

The Importance of Being Humble

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Scholarly work in philosophy, positive psychology, and other applied disciplines reconceptualize humility as an important element of reflection, change, and growth, but the change has not been mirrored in the nursing literature. Humility has a rich heritage and may be an implicit but fundamental construct in nursing. The value of humility for nursing education and practice rests in its conceptual basis for strategies that are currently being used. It is on the ground of humility that self-reflection, response to weaknesses and accomplishments, and our orientation to relationships should rest. **Key words:** *ethics, humility, self-reflection, virtue ethics, virtues*

EXCELLENCE in character has long been thought a prerequisite to being a good professional. Character traits like integrity, bravery, fair-mindedness, or sense of justice are thought to be the threads that are woven together to make the fabric of good character. These character traits are highly valued in contemporary culture. Most professionals welcome being described as brave, fair, or honest.

Other traditional virtues or character traits have fallen out of cultural favor and are less advocated in contemporary society. Prudence, thriftiness, or temperance, for example, belong to a second group of virtues that were, like bravery and integrity, historically fundamental, but are now almost forgotten qualities of character, at least in the classical sense in which they originated. Humility falls into this second group of traits and the marginalization of the less valued virtues are evident in nursing literature. A person who is identified as “humble” may be less flattered than if

“bravery” or “fair-minded” were used. “Humble” is generally understood in a narrow sense of unworthiness or lowliness. If the narrow definition is exclusively used, it is understandable how the word might fall into the second group of marginalized character traits. In fact some authors claim that humility, as either a positive or negative human quality, has been ignored in contemporary religious, ethical, and professional dialogue.^{1,2}

Despite the neglect of humility as a fundamental virtue, the word is reemerging in the literature in contemporary conceptualizations,³⁻⁵ and through conceptually related phrases and terms like “diagnostic humility,”⁶ “cultural humility,”⁷ “epistemic humility,”⁸ and as a fundamental concept in positive psychology² and mistakes theory.⁹ How can it be that humility¹⁵ expressed in a number of emerging concepts yet have so little scholarly attention paid in our professional body of knowledge? Is humility to be understood in the narrow sense that one considers one’s self as lowly? If so, how can it be a positive quality to be desired by nurse professionals and by our students who are becoming the discipline’s future members?

We believe that “humility” can be interpreted more broadly as a fundamental orientation and instrumental character trait or virtue that helps us to relate properly to the world and to others. Humility may be the

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deep philosophical justification for other frequently used and highly significant concepts in nursing practice like cultural competency, cultural sensitivity, respect and dignity, realistic evaluations of self, and a realistic interpretation of one's accomplishments and failures. Humility may explain such diverse situations as Nurse R's ability to listen to criticism from her supervisor and interpret it in a realistic and balanced way. Humility may also be the way that Nurse R is able to respect the dignity of Marie, an 85-year-old woman with severe Alzheimer's disease.

The instrumental nature of a trait or virtue propels one to accomplish a purpose. Humility motivates one to change. Nurse R is not only able to hear but is also able to respond to the supervisor's criticism; humility motivates one to improve when shortcomings are indicated and to rest with confidence when a job has been well done.

We also believe that humility is a cardinal virtue in professional character development and in good practice in nursing. The purpose of our work is to share with other nursing colleagues the more contemporary conception of humility from the dialogue occurring within other disciplines. This article is divided into a first section that explains the nature and structure of humility as a fundamental concept. The second section is a brief overview of research on humility and how development and proper use of humility might be encouraged in nursing practice.

CONCEPTUALIZING HUMILITY

Neglected humility

The reappearance of virtue ethics on ethical and professional landscapes has brought a renewed interest in character-based ethics. Virtue ethics places a strong ethical emphasis, not on principles or outcomes as the dominant current bioethical community does, but on the character traits or virtues of the individual. The process of making ethical decisions represents only a part of a broader and more realistic picture of ethics as part

of the lived human experience. The fullness of ethics is about individuals who have a good character and use it to live lives of purpose that benefit others and themselves. Making right or ethically defensible decisions based on principled ethics or the outcomes of decisions (consequentialism or utilitarian ethics) is part, but not all, of the ethical landscape.¹⁰

The international nursing literature reflects a movement toward a richer interpretation of ethics that includes character development but essentially no scholarly work exists regarding the conceptual development or psychometric measurement of humility. A review of the nursing literature from 1982 to the present with the key word of "humility" in the CINAHL nursing database yielded only 1 article that addressed humility. de Vries¹¹ presented humility from the sense of lowliness and reflection, claiming that by doing menial tasks like washing another's feet one could experience a personally transformational experience. A handful of other references were retrieved that were short anecdotal stories describing humbling experiences. In these examples, mistakes or shortcomings jolted the author into self-discovery and change. Classical nursing sources^{12,13} were replete with examples of positive character and behavioral traits needed in nursing, yet the words *humility* or *humbleness* were not specifically mentioned.

Two explanations for the lack of scholarly interest in humility are suggested in the literature. Because the word *humble* originates from the 'humus' or 'dirt',¹⁴ its original use was of a lowliness of social unimportance. If understood in the narrow sense of having a low estimation of one's self and being of little value, the notion of humility conflicts with modern conceptions of the self. Self-degradation and minimizing oneself integrates poorly with the pervasive psychology paradigm of building self-esteem, human equality, and a movement toward greater personal value.² Second, some cultures link humility with religious traditions and this may also dampen the benefit of acquiring or

nurturing humility,¹ particularly in the US culture that has relegated religious dialogue as an unacceptable topic in the public square.¹⁵

Meaning of humility

One interesting archaic use of *humble* is embedded in “humble pie.” A humble pie was made of the least desirable parts of the deer innards and was served to servants after the hunt while people of higher social rank ate the meat or venison.¹⁴ “Humble” is the state of being, whereas “humility” is a quality of character. A considerable amount of conceptual work has been done in disciplines outside of nursing to reconceptualize humility into a richer and broader interpretation beyond the word’s original meaning.

According to Snow,⁴ there are 2 distinct ways to view humility. The first is individual humility that encompasses one’s view of himself or herself and is specific to personal qualities and actions. The second general view of humility is called “existential” humility and represents a view of the human condition from a wider perspective of how one relates to the world, to metaphysical concerns, and to the overall human condition. Existential humility addresses the finitude and error of being human; humans are limited in their abilities, finite in time and plagued with human frailties of knowledge and power. The knowledge of this frailty and dependence on others nurtures humility within ourselves and in turn impacts the individual qualities of humility.

Uses of humility

Garcia⁵ describes 5 distinct ways or senses in which “humble” is used by language speakers. Humility in the most common sense describes the case in which a person underestimates or does not overestimate her good features or actions. The word “modest” is a close synonym for this use of the word humble. To illustrate, Nurse H is complimented for developing a program to screen for drug abuse in high schools. Nurse H thanks others who were involved in the program develop-

ment and acknowledges without being overly self-flattering or ignorant of the magnitude of the personal contribution made.

A second use of humility is that of a person having a realistic view of one’s self and of personal qualities and capacities.^{3,16} In this sense the best synonym is the phrase, “reasonable evaluation of self.” An individual has a clear appreciation for one’s identity and for what one has thought, said or done. Nurse K is asked to provide a self-evaluation of her yearly performance. She is able to identify both strengths and weaknesses.

Humility can also be used as a descriptor of state of comportment or manner. In this case, one’s behavior is unassuming and respectful of the situation. Nurse G, as a past president of an organization, attends an organization function but does not assume that a past president is owed special seating or acknowledgement. When these acknowledgements are made, Nurse G appreciates the thoughtfulness of colleagues to remember, but did not feel entitled to receive any special favor.

A fourth and more contemporary use of the word humble appears as the opposite of vanity in that the individual is unconcerned about the attitude of others. In this use, one is impermeable to the flatteries and responses of others. One has a firm perception of self that is not at the whim of public or individual responses. Nurse G may sense that colleagues are upset that she spends less time at the nursing station and more time with patient contact than they do. Nurse G does not fit in to the cultural norm of the unit. Nurse G however is not swayed by the reactions of colleagues and continues to spend time with patient care.

A final contemporary use of humility identified by Garcia⁵ is that of equity. The humble person is one who is fair and equitable when evaluating others’ contribution to achievements. The synonym phrase would be that of “due credit” of others. Not only are those who contribute acknowledged, but they are acknowledged fairly. After winning the award for community service, Nurse N

acknowledges all those who had contributed in accordance with their contribution to the success of the work.

Humility as a virtue

If humility is conceptualized as a virtue rather than a character trait, it assumes additional special qualities. A virtue, in a way, is a character trait contextualized. A virtue is best understood as a character disposition or trait that if used in a fitting way results in positive outcomes.¹⁰

Any character trait should be used in a balanced way; there is always a risk that the trait can be good in and of itself but can have negative outcomes when it is used in improper ways. Humility can be improperly used in 2 ways: too strong so that any wrongdoing or weakness is viewed excessively as bad or demeaning, or too weak so that one is prideful and exaggerates one's position of importance or actions.

Humility, if too strong, can overwhelm a person. If one believes one's self to have personal inadequacies and diminished self worth, the impact that reflection has may cause one to modify even trivial mistakes or shortcomings.⁴ The individual becomes overly concerned about doing what is expected of others, and people please rather than stay true to personal convictions.

As nursing educators it is not unusual to see students with fragile self-concepts, who, when faced with less than perfection on papers or examinations, are crushed emotionally. They are ill at ease with their fallibility, and the fallibility creates and heightens a sense of shame and self-absorption.⁴

The second inappropriate use of humility occurs when one has an overvalued view of personal performance and self-importance. In these cases, the significance and knowledge exchange with others is impaired and free exchange of ideas limited. This ethnocentric view isolates the individual and may impair growth personally and professionally. One becomes closed to learning from others and is isolated on the island of self-importance. Others

view the individual as grandiose and arrogant, a perception that alienates and diminishes relationships with others.

The instrumental nature of humility

The instrumental nature of humility, the response to act or change, is emergent in the literature of the applied disciplines and occurs when one is faced with the paradox of success and failure. In this situation, the sense of the ideal is recognized, but not realized. Humility is the process through which one comes face to face with personal limitations. The sense of openness to growth and change may be inferred when one realistically evaluates one's self, but Garcia's⁵ discussion of this sense of humility does not go far enough to include the idea of humility as an essential element for change. Instead, the use of humility as in the terms cultural humility, diagnostic humility, or epistemic humility reflects the ongoing process of self-reflection and critique, openness to change, and receptivity to the other.

Freeman's¹⁶ reflection of the paradox of humility after 30 years in medical practice illustrates and adds an additional dimension to reflection and the act of knowing; for Freeman, humility occurred through a life-long process of learning from experiences. de Vries¹¹ characterized humility as the result of a single humble act that resulted in emotional reflection and a sense of knowing. In both examples, humility opens the eyes of the humbled individual and clearly is separated from epistemological knowledge.

Humility is a self-knowing—and not just the abstract knowledge about the human condition. One knows by experience. The individual moves from a human being to being human. Knowing through experience may be hindered, as Freeman¹⁶ suggested, by the pride of professional knowledge. Professional knowledge and the theoretical cocoon of objectivity in which a professional can take refuge may partition us so that we avoid professional growth as individuals. True understanding of situations and of others for whom

Freeman¹⁶ cared came through experience, reflection, and the ability to be open:

In reflecting on my career, I have found that I have progressed from ignorance to paternalism through arrogance to a new humility. I have become more tolerant, perhaps more compassionate, less judgmental, somewhat wiser, more confused.^(p18)

In the nursing literature, an editorial by Yian¹⁷ who also reflects the process of enlightenment and growth through humility after 30 years of nursing:

I wonder how many of us regularly reflect on the course of our work to develop ourselves personally and professionally? . . . we need humility to admit our weaknesses or errors, [and] only then are we open to instruction and learning^(p3)

As a critical part of the process, being humble becomes the prerequisite for true reflection on self and one's orientation within the professional world. The nurse is able to reconcile the theoretical sterility of epistemic knowledge with that of living as a professional who knows and lives as fully human.

Orientational nature of humility

The metaphysical and natural world

The practical usefulness of being humble deserves further scrutiny and is an important characteristic to orient a person to his place in the world, with others and his relationships with them, and with a higher power. In Judaic religious tradition, and later in Christian thought,¹ humility was central for a human being's ability to relate to God. For a nonreligious thinker, the sense of awe at nature, and the ability to place the finite failings of being human comes face to face with the eternal.

The reality of one's shortcomings, when placed against a larger view of the world, empties one to be receptive to a spiritual enlightenment and growth.¹⁸ Purpose in life within a larger context emerges and relates to one's ability to see a larger picture that goes beyond a more egoistic view of existence. Everyday things fall away to reveal a larger picture,

one in which the egoism is overwhelmed by the powerful, eternal and majesty of nature and or metaphysical interpretations. If honestly pursued, one experiences a sense of gratitude for what has been given and nurtured from outside of the self and other human relationships.

Others

Proper understanding of the social world offers a realistic view of oneself as a person. Humility may provide a realistic view of who each of us is and a sense of responsibility for what might be possible for the future. With an unrealistic view one can become too arrogant or too fearful.¹⁸ Humility is the vehicle for genuine and proper gratitude toward others. Each of us has been nurtured, inspired by others; humility is needed to acknowledge and understand the benefits from our relationships with others. Gratitude can be placed up against entitlement, the sense that one is owed and has a right rather than one of giftedness from others. Just as too much humility may result in one being manipulated by or oppressed by others, too little creates a sense of individualism that can be detrimental.

To the extreme that one becomes independent, where thoughts, beliefs, and actions are solely the outcome of the individual, the person becomes isolated in the misperception of independence. Nurse Q, as an example, worked her way through nursing school and has continued to advance her education and professional development because she believes that she did it all herself. Nurse Q in this frame of thinking fails to acknowledge the family support, the encouragement and help of coworkers, the financial support, and the educators who helped her along the way.

Overly emphasized independence and disconnect from community explained in the preceding paragraph and a misuse of humility may also impact the role of the professional. A professional orientation of altruism and commitment to the best interests of the patient has been challenged over the last few decades

and is characterized as a shift from traditional professionalism to a new kind of professional view that Pellegrino and Thomasma¹⁹ called “moral malaise.” ‘Moral malaise’ refers to 3 progressive changes that appear to warp the thinking of professionals that in turn lead to unprofessional behavior. Initially professionals view themselves as privileged and set apart from the community of others and develop a sense of personal importance and power. Second, the professional no longer values the primary commitment to the patient and to the common good, and becomes lax in professional duty. Finally, the duty to serve the recipient of care and the common good is replaced by self-interest.

The first phase of this progression appears to have its roots in a faulty view of self and self-importance, or in proper humility. What appears to be of greatest concern is the impact that the moral malaise might have within the culture of a profession. One professional with such views is aberrant and the expectations of the other members within the discipline would bring pressure to bear on the individual to conform to the discipline’s expectations. However, if there is a critical number of professionals with moral malaise within a profession or within an institution like the government or a hospital, the unprofessional and/or unethical behavior can become institutionalized or inculcated into smaller groups of professionals. The occasional problem of a professional who has lost the moral orientation of duty to recipients of care and community will hopefully be moved back into the morally acceptable frame of thinking, while a community of like minded persons with moral malaise will reinforce each other rather than make needed moral correction.

For example, Nurse M uses shortcuts in her practice that are dangerous and place patients at risk. She is one of a number of nurses on the unit who are like-minded and also use dangerous short cuts. Rather than being whistle blowers, the nurses in this unit are complicit and reinforcers of the behavior, and may even be blinded by the consensus within the unit

to mistakenly believe that the negligent practices are acceptable.

Personal orientation of humility

Richards^{3,20} view of humility as having oneself in proper perspective, as well as the frame of virtue ethics, firmly establish a broader orientation of humility to include a sense of fittingness. Humility is one’s personal orientation that when used properly not only forms the existential perspective of relating to others and the world but also forms a proper or realistic view of oneself and one’s accomplishments.

As described earlier, when humility is not used in a fitting way, the outcome can be an over emphasis of self-importance or a stark undervaluing of one’s self.^{4,20} The use of too little humility can lead to a sense of over importance of self-worth and an exaggerated view of one’s accomplishments. In some instances the individual views one’s self as so important and different than others that one is an exception to rules, above the law, and deserving of being treated better than others. In the view of moral malaise, the professional placed self-interest above the duty to community and care recipient. The view by Richards²⁰ goes beyond egoism to an intentional breaking of laws and rules. This view of self is particularly disturbing for health care professionals because they go beyond self-serving behaviors to committing illegal acts.²⁰

Insufficient use of humility may also result in discounting personal failures or shortcomings through rationalizing, projecting, or denying one’s responsibility. In underuse of humility, the problem or shortcoming becomes the fault of another or of the situation. The medication error occurred because the nurse had a heavy work assignment, was counting on another person to follow up or by claiming there was no error.¹⁰ The student nurse underperformed because she was given the wrong information by a peer, has a “mean” preceptor, or is struggling with fear. Certainly mitigating circumstances,

misunderstanding and ignorance should be considered as influencing error or underperformance, but should never rob the professional or student of personal responsibility and a pathway to growth and transformational change. To illustrate, Nurse O makes a medication error. Although there are mitigating circumstances, the orders were changed at the last minute and the nurse at shift change failed to mention it. No matter what the contributing factors, Nurse O is the responsible party and should accept responsibility and grow through the experience.

Conversely, the use of humility in an overly severe way may result in great distress on one's self-esteem. According to Garcia⁵ one becomes not humble, but humiliated. In some situations individuals become overly sensitive and see themselves as less valuable and less deserving than others and are highly influenced by the disapproval or criticism of others. As educators, humility in overdrive is not hard to recognize in traditional nursing students, RN to BSN students and other examples of basic nursing education. The self-concept is so fragile and the personal expectations so high that students become their own worst enemies. Failure looms as an ever present fear and can be so exaggerated in importance that it can be overwhelming.

Humility then, if working properly and in a fitting way, is a primary mechanism in which an individual moves toward reconciliation with a realistic self-concept, receptivity to personal and professional growth, and transformation toward a better self.

Much can be learned from the recovery model in psychology that has been a basis for rehabilitation of those with psychiatric disorders beginning in the mid 1800s.²¹ A recovery model is basically a process through which the self-recognition of one's illnesses, limitations or unhealthy thinking leads to acceptance of the self as a member of a community and as self-governing and responsible for one's actions. It is through humility that one is able to regain respect and be transformed through recovery.²¹

RELATION TO OTHER FUNDAMENTAL CHARACTER TRAITS

The explication of humility cannot be complete without a careful consideration of the web of other character traits or virtues that are closely connected. This discussion briefly opens the door and peeps through the crack to reveal a rich relationship with many other elements of the character. Integrity, dignity, and multiculturalism are closely related and deserve at least a brief mention.

Humility and integrity

Humility as the accurate sense of one's self and of one's accomplishments^{18,22} brings one to self-knowledge that becomes the foundation for a proper sense of self-worth. Humility is closely connected to integrity. Integrity is the orientation of the individual regarding various roles, relationships with others and personally held beliefs and values; the internal consistency of an individual. The person of integrity is embodied as having no duplicity or double mindedness in thought, word, or deed; he is honest with himself and with others. Humility, on the other hand, is orientation of the individual towards himself and the outside world. An individual's self-worth and accomplishments are embedded contextually within the world. We see through the eyes of humility the rightful place of ourselves and our worth in the universe.^{18,22}

Dignity

Richards²⁰ views humility as a way of balancing one's self-worth and in maintaining dignity. According to Richards,²⁰ dignity is a consequence of the fitting use of humility. Dignity is the ability to resist "destructive or . . . subversive influences."^(p254) "A dignified person is one who is not as easily humiliated by circumstances. Dignity then is the ability to . . . appreciate oneself sufficiently that one can withstand spurious pressure to lower one's self-esteem."^(p254) Dignity, like humility, is resistant to the slings and arrows of

others yet at the same time is not impermeable to self-evaluation. There is a proper receptivity to the other. Dignity of the individual is at its best in circumstances that might be humiliating. Richard's²⁰ vivid example of the garbage man who carries himself proudly despite what might be considered menial work, or the older woman who in poverty still pays careful attention to her appearance.^(p254) Dignity is how one presents one's self and respect is what is commanded from others by that dignity.

Multiculturalism

Cultural competency, although used extensively in the literature, has been challenged as the concept in response to multiculturalism.²³ Multiculturalism is best understood as having a self-reflective component and balanced way of responding to people of different cultures and subcultures. One is balanced to have a realistic view of self and people from other cultures or groups. Nussbaum's²⁴ description of the proper response to people of different cultural groups or other groups in general illustrates the idea of balance. Some people who are exposed to people of other groups may respond in an ethnocentric way, that their culture is superior and members of the group with which they identify are superior to others. On the other hand, people exposed to people of other groups may become what Nussbaum²⁴ called "romantic" about another culture, and view the group with which they identify as inferior to the members and culture of the other group.

Fowers and Davidov²⁵ advocate adopting multiculturalism as a virtue with the intent of strengthening the multicultural movement by providing a stronger ethical link to virtue ethics. Ethical ideology should be at the heart of multicultural work but rather than labeling 'multiculturalism' as a moral concept, we advocate explicating the more contemporary view of humility to integrate multiculturalism into a broader picture of right relationships among all people rather than partition-

ing special groups. In other words, it is just as important to connect with our neighbor next door as the people from other cultures, with the only difference being that dissimilarities among people from other cultures may be greater and relationships may be more challenging than more local relationships or relationships with people who have more similarities. Fowers' and Davidov's²⁵ goal of personal self-examination, commitment, and transformation are already firmly established in the virtue or character trait of humility. It is through humility that proper views and right relationships with others are possible.

APPLICATION OF HUMILITY IN NURSING

Nursing research

Developing humility into a mature concept occurs on 2 fronts: conceptually and through research. Though concept development has been minimal, research into the normative and experiential aspects has been even more scarce. The status of work toward development of measuring humility, according to Tangney,² has been very limited and a well-validated instrument to measure humility has yet to be developed. Development of humility measures should be, as the measurement of many psychological qualities, in both state and trait measures.² For example, anxiety can be a characteristic of the person but is definitely influenced and measured as a fluctuating condition that is contextualized as well.

What may be evident experientially is not as evident conceptually. Earlier studies operationalized humility as lower self-esteem. A review of later research on humility² suggested that humility is rare because it is hard to overcome personal biases and look in a critical self-reflective way,²⁶ that humility has a beneficial effect in social situations,²⁷ and that there is a relationship between humility and the degree to which one is able to forgive.²⁷ No studies were found in professional populations to determine perceptions of humility, how humility is viewed by persons in

practice, or how humility is viewed by colleagues or recipients of care. Future research to develop humility as a concept fundamental to nursing practice is needed.

Nursing education

Since so little research has been done to establish humility in contemporary nursing practice, it is not surprising to find that humility has little development in education and practice. It may relate to the use of self-reflection, but self-reflection brings us back to the issue of how one should reflect. Humility and its proper use offer a frame for reflection. Tangery² proposed 2 strategies for proper development of humility within education and practice.

One strategy may be helping professionals or students reduce egoistic bias. In other words, using ways to correct cognitive distortion that occurs almost naturally to defend and preserve one's self as the center of importance. On the other hand, some forms of bias may be negative toward the self, and view self as less important and less valued. In both cases strategies to preserve a healthy view

of self, with equal respect and dignity, is the goal.

A second strategy is to assist individuals to self-evaluate realistically and to use the results to promote personal and professional growth. A goal of self-evaluation should also be of self-acceptance with recognition of limitations and the acceptance of limitations and failures.

Role modeling excellence of character is also another way of teaching others. Using historical examples, personal heroes, and excellent nurses are intergenerational ways in which humility can be viewed and modeled. From an educational perspective, nursing instructors are models of teaching not of practice. In view of the educator's primary role, the ideal seen in the clinical setting becomes even more import as we plan and implement nursing curricula.

Of course, none of the strategies listed are new. The value of humility for nursing education and practice rests in its conceptual basis for strategies that are currently being used. It is on the ground of humility that self-reflection, response to weaknesses and accomplishments, and our existential relationships should rest.

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