

Expectations from Self and Others

Section 5



INTRODUCTION

Many of us give the very best of who we are every day, yet all too often struggle to feel like our best is good enough. Understanding, and at times challenging our own expectations and perception of others' expectations is key to identifying and transforming unrealistic expectations that compromise our ability to approach others with compassion and extend that compassion to ourselves. In this section, we identify the expectations we have for ourselves and for others and question whether these expectations are helpful for us or holding us back.



INFORMATION

Providers are expected to be available to others, to be healers, to have unfailing expertise or knowledge, and provide universally successful care in a cost-effective manner, all without faltering or experiencing any personal distress. This is a heavy load of expectations we carry with us. These expectations paint a picture of how we think things "should" be and are often informed by our social identities (race, sex, sexual orientation, etc.) and life experiences. They are firmly tied to our needs, desires, values, and beliefs.

As health care providers, we may hold high expectations that all clients should be relieved of all of their suffering. Equally, clients often come to expect that we will relieve them of all of their suffering. In either case, if expectations are not met, we as providers may feel as though we have failed to do our jobs well. But these expectations we hold of ourselves or expectations placed upon us can also drive us to excel. They can be realistic or unrealistic, helpful or hurtful, and when our expectations are made explicit and realistic, they can be the foundation for dreams, ideas, and possibilities. They can feed us, inspire us, and help us to show up in our lives. If we are holding ourselves or someone else to an unrealistic standard, then we can learn to adjust these expectations.

Expectations become problematic, however, when they take us out of the present to solely focus on the future, or fill our heads with how things "should" be and feel and of how the people around us "should" act and feel. Our "shoulds" of ourselves reflect expectations that we feel we are not meeting. When we tell ourselves that we "should" be doing something, we are reinforcing the idea that we are not doing it. If our internal dialogue says *"I should spend more time with clients"* the implicit end to that sentence is *"... but, I am not."* We are reinforcing the negative and this can result in guilt, frustration, or anxiety.

Well-meaning, but unchecked, expectations can form the bedrock of compassion fatigue. Expectations may operate in the short-term: *"If I spend more time in appointments, all of my clients will be satisfied."* In this example, we create expectations for ourselves (*"If spend more time in appointments..."*), as well as for others (*"all of my clients will be satisfied"*). These expectations may invite shame if we are not living up to our self-expectation, as well as resentment if others do not live up to our expectations of them. Expectations also operate in the long-term and may be evident in the goals we set for ourselves or the metrics that others set for us: *"I will be a great provider if all of my clients show improved clinical outcomes."* As this example shows, our own expectations may be influenced by the expectations others have for us.

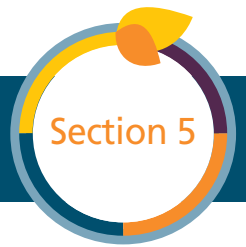
While we can rarely change what other people think or expect of us, by noticing our expectations, we can keep those that fit and are comfortable, while making changes to those that do not serve us. It is only when conscious of our expectations that we can examine how realistic they are. We can increase our compassion resilience by making a conscious effort to notice the "shoulds" in our life and the effect that such expectations may have on us. We must first notice and name our expectations if we are to better align them with reality. Let's take a moment to think about some expectations we carry as health care providers. Try to think of a few expectations in each category.

Developed in partnership with:



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	Expectations of self	Expectations of clients	Expectations of colleagues	Expectations of clients' families
Example	<i>I should enjoy providing care to all of my clients</i>	<i>Clients should always come on time to appointments</i>	<i>They should always stay on top of their documentation/notes</i>	<i>Families should support clients with their health care needs</i>
My Examples				

Place a star next to those you think are helpful/realistic and an X next to those you think are hurtful/unrealistic.

Let's look at a few examples of how unchecked expectations may lessen our compassion resilience. For each case, we will consider strategies that may be helpful in building our compassion resilience.

CASE 1:

Lisa has been an OB/GYN nurse for seven years. She enjoys being a part of the process of welcoming a new life into the world but is feeling overwhelmed by the ever-increasing documentation demands, new procedures and shorter lengths of stay for her clients, all of which limit personal interactions with clients and their families.

Reflection: Lisa is experiencing multiple systemic drivers of compassion fatigue and external sources of stress, which are then affecting the likelihood she can perform as she has in prior years. Her compassion resilience may suffer if she does not adjust her expectations to these new circumstances.

Strategy: Lisa may find it useful to consider what is influencing her ability to meet her expectation. **In the table above, what system drivers make it difficult to achieve the examples you provided?**



CASE 2:

Todd is a new case manager working in an urban outpatient center. He is discouraged to find that many clients miss appointments or are not following through with the treatment plan they agreed on, resulting in disappointing clinical outcomes. He finds himself blaming the client for not taking the necessary steps to improve their condition and worries that his efforts are not making a difference.

Reflection: Our expectations are often internal, undiscussed, and are informed by our social identities and life experiences. Todd may have found it useful to discuss his expectations with regards to client behavior and follow through with his supervisor and other case managers who have been working in that environment longer and have different identities and life experiences than his own.

Strategy: Making expectations transparent helps us to see if they are aligned with reality. **How might you test the expectations you listed by talking with others? How do your social identities and life experiences shape the expectations you listed in the table?**

Reflection: It is a losing battle to expect outcomes that are not within one's control.

Strategy: Todd may also find it useful to identify expectations that are outside of his control. **Which expectations that you listed relate to outcomes you cannot control?**



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CASE 3:

Mary prides herself on being a supervisor who provides trust, one who offers a safe space for them to discuss their challenges and collaborate to solve problems. This year, there have been more providers than usual seeking out her support, especially with many new providers and the recent loss of one of their colleagues. Mary is struggling with her own feelings surrounding the colleague's death and struggling to provide the same support to providers as in the past.

Mary believes that her feelings should not interfere with her ability to provide mentoring support for staff.

Reflection: Just as unrealized expectations or unrealistic expectations may challenge our compassion resilience, so too can symptoms of compassion fatigue make it more difficult to meet our expectations! Remember: compassion fatigue is a common response to the difficult situations we may encounter.

Strategy: The relationship between compassion fatigue and expectations makes it all the more apparent how self-compassion heightens our compassion resilience. Mary's perceived inadequacy could lessen her compassion resilience even further. With self-compassion, Mary is better equipped to recognize her own needs to maintain her physical, emotional, and mental well-being so that she may again show up compassionately for staff. Applying some strategies found in this toolkit, Mary might build her resilience.

While it pays to keep an eye on our own expectations and assumptions, we also have expectations that are heaped upon us. Many of us struggle mightily as we try to fulfill the expectations of others. Expectations placed upon us are often not clearly defined and unexpressed; rather, we make inferences about the expectations people have for us. Uncommunicated expectations cannot be met. Expectations from others may be reasonable or unreasonable. When unreasonable expectations are placed upon us, it may be a quick path to feeling burnt-out. Giving too much of ourselves as we strive to meet or exceed expectations may also lead to burn-out. If we are over-zealous in our pursuit of exceeding expectations, then people eventually presume that we will continue to go over and above at each and every opportunity. When we no longer can go the extra mile, or no longer wish to, then everyone is disappointed. It is not difficult to see how expectations can be a root cause of damaged relationships and compassion fatigue!

We may set more reasonable expectations of ourselves – and build more satisfying relationships with others- when we talk to people to clarify their expectations. Only with open lines of communication can we be clear about what the expectations are and whether we can reasonably meet them. Sometimes, bosses or colleagues who are setting unreasonable expectations may not even be aware they are putting unfair pressure on us. [This resource provides us with ideas](#) as to how we might approach a conversation with bosses whose expectations may be too lofty.

Building positive working relationships rests on the following:

- acknowledging we all have expectations;
- striving to make expectations more transparent;
- and taking responsibility to communicate our own wants and needs (i.e., our own expectations).

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SELF-CARE



STRATEGIES

Self-Care Strategies for the MIND: Developing Positive Affirmations (10-15 minutes)

Reflect on what are you doing when you feel most alive – most like yourself?

This exercise is designed to help identify hurtful self-expectation and transform them into positive affirmations.

Self-Care Strategies for STRENGTH: Putting Yourself on Your Own Schedule

Try this exercise out for a week and see how prioritizing your personal needs and well-being throughout each day makes you feel. If you experience feelings of resistance, remember that this discomfort tends to subside as we incorporate what we learn and our life satisfaction increases!

Schedule essential personal items **before** you schedule work items on your calendar. Your personal schedule may include the number of hours of sleep that are ideal for you, frequency and duration of exercise that you would like to get, downtime strictly for recreation, alone time and time for attention to nutrition. If you cannot do everything on your schedule, consider prioritizing your activities. After a week, notice how it felt putting yourself first. If it made you feel good, try to keep the habit going!



WHAT'S NEXT

Compassionate boundary setting – personal and professional.