

Hospice Clinician Burnout Self-Assessment

Signs by domain, weekly fulfillment tracking, prevention framework, and burnout vs. moral injury comparison.

Waldo Rios, NP · Terminal2 · terminal2.org

WHAT IT ACTUALLY IS

Burnout is not weakness. It is not poor attitude. It is not a personal failure.

Burnout is a physiological and psychological state produced by chronic, unmitigated workplace stress. Hospice work is among the highest-risk environments in healthcare for its development. The WHO formally recognized burnout as an occupational phenomenon in 2019. 62% of hospice and palliative care clinicians report it.

Kamal AH, et al. J Pain Symptom Manage. 2016;51(4):690–696. · WHO International Classification of Diseases, 11th Revision (ICD-11), 2019.

SIGNS BY DOMAIN — CHECK ALL THAT APPLY



PHYSICAL SIGNS

- Persistent fatigue not relieved by sleep
- Frequent illness, lowered immunity
- Headaches and muscle tension
- Sleep disturbance — too much or too little
- GI changes, appetite loss
- Increased caffeine or alcohol use
- Racing heart at rest
- Back or neck pain without injury

EMOTIONAL SIGNS

- Numbness toward patient suffering
- Dread before going to work
- Irritability with family and coworkers
- Feeling of futility or meaninglessness
- Cynicism about the system or patients
- Reduced sense of accomplishment
- Anxiety about clinical decisions
- Loss of joy in work you once loved

BEHAVIORAL SIGNS

- Cutting visits short or avoiding them
- Delayed documentation, charting errors
- Withdrawal from colleagues
- Missing IDG or team meetings
- Increased PTO use or call-outs
- Declining performance on metrics
- Reduced communication with families
- Considering leaving the profession

WEEKLY FULFILLMENT TRACKER

Rate your professional fulfillment 1–10 every Sunday night. Below 5 for three consecutive weeks is a clinical finding — act on it.

WEEK	DATE	SCORE (1–10)	ONE HONEST NOTE
Week 1	_____	_____	_____
Week 2	_____	_____	_____
Week 3	_____	_____	_____
Week 4	_____	_____	_____
Week 5	_____	_____	_____
Week 6	_____	_____	_____
Week 7	_____	_____	_____
Week 8	_____	_____	_____

PREVENTION FRAMEWORK

P1

Know your number

Rate professional fulfillment 1–10 every Sunday. Below 5 for 3 consecutive weeks = act now.

P2 Structured debrief after traumatic visits

Difficult death, child in the room, family crisis — these need a processing container. Even a 5-minute voice note counts.

Say something before it's an emergency

P3 Tell your supervisor, colleague, chaplain, or partner when you're struggling. "I'm fine" is the leading incubator of full burnout.

Seek professional support proactively

P4 A therapist who works with healthcare workers is a professional investment. Every high-performing elite uses mental performance support.

Reconnect with your why

P5 Write down why you chose this work. Read it when the work feels invisible. Meaning requires active renewal — it is not a constant.

References: Kamal AH, et al. J Pain Symptom Manage. 2016;51(4):690–696. PMC4846384 · WHO ICD-11, 2019 · Maslach C, Leiter MP. The Truth About Burnout. Jossey-Bass; 1997.

© terminal2.org · Waldo Rios, NP · Hospice Clinician Burnout Self-Assessment

