

11th Annual Interprofessional Rural Health Professions (RHPP) Conference

Saturday, April 15th, 2023

Remaining Questions for Dr. Barret Michalec after his presentation entitled “Tapping into Humility to Promote Interprofessionalism”

- 1) Question from conference participant: I agree that healthcare providers and teams can benefit greatly from expressing humility. However, is there a way to navigate the teaching of humility to underrepresented, marginalized, or exploited groups? In other words, could the teaching of humility be used to try to suppress nurses or other workers from organizing and fighting for better conditions of employment?

Answer from Dr. Michalec: This gets into the Humility and status issues and the social expectations related to gender, race, age, and even certain occupations and who is expected to be (i.e. who *should* be) humble and when and the sanctions (or rewards) to how that humility is perceived. We refer to this as the weaponization of humility. That all has to do with status characteristics and expectation states theory (i.e. how we expect certain social actors to perform in certain situations) - BUT regarding the teaching of humility as an oppressive mechanism, I think that comes down to the dual conceptualization issue with humility. Humility is basically all about self-confidence and appropriate self-concept in relation to others. It is not about meekness or self-deprecation or subservience, but that conceptualization lingers. So from my perspective, teaching humility isn't the oppressive mechanism, it's the lingering societal expectations related to status characteristics that could be utilized in tandem with humility and "who should be humble and when" that is perpetuated through structural and systems-level practices and policies.

- 2) Question from conference participant: How about the initiative for scope creep by the AMA and humility?

Answer from Dr. Michalec: I was just talking about this with a colleague the other day - the constant boundary work (i.e. the "work" done by health professions to reaffirm what THEY do and in turn, what others do NOT do) is always so intriguing - and often in response to perceived "threats" to a profession. In regards to (professional) humility and the AMA's "charge to stop scope creep", I personally think it shows a level of distress that is antithetical to professional humility - it's more about setting fence lines than it is about what I like to call "interprofessional trust falls" (trusting other health professions to be able to particular tasks and have particular responsibilities). Not too long ago the AMA was all about the engagement of PAs and NPs in primary care and other arenas....and now they are trying to reclaim some of that "territory".

- 3) Question from conference participant: Do you feel that professional humility is directly impacted by policies made for MDs/NPs/PAs? There is often a “toxicness” involved between levels of care, reimbursement rates etc

Answer from Dr. Michalec: This gets at the policies and practices at the structural- and systems-level that can impact the internalization of professional humility. Much like what impacts team-based care in general right? These policies and practices can actually foster informal/formal competition and discourage not only professional humility but also team-based care in general. They can reinforce occupational status hierarchies and profession-specific resources. This taps into the notion of Organizational Humility or humility at the organizational-level, that's expressed and practiced through organizational culture, organizational leadership, and enacted practices and policies. Gets back to the classic saying, "Culture eats strategy for lunch".

- 4) Question from conference participant: Embrace vulnerability publicly" Absolutely! I have found that when I openly identify my own weaknesses and vulnerabilities, others seem to be more open with me.

Answer from Dr. Michalec: 100% But it can be challenging for some to be that open - it requires a great deal of self-awareness and self-confidence. In an early interview, I referred to humility as "an accurate and congruous sense of security in one's vulnerabilities" and I still hold true to that framing. If we work in a system that promotes (implicitly/explicitly) competition and /or siloed approaches to the work itself, it will be remarkably challenging to not only practice that security, but to internalize it - that's why humility at the individual-level is important, but we also need to be working towards "building" humility at an organizational level.