PROVIDER EMOTIONAL STRESS AND BURNOUT AND MANAGEMENT OF POSTPARTUM HEMORRHAGE (PPH) IN FOUR DISTRICTS IN MALAWI

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METHODS

- Mixed methods approach to understand provider’s PPH knowledge, practices and emotional stress in 25 health facilities in four districts in Malawi in Feb 2020 (pre-COVID 19)
- Quantitative provider surveys (n=288): vignettes in PPH care; women centred care and burnout (Maslach Burnout Index - MBI)
- Provider in-depth interviews (n=25) explored stress, burnout and women centered care
- Analysis: descriptive statistics used for quantitative data; themes developed for qualitative data using NVIVO version 14

BACKGROUND

- Malawi’s MMR is 439 per 100,000 live births; PPH may account for 25% of maternal deaths
- Managing PPH, and adverse fetal and maternal outcomes, may lead to emotional stress and burnout for providers
- There is limited evidence on providers’ actual experiences of managing PPH
- We describe providers’ stressors and burnout and their effects on respectful care in PPH management
- The Advancements in PPH Care (APPHC) Partnership is co-led by B-R and HEARD Project: addressing key barriers for PPH prevention and treatment

FINDINGS

Burnout and stress

- High rates of provider burnout and several contributing factors were identified (see Fig 1)
- Many providers regularly feel exhausted from work
- Helplessness, due to a lack of essential supplies for PPH emergencies, contributed to provider burnout
- Providers reported inadequate avenues to cope with stress and burnout
- Over a third of providers (36%) are actively seeking new employment.

Emotional stress and work environment

- Poor work conditions and weak management resulted in emotional exhaustion
- Providers fear blame from supervisors.

Burnout and disrespectful maternity care

- Increased burnout is correlated to disrespectful care (see Fig 2)
- Provider mean score lowest for communication and respectful care
- Providers neglected women, used loud voices, or offered limited privacy.

FUNDING/FOR MORE INFORMATION

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Breakthrough RESEARCH is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of cooperative agreement no. AID-OAA-A-17-00018.