;">Interview 1 with Leader B</td> </tr> <tr> <td style="vertical-align: top;">Researcher - Reflective Journal</td> <td style="vertical-align: top;">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 style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">Interaction #3: Observation of Leader A's Presentation to Nurse Group 2</td> <td style="width: 50%; vertical-align: top;">Interaction #4: Observation of Team Meeting with Leader B and Chaplains</td> </tr> <tr> <td style="vertical-align: top;">Focus Group with Nurse Group 2</td> <td style="vertical-align: top;">Focus Group with Chaplain Group 2</td> </tr> <tr> <td style="vertical-align: top;">Researcher - Reflective Journal</td> <td style="vertical-align: top;">Researcher - Reflective Journal</td> </tr> <tr> <td style="vertical-align: top;">Leader A - Reflective Journal</td> <td style="vertical-align: top;">Leader B - Reflective Journal</td> </tr> <tr> <td style="vertical-align: top;">Interview 2 with Leader A</td> <td style="vertical-align: top;">Interview 2 with Leader B</td> </tr> <tr> <td style="vertical-align: top;">Researcher - Reflective Journal</td> <td style="vertical-align: top;">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, and theme identification.												

Developing Categories. 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 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).

Following several rounds of analysis, I created 22 preliminary categories into which the codes and corresponding data excerpts fit logically. I further scrutinized these categories and their constituent codes to identify opportunities to combine similar categories. This entailed asking three basic questions: Is it a valid category based on its constituent data? Is it truly distinct from the other categories? Does it help answer my primary and/or secondary research questions? Through this process, I produced eight final categories.

Identifying Themes. At this point, I used a contextualizing strategy to consider relationships between categories that constituted larger themes explaining fundamental similarities in the ways participants expressed, 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 three themes into which the eight categories logically fit.

Producing Trustworthy Findings. Lincoln and Guba established five criteria for qualitative researchers to achieve trustworthiness that

have been widely accepted: credibility, dependability, confirmability, transferability, and authenticity (Lincoln & Guba, 1985; Guba & Lincoln, 1994). 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 source and method triangulation by observing leader-employee interactions, conducting employee focus groups and leader interviews, and using leader and researcher journaling. I also used the member-checking technique; leaders reviewed their respective transcripts and confirmed that they accurately reflected their thoughts and feelings.

I used journaling to achieve *dependability*, analogous to reliability in quantitative research. In my journal, I documented an audit trail of the activities that occurred and decisions I made throughout the study. I reviewed them periodically to examine the processes I was following and the output of those efforts (Amankwaa, 2016; Connelly, 2016). I also established a common cadence for data collection, following the same steps for each of the leader-employee interactions and using the same protocol, questions, and prompts for these activities—establishing a repeatability and consistency over time.

I strived to achieve *confirmability*, 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. I also incorporated verbatim participant quotes and passages from journals and field notes to ground my findings in the authentic voices and writings of participant

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 participant quotes.

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 leader-employee interactions, focus groups, interviews, and journaling (Cope, 2014).

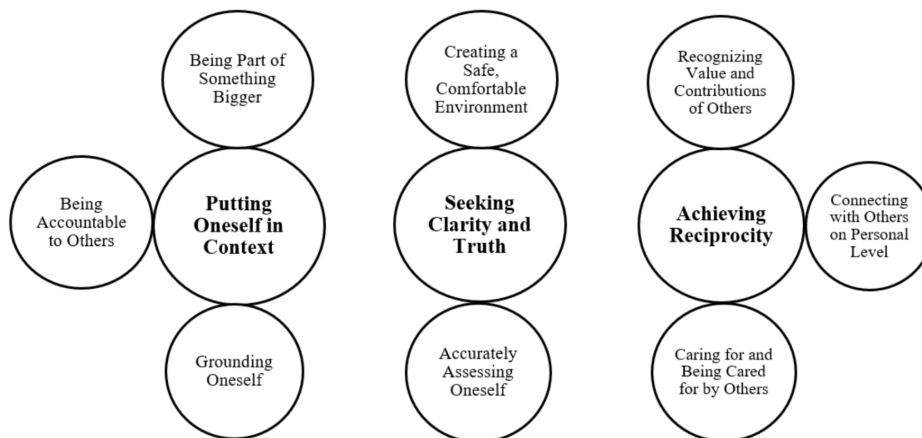
Findings

I used constructivist grounded theory methods to transform more than 450 unique codes into conceptual categories and, ultimately, into larger themes.

Categories. I produced eight categories: 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. These categories represented the primary ways that participants expressed, experienced, made sense of, and found meaning in humility.

Themes. In the early rounds of data analysis, I sketched several emergent themes by deploying grounded theory’s theoretical sampling technique. I subsequently scrutinized those early themes to reshape, dismantle, or validate them. During this analysis, three themes took shape: Seeking Clarity and Truth, Putting Oneself in Context, and Achieving Reciprocity. Figure 1 illustrates these themes and their constituent categories.

Figure 1. Three themes and their constituent categories.



Theme 1: Seeking Clarity and Truth. Seeking Clarity and Truth was not a solitary endeavor for participants. Rather, it involved looking honestly inside oneself with open eyes while looking outside oneself and being open to the ideas of others. Participants exhibited a range of humility elements while seeking clarity and truth. These included accurately assessing oneself to increase self-awareness and having “adult conversations” that allowed other participants to clarify confusing issues, tackle difficult topics head on, and collaborate to solve problems.

During monthly meetings with chaplains, Leader B deflected praise directed at her onto others who deserved the accolades. She also admitted weakness and mistakes through assertions such as “I don’t know” and “I forgot it.” These expressions resonated with chaplains, giving them a sense of relief and shared humanity, as well as a desire to improve their performance. Leader A used intentional language (e.g., “spirituality” instead of “religion”) to establish a more comfortable, inclusive climate for talking candidly with nurses about complex ethical questions and end-of-life issues. Nurses 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 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, professional, historical) or came to view themselves through different lenses. Participants exemplified this theme in several ways. Through Leader A’s allusions to a former colleague’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 but as valued members of a faith-based organization and a larger profession whose words and actions contributed to their own growth, the well-being of others, the fulfillment of team goals, and the realization of a shared mission. Leader B’s discussion of her team’s weekly game plan situated chaplains’ day-to-day work in a larger context, reminding them of their 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 public comes a profound responsibility to act with integrity and humility.

Leaders also put themselves in context by grounding themselves. This included expressing their own vulnerability, laughing at themselves, stepping out from behind podiums, and sitting with instead of apart from employees. While discussing patient autonomy with nurses, Leader A shared personal stories of the ethical and emotional struggles he faced dealing with patients’ end-of-life situations. Leader B demonstrated her approach to “table spirituality” by serving food and drink to her employees before monthly meetings. Through these and other verbal expressions and non-verbal behaviors, leaders leveled their own organizational status with others’, balanced power relations with employees, and interacted with employees on more equal footing—while demonstrating accountability to their employees and the larger organization.

Theme 3: Achieving Reciprocity. The American Psychological Association Dictionary of Psychology defines reciprocity 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 integral to human interaction, since researchers have found some kind of reciprocity norm in every society that has been investigated.

While listening to study participants talk about, make sense of, and find meaning in humility-infused experiences, I detected a reciprocal aspect in much of what they described. This reciprocity ranged from a willingness to care for others and be cared for by others, to a desire to connect with others on a personal level by establishing rapport and building mutual trust. After Leader A quoted a wise saying by one of his former mentors, "Take time to refill your well," nurses acknowledged the need to take care of themselves by leveraging the spiritual support of chaplains so they could, in turn, take care of patients. In addition, Leader A intentionally closed the physical distance between himself and his audience and used first names of nurses to connect with them on a more personal level, transforming formal, one-way presentations into more 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.

Conclusions and Discussion

I drew two conclusions that are significant to the field of leadership education, formulated a recommendation for people responsible for developing leaders in academic or organizational settings, and identified opportunities for future research based on limitations of my study.

Conclusion 1. I concluded that infusing humility into leader-employee interactions may be a useful strategy for improving leader effectiveness in today's

turbulent workplace. During interviews and in reflective journals, the two leaders discussed benefits of infusing humility into interactions, including personal growth, professional development for themselves and their employees, and better employee interactions. Employees also noted positive effects of leader communications and behaviors that embodied humility.

Leader A acknowledged that his presentations to new nurses improved when he infused them with humility. 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. One example of this occurred during his first interaction with new nurses in a large auditorium. While the rows of desks could not be reconfigured for more intimate interaction, Leader A used techniques to connect with nurses in a more personal manner and on more equal terms. He did not use a handheld or lapel microphone and opted to wear an open-collar shirt instead of wearing his customary tie. 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.

He then opened his remarks by saying: "Nurses are the most important employees at HealthCo." He paused to let this idea sink in before following up with a question: "Why do you all think I said this?" As one nurse answered his question, Leader A listened attentively, maintained eye contact with her, and nodded his head. When she finished talking, Leader A asked her name. After she responded, he thanked her using her first 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 how he integrated insights from our planning discussions to develop this "handshake" technique to transform a formal lecture into a more interactive conversation.

Leader A: I think in that particular instance, that is the result of feedback from you and the readings you gave me. There were several things 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 auditorium. One of the things 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 has really improved the presentation, the impact.

Several nurses commented on Leader A's technique.

Nurse 3: He 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 use props very sparingly.

Nurse 8: He was really interactive, trying to make sure we could relate to what he was saying, to understand the message that he was trying to relay. ... Also, the eye contact, there was a lot of it. Asking specific questions, like probing questions. But eye contact is always a big thing for me. I think he was really good about that. It lets me know that I'm not just a face in the crowd.

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.

Leader A also told stories to ground himself with his audience by illustrating challenges he has faced managing end-of-life issues, emotional struggles and ethical dilemmas he experienced with the deaths of his grandmother and one HealthCo patient, and the mistakes he made when his emotions clouded his

decision-making. In his first reflective journal, Leader A commented on this technique.

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 there are times when I don't know what to do. And that's normal and okay.

In the second focus group, one nurse commented on Leader A's personal storytelling.

Nurse 8: It just shows 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.

Another nurse offered her impression of the stories Leader A told that were based on lessons he had learned from his grandmother and a former colleague.

Nurse 9: Regarding that, I can see humbleness. ... Because being humble is like listening to everyone that's around you. If you are humble enough, you're going to learn many things around you.

Leader B observed that infusing humility into employee interactions was an effective strategy in developing herself and her employees. By creating a safe, comfortable environment for her team's monthly meetings and taking a step back to guide from the side, she empowered chaplains to assert their leadership skills and tackle tough questions head on. This was exemplified in the way Leader B planned for and facilitated the second Spiritual Care Team meeting. She invited Guest Speaker A to talk about an important issue the team needed to address, honored Guest Speaker B's request to discuss another topic that was causing some confusion, and welcomed Leader A when he asked to present updates

on several timely topics. Once the meeting began, Leader B did not insist on dominating the conversation. Instead, she used silence—an overlooked tool of leaders—so chaplains could ask questions and guest speakers could address them. She also practiced active listening and took notes to document answers to questions and help formulate follow-up questions.

In her second interview, Leader B reflected on the nature of humility.

Leader B: You have to think about it in the broad context. A lack of humility is arrogance. And arrogance is usually a cover for not knowing. Or insecurity. 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 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 for her monthly team meetings.] And it's got to come from a lot of people. It can't just come from one person.

In the ensuing focus group discussion, chaplains commented on Leader B's ability to adapt her leadership style in ways that grounded herself with others.

Chaplain 6: 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 instead of interrupting them and running them down.

Chaplain 7: I think that behavior demonstrates that leadership is a *partnership*. And so, how you lead, people are going to catch more what you *do* than what you *say*. ... 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.

Conclusion 2. I concluded that participation in the study offered each leader a positive and distinctive professional development experience.

Leader A's Experience. Leader A was a vice president at HealthCo with a PhD in organizational leadership and almost 12 years of leadership experience. He recognized the study as an opportunity for me to learn about leadership humility and contribute to the academic literature, as well as a chance for him to hone his leadership skills.

Leader A did not know or manage the nurses with whom he interacted. They were new to HealthCo and unfamiliar with its culture and customs. That organizational distance and lack of familiarity offered Leader 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, and supported by the organization. He used humility elements primarily to establish rapport with the nurses, build their trust, and connect with them on a human-to-human level instead of as an executive 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 at new nurse orientations, he was able to 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 combining bold statements and engaging questions. He also used intentional language and alluded to stories and wise sayings of former HealthCo leaders as a means of grounding himself, raising nurses’ self-awareness, and connecting them to the organization’s history.

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. This was evident in an excerpt from his reflective journal: “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 another journal entry, he wrote, “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.”

Leader A experienced an “ah ha!” moment in his second interview when he recognized that humility was not just something a leader

does when giving formal presentations to employees. He explained how he applied some of the humility tactics from the research study when he attended HealthCo’s executive leadership retreat.

Leader A: So, the last night, I was sitting at the table where the CEO of HealthCo was and some other bigwigs. I kept telling myself, “Just keep quiet, just listen, ask some questions.” Because the CEO is there, 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 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.

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.

Leader B had a master’s degree and several professional certifications. She had less leadership experience than Leader A (about 4 years as director of the Spiritual Care Team). 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 she had already established with her teammates. As a result, she tended to emphasize humility elements she was accustomed to using instead of incorporating many new elements into the monthly meetings. She deployed honest admissions, familiar rituals, personalized awards, and more intimate expressions of compassion to bolster her relationships with chaplains and foster the

safe, comfortable environment that was critical to the daily 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 appreciated them. More so than the nurses, they emulated the humble behaviors Leader B modeled and were perceptive in describing their effects on the monthly meetings along with their broader influence on their team's culture.

Leader B's notions of "being adult" and "having adult conversations" were key factors in creating an environment for meetings in which employees could speak honestly and share personal stories. These two concepts were at the heart of her leadership philosophy, and humility was an important aspect of both. In her first interview, Leader B described the first monthly meeting with chaplains as "a very adult meeting." She also connected 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. 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.

While Leader B tended to write about her team and their collective experience in her reflective journals, she became more comfortable sharing personal insights in her one-on-one interviews during the study. An

example of this occurred in her second interview. After she told me a story about helping a chaplain put things in proper perspective, our conversation prompted her to re-examine an experience from 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 and patients.

Leader B: I called my director, and said, "Look, this was said to me. A man didn't want me to give him or his wife communion because I'm a woman." And she 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. ... I think it turned me around. ... And maybe you could say, I don't know, I'll have to think about this. You know, maybe my ego 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, she was able to situate herself in a broader historical context by viewing her own experiences through a lens of humility. Her participation in the study caused her to find deeper meaning in the present by reflecting on the past.

Like Leader A, Leader B concluded that humility ultimately transcended its manifestations in language, verbal expressions, non-verbal behaviors, and physical settings to exist as something intangible, which she described as a *feeling*. During her second interview, she offered a unique perspective on humility, connecting it to courage and vulnerability. She also noted the potential risk leaders face when their

humility is perceived by others as a sign of weakness.

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 the lines could get kind of fuzzy there.

Based on how the two leaders described their interactions with employees, I concluded that participating in the study offered them positive and distinctive professional development experiences with the potential to shape the way they led their teams and interacted with others in the future.

Recommendation

In developing leader humility programs for academic or organizational settings, programs should be customized for individual leaders. This would ensure that leaders infuse humility through their language, verbal expressions, non-verbal behaviors, and physical settings in authentic ways. While such programs should draw upon common humility elements and follow consistent protocols, they also should be flexible enough to accommodate the unique abilities of each leader and the unique context of each organization. This customization effort should initially entail establishing humility baselines for leaders by studying them in a variety of employee interactions and settings before implementing new humility elements. The programs should consider each leader's years of leadership experience, leadership style, current role and scope of responsibilities, communications skills, and sphere of influence (i.e., the 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 already behave humbly along with humility blind spots or weaknesses. Armed with this knowledge, instructors/trainers can develop strategies and tactics tailored to help individual leaders infuse humility more effectively with different audiences in different settings.

Opportunities and Considerations for Future Research

This study shed light on 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 interactions. Additional research is needed to enrich these limited, albeit valuable, insights.

One opportunity for research would involve studying leader humility in organizations operating in different industries and regions. 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. 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, such as financial services. 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 understand similarities and differences in the way leader humility operates in different types of organizations, industries, regions, and cultures.

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