Behind the White Coat: A Survey of Challenges in Obstetrics and Gynecology

MEMORIAL HERMANN

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Introduction

This study aims to **identify obstacles preventing OB/GYN professionals from performing at their best.** A survey distributed to practicing OB/GYNs gathered responses on barriers such as administrative burden, staffing shortages, patient volume, and work-life balance. Time constraints and emotional burnout were among the most frequently cited challenges. While the sample size was limited, **the findings provide insight into the pressures OB/GYNs face and suggest areas for improvement.**

As a study-based blog [1] highlights, medical professionals must maintain composure and precision while being emotionally available. OB/GYNs, among the most stressed medical specialties, rank just behind emergency medicine in burnout rates [2].

In Texas, OB/GYNs face additional challenges. A study by The Texas Tribune [3] found that over 70% of OB/GYNs in Texas feel that restrictive abortion laws negatively impact their ability to provide care. Many have left the state to practice more freely [4].

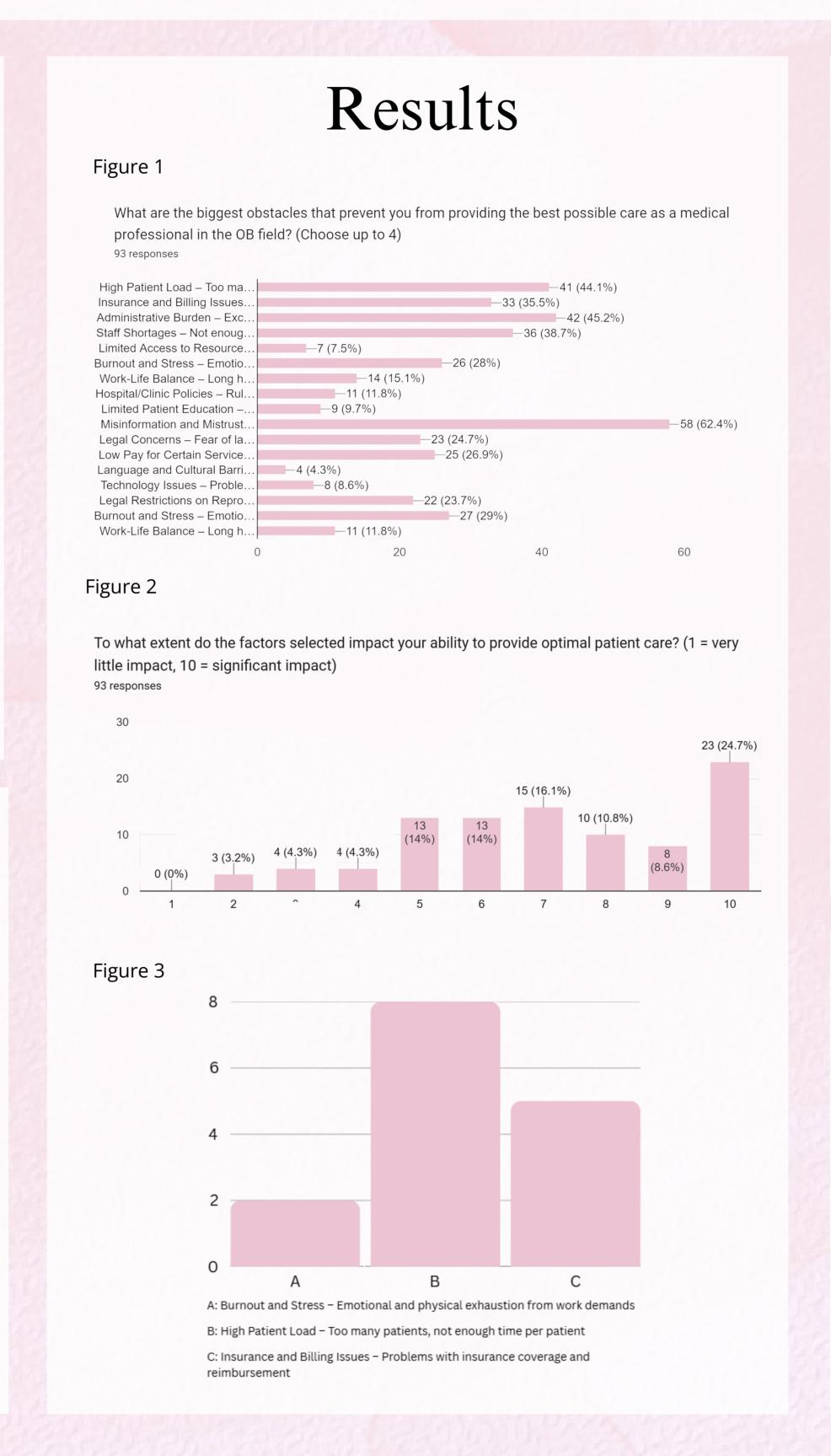
This study aims to explore the factors most negatively impacting OB/GYNs in Texas by gathering direct input from professionals. Despite existing research on OB/GYNs and Texas, there is limited data on specific stressors. This study will identify and rank key stressors, focusing on abortion bans and long shifts, which are predicted to be the most obstructive.

Materials and Methods

This student-led research project, conducted under mentorship, used **a** confidential survey to gather both qualitative and quantitative data from OB/GYN and OB medical professionals across Texas. The goal was to identify key workplace obstacles and assess the extent of their impact.

The survey asked participants to select the biggest challenges preventing them from delivering optimal care. Options included: high patient load, insurance and billing issues, administrative burden, staff shortages, limited access to resources, burnout and stress, work-life balance, hospital/clinic policies, limited patient education, misinformation and mistrust, legal concerns, low pay for certain procedures, language and cultural barriers, technology issues, and legal restrictions on reproductive care. An "Other" option allowed open-ended responses. A second question asked respondents to rank the impact of their selected factors on a scale of 1 (very little impact) to 10 (significant impact), providing a clearer sense of severity.

The survey was distributed via social media and contacts within Memorial Hermann and other hospitals from March 28 to April 11. Responses were anonymous and voluntary, and participants could skip any questions without consequence.



Findings and Discussion

This survey gathered data on both the obstacles OB/GYN professionals face and how these affect patient care. **93 responses were collected, with participants selecting up to four obstacles to reduce data skew.** Figure 1 shows the most commonly cited challenges: Misinformation and Mistrust (58), Administrative Burden (42), and High Patient Load (41)—all issues largely beyond providers' control. The least reported were Language and Cultural Barriers (4), Limited Access to Resources (7), and Technology Issues (8), possibly reflecting improvements in hospital systems.

Figure 2 shows a **bell curve in obstacle rankings from 2 to 9, then a sharp increase at 10, where the highest response count was 23.** This suggests a generally normal distribution disrupted by high-severity perceptions. In Figure 3, which shows obstacle distribution at ranking 10, High Patient Load remains the top concern, followed by Insurance and Billing Issues and Burnout and Stress. These same obstacles were also present in lower ranks, **suggesting they are the most pressing challenges, even though Misinformation and Mistrust appeared most frequently in overall counts.**

While the study reveals key trends, several limitations exist. The sample primarily included professionals from hospital systems like Memorial Hermann, **excluding rural or underserved areas with potentially different challenges.** The 1–10 ranking scale was also subjective, as interpretations varied among respondents. Survey distribution through personal outreach and flyers limited reach. Future studies could use hospital newsletters or OB/GYN networks to expand participation and adopt standardized formats like checkboxes for clearer results. Despite these issues, the survey provides a strong starting point. **Broader outreach and refined methods could yield more accurate, actionable insights to better support OB/GYN professionals.**

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