



Understanding Burnout, Secondary Trauma, and Cumulative Trauma

Distinguishing Common Stress Responses in 911 Dispatchers

Dispatchers are routinely exposed to operational stress, human crisis, and critical incidents. Over time, this exposure can affect performance, emotional regulation, and overall well-being. Not all stress-related impacts are the same. Understanding the difference between burnout, secondary trauma, and cumulative trauma allows for more accurate recognition and more appropriate response.

1 Burnout

What It Is:

Burnout is a work-related stress condition caused by chronic workplace demands that exceed available resources, support, or recovery time.

It is primarily associated with workload, staffing, schedule strain, organizational culture, and lack of control.

Common Contributors in 911:

- Mandatory overtime
- Staffing shortages
- Administrative expectations
- Technology changes
- Lack of recognition
- Shift work fatigue

Common Signs:

- Emotional exhaustion
- Reduced motivation
- Cynicism about the agency
- Decreased productivity
- Feeling ineffective or disengaged



System-Level Focus:

- Staffing support
- Workload distribution
- Leadership communication
- Recognition and development opportunities

Individual Solution Focus:

While burnout is largely system-driven, individuals can:

- Identify controllable vs uncontrollable stressors
- Establish micro-boundaries (e.g., not checking work email off shift)
- Prioritize recovery behaviors between shifts (nervous system regulation, protecting individual peace, setting boundaries)
- Advocate clearly and professionally for workload concerns
- Reconnect with purpose (mentorship, skill growth, meaningful moments)

Burnout improves when resources increase or demands decrease.

2 Secondary Trauma

What It Is:

Secondary trauma occurs when a dispatcher is exposed to another person's traumatic experience and begins to absorb aspects of that trauma response.

In dispatch, this happens through repeated exposure to callers' fear, grief, violence, or crisis.

Common Contributors in 911:

- Critical calls
- Repeated exposure to violent or child-related incidents
- Hearing intense emotional distress on a continuous basis
- Lack of closure or outcome information



Common Indicators:

- Intrusive thoughts or replaying calls
- Increased hypervigilance response
- Emotional numbing
- Sense of powerlessness
- Increased anxiety, irritability, depression
- Negative self and world-view

System-Level Focus:

- Peer support access
- Debrief opportunities
- Call rotation when possible
- Trauma-informed supervision
- Prioritizing mental and emotional wellness culture in the control room

Individual Solution Focus:

- Practicing intentional containment (acknowledge, hold, revisit safely)
- Using brief nervous system resets between calls
- Limiting rumination through cognitive boundary statements
- Engaging peer support early rather than waiting
- Scheduling decompression time after high-impact shifts
- Talking through thoughts and emotional experiences

Secondary trauma is exposure-based.



3 Cumulative Trauma (Cumulative Stress Injury)

What It Is:

Cumulative trauma is the gradual buildup of stress effects over time from repeated exposure to high-stress or traumatic incidents, even if no single incident is overwhelming.

It is often subtle and develops slowly.

Common Contributors in 911:

- Years of critical incident exposure
- Back-to-back high-impact calls
- Limited recovery between shifts
- Repeated emotional suppression

Common Indicators:

- Mood changes
- Recurring nightmares
- Social isolation
- Deep feelings of shame
- Relational fractures
- Severe anxiety
- Decreased patience
- Reduced empathy
- Chronic fatigue
- Emotional reactivity
- Difficulty “shutting work off”

System-Level Focus:

- Sustainable scheduling
- Exposure management
- Normalized wellness conversations
- Long-term cultural change



Individual Solution Focus:

- Monitoring personal warning signs
- Building consistent recovery rituals after shift
- Practicing emotional processing rather than chronic suppression
- Seeking professional support proactively and preventatively, not only in crisis

Cumulative trauma is accumulation-based.

Quick Reference Comparison

Condition	Root Cause	Primary Driver	Individual Focus
Burnout	Workload imbalance	Environmental stress	Boundaries + recovery + advocacy
Secondary Trauma	Exposure to others' trauma	Emotional absorption	Containment + regulation + peer support
Cumulative Trauma	Long-term accumulation	Repeated exposure	Monitoring + recovery rituals + sustainability