I.D.E.A.S.

Voter Turnout Among General Surgery Residents in the 2022 U.S. Midterm Election

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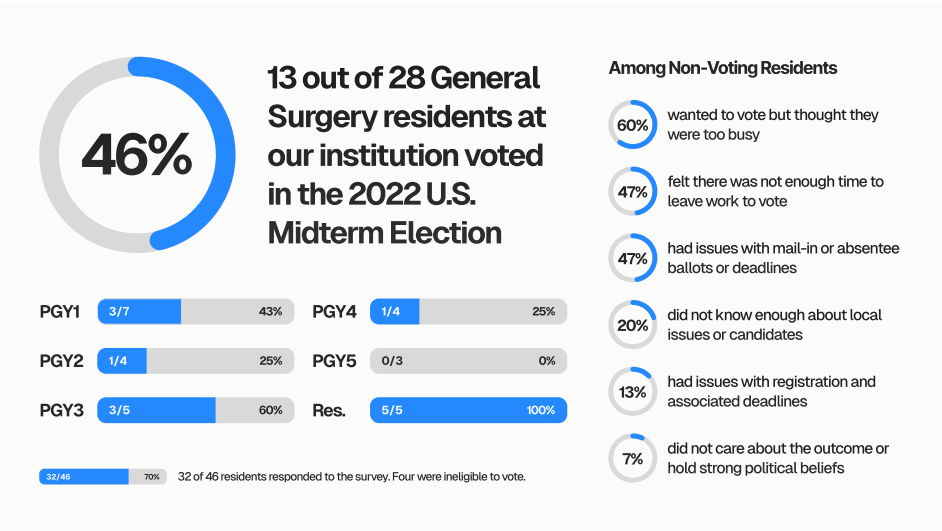


I.D.E.A.S.

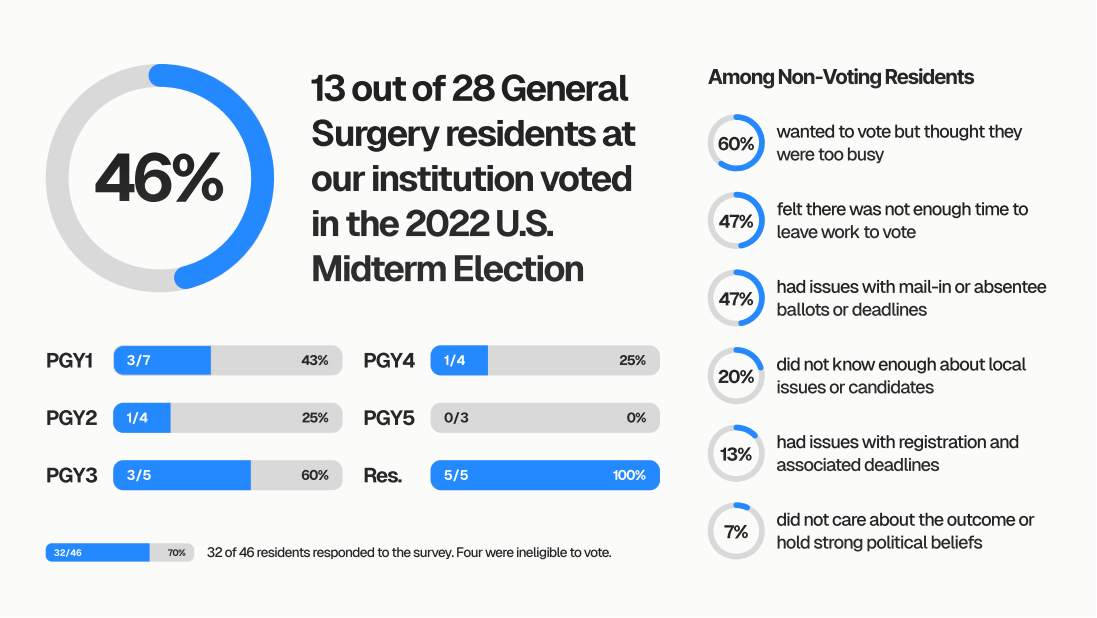
As residents within the healthcare profession, our first duty is to care for our patients. While working upwards of 80 hours per week pursuing that mission, it is hard to think of ourselves as anything beyond our job title. But we are also citizens. And while patient care remains a worthy North Star, decisions made by faraway policymakers can impact our patients as much as the assessments and plans we ourselves craft. In some cases, they can impact our training as well. Fortunately, as citizens, we can choose our policymakers so long as we exercise our right to vote. In this perspective, we present the results of an institutional quality improvement study of surgery resident voting and propose program initiatives to facilitate resident participation in this core duty of citizenship.

Voting is the most direct manner by which citizens can participate in a democracy. A recent study found that physicians historically voted at lower rates than the general population but matched and exceeded national turnout in 2018 and 2020, respectively. The increase in physician participation was hypothesized to stem from the greater prominence of health-related issues in the public discourse. Barriers to voting included not being registered, being too busy, or having a conflicting work schedule.[1] Currently, voting participation among General Surgery residents - for whom these barriers are especially magnified - is unknown.

Following the 2022 United States (U.S.) midterm election, we surveyed categorical General Surgery residents at our institution. We asked respondents to identify their post graduate year (PGY) level and state of registration. We then asked if they voted in the 2022 U.S. midterm election. Respondents who did not vote were asked to select one or more reasons for not voting, including scheduling conflicts, registration issues, difficulty obtaining mail-in ballots, unfamiliarity with candidates or issues, apathy about the outcome, or not wanting to vote.

Overall, 32/46 (70%) residents responded to the survey, and 28/32 (88%) were eligible to vote in U.S. elections. Among those eligible to vote, 13 (46%) voted in the 2022 U.S. midterm election. Turnout rate was 3/7 (43%) among PGY1s, 1/4 (25%) among PGY2s, 3/5 (60%) among PGY3s, 1/4 (25%) among PGY4s, 0/3 (0%) among PGY5s, and 5/5 (100%) among research residents. Fourteen (50%) residents were registered in New York, the state of our institution, while five (18%) were registered in New Jersey, two (7%) in Pennsylvania, and one each (4%) in Alabama, California, Florida, Ohio, and Virginia. Two residents (7%) were unsure about their current registration status.

Among the 15 eligible residents who did not vote, nine (60%) said they wanted to vote but were too busy. Seven (47%) said there was no way to leave work long enough to vote, seven (47%) expressed issues with mail-in ballots or associated deadlines, three (20%) did not know about candidates or issues in their area, and two (13%) had issues with registration or associated deadlines. One (7%) said they didn't care about the outcome of the election or hold strong political beliefs. No residents said they did not want to vote (Figure 1).



Our study is too small in size and limited in geography to predict surgery resident turnout in a generalizable manner. However, our results reveal patterns that may be relevant to residents across the United States. We found that the overall voter turnout rate among surgical residents at our institution (46%) matched the national voter turnout rate in the 2022 U.S. midterm election. However, this rate was significantly buoyed by unanimous participation amongst research residents, possibly because research residents have greater schedule flexibility and more bandwidth to engage with the electoral process. It is also possible that respondents were more likely to vote than non-respondents, and thus the true voter turnout rate may be lower. For reference, a similar study by Lalani and colleagues[2] found that residents from multiple specialties at a single institution in Texas voted at a rate of 69% in the prior (2018) midterm election, exceeding the national turnout rate of 51%. Of note, a majority (87%) of respondents were from non-surgical specialties. They similarly found that lack of time was the most common barrier to voting, though in contrast to our data, they reported a higher percentage of residents (23%) facing psychological barriers such as the belief their vote wouldn't count.[2]

There may be several reasons that eligible individuals do not vote or even register. In addition to the process being difficult, potential voters may not like any of the candidates or feel that their vote will make a difference.[3] Nevertheless, many of the logistical barriers to voting that residents in our sample reported can be addressed by program-wide efforts. First, programs can highlight important dates such as registration and mail-in ballot deadlines during department-wide conferences. Second, program leaders can facilitate voter registration for residents, by making the necessary paperwork easily available and providing the administrative support to submit it on time. This would be especially helpful for interns who are moving to a new state for the first time. Third, residents can devise a system to cover pager duties to allow each other time to vote in person, addressing the time constraints cited in our study. However, this itself may be largely unnecessary. With mail-in voting supported in most states, residents may not need to leave the hospital during election day at all. This would be particularly relevant for residents who vote in a different state than the one in which their program is located. In select states, programs can collect mail-in ballots from residents and drop them off all at once -

removing one more additional burden from residents' schedules.[4] Ideally, ballot drop-off boxes could be placed within the hospital itself, significantly facilitating voting access for residents, other providers, and patients alike.

Some may question whether citizenship is essential to surgical training, or merely a distraction from the core mission. To the contrary, the Accreditation Council for Graduate Medical Education (ACGME) lists "systems-based practice" as a core competency.[5] Whether in improving the conditions of our patients or our training environment, it is important to recognize that the "system" extends beyond the four walls of the hospital. Thus, training programs have a responsibility to make us not just excellent surgeons, but also effective citizens. Yes, residents may have an obligation to vote because issues that affect our patients and our work are on the ballot. But there may be issues entirely outside of healthcare that are meaningful to residents also. Exercising the right to vote fulfills a basic human need for self-determination. A powerful reminder that residents are whole human beings who can participate in our democracy may help preserve their agency and multi-dimensionality.

In the future, we hope to partner with national surgical societies to study resident voting across programs and geographies. Using this data, we can identify barriers to voting and build state-specific guidelines to minimize the friction in the voting process for residents. As future leaders of surgical care in the United States, residents should have the ability to perform this core civic duty. Our data suggest that residents would vote if the process was not prohibitively difficult or time consuming. We can make it so.

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