

US Medical Student Geographic Preferences for Residency Applications in Light of the *Dobbs* Decision

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ABSTRACT

Background The *Dobbs v Jackson Women's Health Organization* decision has affected postgraduate medical education training programs. However, the degree to which it impacts residency location preferences is unknown.

Objective To explore how background characteristics and psychological priming for abortion access influence medical students' residency location preferences.

Methods From October to December 2023, US medical students at all training levels completed an online survey with (primed) or without (control) information emphasizing abortion access. The survey was distributed to 14 schools and via the social media platform X. Likelihood of applying to residency in 10 selected states (representing 4 abortion legality categories) was compared between primed and control groups and based on background characteristics using bivariate analysis and linear regression.

Results The study was completed by 282 students. Response rate was not calculated due to unknown denominator. Mean likelihood of applying to residency where abortion is legal and protected (65.5 ± 21.8) versus unprotected (47.3 ± 30.1), gestationally limited (37.3 ± 24.8), and banned (24.4 ± 21.5) significantly differed from each other ($P = .001$). Control and primed groups did not differ in mean likelihood of applying to these legality categories ($P > .05$). Higher likelihood was observed among men applying to "gestationally limited" (34.7 ± 23.4 vs 42.6 ± 26.9 , $P < .01$) and "banned" (21.5 ± 18.2 vs 29.8 ± 25.5 , $P < .01$) states, and among those morally opposed to abortion (gestational limit, 34.8 ± 23.7 vs 46.7 ± 26.7 , $P < .001$; banned, 20.5 ± 18.4 vs 39 ± 25.7 , $P < .001$) or uninterested in reproductive medicine (gestational limit, 39.5 ± 25.1 vs 30.1 ± 22.4 , $P < .01$; banned, 25.9 ± 21.8 vs 19.2 ± 19.7 , $P < .05$). Higher likelihood of applying to "legally protected" states was observed among democrats (69.4 ± 18.9 vs 57.7 ± 25.4 ; $P < .001$) and fourth-year students (69.03 ± 22.09 ; $P < .05$).

Conclusions State preferences for residency applications were impacted by various background characteristics, but not by psychological priming.

Introduction

US medical student preferences for residency programs across specialties are influenced by geography, academic reputation, program curriculum, program morale, and diversity.¹⁻³ The importance of these factors may differ by gender, race and ethnicity, and class year.⁴ It is predicted that residency location preferences among students applying to obstetrics and gynecology (OB/GYN) may be changing in response to the 2022 *Dobbs v Jackson Women's Health Organization* decision, a Supreme Court ruling that dismantled the protection of abortion under federal law.⁵ This prediction is reflected in the 2023 cycle data from the Association of American Medical Colleges (AAMC)—a 10.5% decrease in OB/GYN

residency applications in states with abortion bans—and 2024 cycle data showing a further reduction in these states by 6.7%.^{6,7}

Although the *Dobbs* decision's impact on OB/GYN residency programs is well studied, fewer studies have examined the broader impact among students applying to programs in all specialties. A national survey revealed that 58% of medical students reported a preference for residency in a state where abortion access is preserved,⁸ and 70% of medical students surveyed in an abortion-restricted state reported being less likely to pursue residency in such a state.⁹ Understanding the wider impact of the *Dobbs* decision on US medical students applying to all specialties, however, is crucial because of the interdisciplinary nature of medicine, as evidenced by the negative impact of *Dobbs* on emergency medicine training.¹⁰

This study explores medical students' decision-making in response to psychologically priming participants to think of the *Dobbs* decision's impact on

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Editor's Note: The online supplementary data contains the survey used in the study and the messages for recruitment.

abortion access in various US states.^{6,7} Psychological priming is the cognitive phenomenon where exposure to specific information may have unconscious effects on a future behavior.¹¹ Priming, in our case by having a random set of students think of the *Dobbs* decision prior to choosing residency location preferences, uniquely allows the study of whether and how *Dobbs* considerations affect students' decision-making.

This study aims to understand the extent to which the *Dobbs* decision is at the forefront of US medical students' minds when considering residency program applications by assessing how priming for this information influences students' preferences for residency in states with varying abortion legality statuses. Additionally, how students' background characteristics and geographic region of upbringing interact with these preferences was examined.

Methods

Settings and Participants

Medical students of all class years from across the United States were surveyed. The survey (provided as online supplementary data) was created by adapting the survey of Bernstein et al.⁸ Priming was conducted by including an additional statement pertaining to the effects of the *Dobbs* decision in the survey introduction, similar to the design of previous priming studies.^{12,13} The survey was not piloted. It was distributed to 14 US medical schools—9 via standardized email and 5 via GroupMe message, (both available in online supplementary data) based on institution preference—and through posts on the social media platform X. The 14 schools were chosen based on a convenience sample. The survey was distributed to the student bodies through a medical student contact at each institution. The schools were located across the United States to mitigate sample bias by location, including 4 from the Midwest (Illinois, Ohio, and 2 from Michigan), 4 from the Northeast (Pennsylvania and 3 from New York), 4 from the South (Texas, Virginia, and 2 from Georgia), and 2 from the West (California and Washington). These schools are in states with varying abortion access and laws.

Each distribution method contained the study flier (provided as online supplementary data) and REDCAP survey link. This was an experimental study conducted online using a randomization generator embedded in the REDCap survey link and QR code. Participants were randomly assigned to receive either the primed or the control survey (provided as online supplementary data). The survey prompted participants to confirm their status as a medical student (MD, DO, or international medical graduate) before beginning the survey.

KEY POINTS

What Is Known

Emerging evidence shows that access to abortion training likely affects residency location preference for applicants; most studies examine obstetrics and gynecology residency training.

What Is New

This multi-school survey of medical students at all levels reports characteristics of differences in likelihood of applying to residency in states of varying abortion legality categories; differences were found in various subgroups, not just limited to students interested in reproductive medicine.

Bottom Line

Residency programs aware of factors that can influence applicant interest in their programs can use this information to enhance their recruitment strategies.

Data were collected from October 5, 2023, to December 27, 2023.

Interventions

All participants were presented with a short introduction paragraph at the start of the survey describing factors involved in residency program selections, highlighting program quality/reputation, curriculum, research, location, and social/political climate. For the primed group, an additional statement pertaining to the effects of the *Dobbs* decision was included at the end.

Outcomes Measured

Preference/likelihood of applying to residency in 10 states (Arizona, California, Georgia, Idaho, Illinois, Michigan, New York, Texas, Virginia, and West Virginia) was measured. These states were chosen because they represent both a balanced spectrum of abortion legality categories and geographic location. The survey assessed likelihood by asking "How much do you agree with the following statement: I would apply to a residency program in ____". Preferences were rated on a sliding scale with Likert scale anchors (0=strongly disagree, 50=neither agree nor disagree, 100=strongly agree). For analysis, the states were grouped into 4 abortion legality categories: "legal protected" (California, Illinois, Michigan, New York), "legal unprotected" (Virginia), "gestational limit" (Arizona and Georgia), and "banned" (Idaho, Texas, West Virginia).¹⁴

The following background characteristics were collected at the end of the survey: gender (coded as *woman* and *man*), racial and ethnic identification (coded as *Not Minoritized*=White-non-Hispanic or Asian, and *Minoritized*=Black/African American, Native American, Pacific Islander, Hispanic, or Other), state of

upbringing (coded as *Northeast*, *Midwest*, *South*, and *West*), year of medical school (*M1*, *M2*, *M3*, and *M4+*), desired specialty (coded as *reproductive medicine*=obstetrics and gynecology, family medicine, and medical genetics and *non-reproductive medicine*=all other specialties), whether they identify with a religion (coded as *Yes* or *No*), political affiliation (coded as *Democrat* or *Non-Democrat*=Republican, Libertarian, Other, and Unaffiliated), and belief about whether abortion is morally acceptable (coded as *Yes* or *No*=No and It Depends).

Analysis of the Outcomes

To examine the preference for each legality category for dichotomous independent variables, *t* tests were used. Analysis of variance was used for independent variables with more than 2 categories. Four hierarchical linear regression models were conducted to examine the association between participant characteristics and preference for applying to residency programs in each of the 4 legal status state categories from the background characteristics that were significant in the bivariate analysis (first step) and the priming status (second step). Based on G*Power, for a 2-tailed independent sample *t* test, with an expected medium effect size (0.4) and power of 0.8, we would need a sample of $n=100$ in each group to detect a difference with 95% confidence. Therefore, our sample size goal was $n=250$, to account for possible missing data and outliers. Significance was determined using a *P* value of .05.

The study was approved by the Stony Brook University Institutional Review Board (IRB) (IRB2023-00378). An IRB informed consent statement was required before beginning the survey.

Results

A total of 282 medical students completed the survey and were included in the analysis. The sample included students from 33 states; however, close to a third were from New York (33.9%, 95 of 280). Most participants (70.1%, 192 of 274) identified as women, and 67.5% (187 of 277) of the sample identified politically as democrats (TABLE 1). Additionally, 23.8% (67 of 282) of participants indicated an interest in pursuing reproductive medicine. Distribution across medical school class years was equal, and there were no differences between the control (54.3%, 153 of 282) and primed (45.7%, 129 of 282) groups in any background characteristics (TABLE 1). Due to the large capture method of recruitment, response rate could not be calculated.

The mean likelihood of applying to residency in the 4 legality categories significantly differed from one another: legal protected= 65.54 ± 21.77 , legal unprotected= 47.29 ± 30.09 , gestational limit= 37.29 ± 24.78 , and banned= 24.37 ± 21.46 ($F[3,253]=194.02$, $P=.001$; FIGURE). As shown in TABLE 2, participants' preference for applying to residency in states with various legal stances on abortion significantly differed by participant background characteristics. Greater likelihood of applying to residency programs in legal protected states was observed among democrats (69.4 ± 18.9 vs 57.7 ± 25.4 ; $P<.001$) and participants who believe abortion is morally acceptable (68.5 ± 19.5 vs 54.8 ± 26.5 ; $P<.001$) and less likely among first-year medical students (59.3 ± 24.6 vs 66.5 ± 19 , 67.5 ± 18.6 , 69.0 ± 22.1 ; $P<.05$). Greater likelihood of applying to residency programs in states with gestational limits or bans was observed among men (gestational limit, 34.7 ± 23.4 vs 42.6 ± 26.9 ; $P<.01$; and banned, 21.5 ± 18.2 vs 29.8 ± 25.5 ; $P<.01$), participants not interested in reproductive medicine (gestational limit, 39.5 ± 25.1 vs 30.1 ± 22.4 ; $P<.01$; and banned, 25.9 ± 21.8 vs 19.2 ± 19.7 ; $P<.05$) and participants who believe abortions are not morally acceptable (gestational limit, 34.8 ± 23.7 vs 46.7 ± 26.7 ; $P<.001$; and banned, 20.5 ± 18.4 vs 39 ± 25.7 ; $P<.001$). Greater likelihood of applying to states with bans was also observed among non-democrats (19.6 ± 17.2 vs 33.9 ± 25.9 ; $P<.001$). No statistically significant difference between control and primed groups in likelihood of applying to any of the 4 legality state categories was observed.

The multivariable linear regression analysis indicated that several background characteristics were uniquely associated with the likelihood of applying to states based on their abortion legality (TABLE 3). A significantly lower likelihood of applying to legal protected states was observed among participants who do not view abortion as morally acceptable (-0.18 , $P<.05$) and who do not identify as democrats (-0.16 , $P<.05$). For legal unprotected states, a significantly lower likelihood of applying was seen among participants interested in reproductive medicine (-0.14 , $P<.05$) and among second- compared to fourth-year medical students (-0.15 , $P<.05$). A lower likelihood of applying to states with gestational limits was observed among participants interested in reproductive medicine (-0.14 , $P<.05$). A significantly higher likelihood of applying to states with bans was seen among participants who do not view abortion as morally acceptable (0.16 , $P<.05$), those who do not identify as democrats (0.2 , $P<.01$), and those who are from the South compared to the Northeast (0.29 , $P<.001$). The priming group was not associated with a likelihood of applying to any of the

TABLE 1

Demographic and Background Characteristics of a 2023 Sample of Medical Students Across the United States

Characteristic	Total	Control	Primed	χ^2	P value
	n (%)				
Overall sample	282 (100)	153 (54.3)	129 (45.7)		
Gender				0.76	.38
Woman	192 (70.1)	107 (72.3)	85 (67.5)		
Man	82 (29.9)	41 (27.7)	41 (32.5)		
Minoritized group				1.29	.26
No	222 (79.9)	116 (77.3)	106 (82.8)		
Yes	56 (20.1)	34 (22.7)	22 (17.2)		
Religion				0.29	.59
Yes	129 (45.9)	72 (47.4)	57 (44.2)		
No	152 (54.1)	80 (52.6)	72 (55.8)		
Political affiliation				0.13	.72
Democrat	187 (67.5)	102 (68.5)	85 (66.4)		
Other	90 (32.5)	47 (31.5)	43 (33.6)		
Home state region				4.66	.20
Northeast	129 (47.4)	76 (51.7)	53 (42.4)		
Midwest	34 (12.5)	17 (11.6)	17 (13.6)		
South	40 (14.7)	16 (10.9)	24 (19.2)		
West	69 (24.4)	38 (25.9)	31 (24.8)		
Class year				6.53	.09
M1	76 (27.3)	34 (22.5)	42 (33.1)		
M2	60 (21.6)	40 (26.5)	20 (15.7)		
M3	60 (21.6)	32 (21.2)	28 (22.0)		
M4+	82 (29.5)	45 (29.8)	37 (29.1)		
Specialty preference				0.01	.92
Other than RM	215 (76.2)	117 (76.5)	98 (76.0)		
RM	67 (23.8)	36 (23.5)	31 (24.0)		
Morally acceptable				0.32	.57
Yes	222 (79.0)	122 (80.3)	100 (77.5)		
No	59 (21.0)	30 (19.7)	29 (22.5)		

Abbreviation: RM, reproductive medicine.

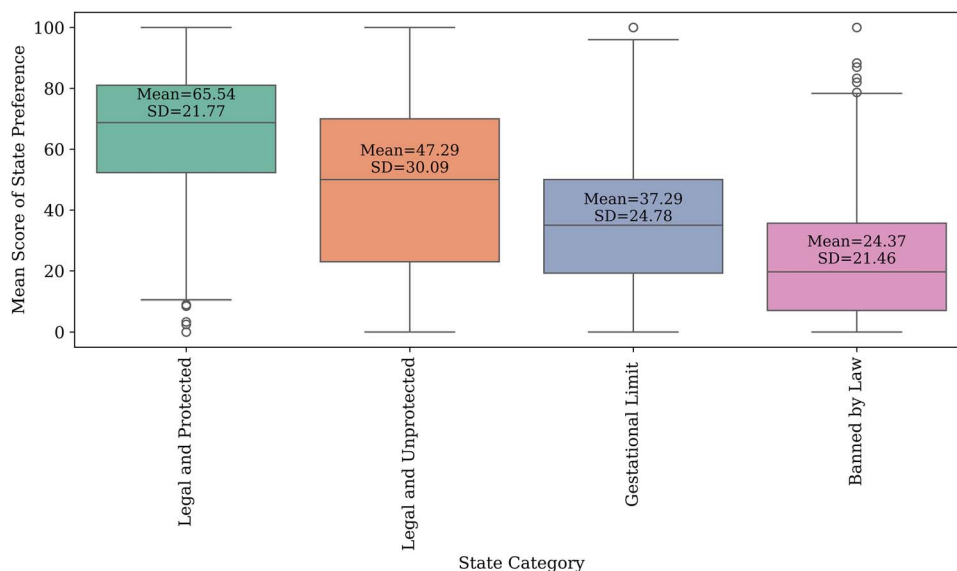
Note: The table presents valid percentages only, excluding missing cases from each category.

states in the second steps, and its addition did not improve the 4 regression models' strength (adjusted R^2) and therefore is not presented in TABLE 3.

Discussion

The impact of the *Dobbs* decision on US medical students' location preferences for residency may shed light on future changes in OB/GYN care throughout the country. Overall, students were most likely to apply to residency in states with legal protections for abortion and least likely to apply to states where abortion is banned. This preference was related to background characteristics as well as interests in pursuing reproductive medicine.

Our findings corroborate the AAMC's 2023 and 2024 data showing a significant reduction in OB/GYN residency applications to states where abortions are banned by law.^{6,7} No difference in likelihood of applying to residency programs in each state legality category based on priming was established. This may suggest that applicants are not impacted by the *Dobbs* decision when considering residency locations. However, the AAMC data in conjunction with the null effect of priming may better suggest that states' abortion access is already a strong component in medical students' geographic preferences for residency applications, therefore contributing to our overall understanding of medical student decision-making in residency selection. Subspecialty interest played a significant role

**FIGURE**

Mean Likelihood of Applying to Residency in Each Legality Category From a 2023 Sample of Medical Students Across the United States

in residency location preferences, highlighting the strong impact abortion bans have on OB/GYN residency training. Students interested in reproductive medicine were less likely to apply to states where abortion is legal but unprotected, and students not interested in reproductive medicine specialties were more likely to apply to states where abortion is gestationally limited and banned. These findings are likely due to the greater impact of abortion access on the quality of training in residency programs related to reproductive medicine. Students interested in applying into reproductive medicine specialties may feel greater apprehension about the lack of protection for abortion in states where abortion is legal but unprotected, as demonstrated in previous studies.¹⁵ Students not pursuing reproductive care fields, on the other hand, may feel that abortion restrictions will have less of an impact on their residency training.

Data from this study regarding geographic region of upbringing and residency location preferences corroborate and expand on previous studies.¹⁶ Participants from the South were more likely to apply to states with abortion restrictions and bans. Since many states with these restrictions reside in the southern United States, it is possible that this data reflects how strongly students value ties to a geographic region. This finding may also imply that medical students have preferences for residency in a region with a similar culture to where they are from. This is supported by data showing that non-democrats were more likely to apply to states with abortion bans

and that democrats were more likely to apply to states with legal protections. Similarly, medical students morally opposed to abortion were more likely to apply to residency in states with bans, while those who believe abortion is morally acceptable were more likely to apply to states with legal protections. These findings demonstrate that residency programs may become more homogenous in the moral and political beliefs of the residents, despite consistent evidence demonstrating the benefit of diverse health care teams.¹⁷

Compared to the general population, the sample had an overrepresentation of democrats and women. The political leaning of the sample, however, resembles that of the overall medical student body¹⁸ and of typical survey responders.¹⁹ While the geographic distribution of sampling of medical schools was relatively even, close to half of the respondents identified a home state in the Northeast. Although this may limit generalizability of the findings, students from the Northeast may be representing schools from throughout the country compared to students from the South, who are most likely to attend medical school in their home state.²⁰ Additionally, since the survey was distributed through a large capture method (institutional email/GroupMe and X) and recruitment method or location was not recorded in the survey, response rate (overall, per school, or based on survey distribution method) could not be calculated. However, based on the total number of students at the 14 institutions, approximately 4% of the target population responded. While this rate is not atypical of research

TABLE 2

Mean Distribution of State Category Preferences Across Characteristics of a 2023 Sample of Medical Students

Characteristic	Legal and Protected	Legal and Unprotected	Gestational Limit	Banned by Law
	M±SD	M±SD	M±SD	M±SD
Gender, t/F	0.80	-0.90	2.44 ^a	-2.96 ^a
Woman	66.51±21.19	46.18±30.94	34.7±23.35	21.45±18.16
Man	65.13±22.03	49.93±28.76	42.6±26.91	29.82±25.54
Minoritized racial and ethnic identity, t/F	-0.40	-2.05	-1.37	-0.73
No	65.67±21.81	45.4±30.53	35.72±24	23.36±20.16
Yes	66.96±20.14	55.27±27.53	40.79±25.98	25.61±22.81
Identify with a religion, t/F	-1.81	0.34	0.30	1.25
Yes	63.01±24.48	47.87±31.67	37.91±25.37	26.16±22.14
No	67.79±19.02	46.58±28.68	37.01±24.23	22.95±20.87
Political party affiliation, t/F	3.88 ^b	-0.22	-1.15	-4.77 ^b
Democrat	69.42±18.94	46.6±30.85	35.74±23.08	19.55±17.23
Other	57.73±25.37	47.5±28.63	39.59±27.31	33.88±25.86
Home state region, t/F	3.32 ^c	2.91 ^c	5.43 ^a	11.52 ^b
Northeast	66±20.85	47.02±31.45	33.03±24.01	20.12±18.06
Midwest	75.6±17.48	47.69±28.38	32.34±19.57	17.68±15.27
South	63.1±27.48	58.62±32.12	47.82±25.24	39.85±24.58
West	61.99±20.1	40.18±25.81	42.46±4.86	26.5±22.28
Class year, t/F	3.07 ^c	2.03	0.68	1.69
M1	59.28±24.57	43.58±28.31	35.46±23.98	27.93±22.27
M2	66.47±19	42±29.92	37.03±22	24.06±18.1
M3	67.49±18.6	52.81±26.36	41.47±22.55	25.83±20.57
M4+	69.03±22.09	51.52±33.24	37.02±28.63	20.51±23.33
Specialty preference, t/F	1.3	2.33 ^c	2.75 ^a	2.25 ^c
Other than RM	66.48±20.84	49.84±29.87	39.54±25.09	25.96±21.78
RM specialty	62.53±24.44	39.91±29.74	30.05±22.42	19.24±19.71
Abortion morally acceptable, t/F	3.71 ^b	0.35	-3.33 ^b	-5.22 ^b
Yes	68.45±19.45	47.81±30.34	34.79±23.74	20.48±18.44
No	54.78±26.49	46.19±29.02	46.69±26.66	39.06±25.66
Primed, t/F	0.10	0.60	1.07	0.59
No	65.66±20.86	48.36±29.88	38.74±24.6	25.06±21.49
Yes	65.4±22.88	46.11±30.4	35.55±24.98	23.55±21.48

^a $P<.01$.^b $P<.001$.^c $P<.05$.

Abbreviation: RM, reproductive medicine.

among medical professionals, there is no way to rule out impact of response bias on the generalizability of the findings.²¹⁻²³ Lastly, the effectiveness of priming for each individual cannot be assessed. Psychology researchers explain that priming's success may be dependent on many factors, including study environment and specificity of the priming.¹¹ The survey did not explicitly indicate the abortion legality status of each state and therefore relied on student knowledge, which may have diminished the impact of the priming.

Overall, this study's findings imply that medical students, especially those pursuing reproductive specialties, may desire comprehensive training concordant with their moral beliefs. The preference to avoid states with abortion bans could impact access to all reproductive care, as the majority of physicians continue to practice where they train.²⁴ It is imperative, therefore, that comprehensive medical training is emphasized in all states to avoid a future drought of experienced physicians in areas of the nation with abortion bans.

TABLE 3

Linear Regression Models Predicting Geographic Preferences for Residency Applications Based on Abortion Legality

	Legal and Protected	Legal and Unprotected	Gestational Limit	Banned by Law
Coefficients (95% CI)				
Gender				
Woman	Reference	Reference	Reference	Reference
Man	0.02 (-4.76, 6.49)	0.03 (-6.05, 10.48)	0.11 (-0.71, 12.19)	0.10 (-0.34, 9.97)
Minoritized racial and ethnic identity				
No	Reference	Reference	Reference	Reference
Yes	0.02 (-5.29, 7.22)	0.11 (-0.63, 17.76)	0.08 (-2.49, 11.88)	0.05 (-3.19, 8.28)
Political party affiliation				
Democrat	Reference	Reference	Reference	Reference
Other	-0.16 (-13.83, -1.40) ^a	0.07 (-4.47, 13.80)	-0.00 (-7.27, 6.99)	0.20 (3.74, 15.13) ^b
Home state region				
Northeast	Reference	Reference	Reference	Reference
Midwest	0.15 (2.13, 18.16) ^a	0.01 (-10.54, 13.02)	0.00 (-9.09, 9.31)	-0.03 (-9.51, 5.19)
South	0.01 (-6.81, 8.56)	0.18 (4.23, 26.81) ^b	0.20 (5.18, 22.81) ^b	0.29 (10.67, 24.76) ^c
West	-0.07 (-9.64, 2.65)	-0.07 (-14.05, 4.01)	0.18 (3.39, 17.50) ^b	0.15 (1.66, 12.92) ^b
Class year				
M4+	Reference	Reference	Reference	Reference
M1	-0.13 (-13.31, -0.29)	-0.14 (-19.60, 0.38)	-0.06 (-11.15, 4.45)	0.05 (-3.91, 8.56)
M2	0.02 (-6.21, 8.21)	-0.15 (-21.70, -0.52) ^a	-0.04 (-10.68, 5.86)	-0.04 (-8.47, 4.74)
M3	-0.02 (-8.26, 6.01)	-0.01 (-11.12, 9.85)	0.06 (-4.78, 11.59)	0.06 (-3.48, 9.60)
Specialty preference				
Other than RM	Reference	Reference	Reference	Reference
RM specialty	-0.10 (-10.99, 0.96)	-0.14 (-18.61, -1.05) ^a	-0.14 (-15.05, -1.34) ^a	-0.1 (-10.49, 0.46)
Abortion morally acceptable				
Yes	Reference	Reference	Reference	Reference
No	-0.18 (-16.63, -2.14) ^a	-0.09 (-17.39, 3.91)	0.13 (-0.32, 16.31)	0.16 (1.75, 15.04) ^a
Adjusted r squared	0.11	0.06	0.10	0.23

^a $P < .05$.^b $P < .01$.^c $P < .001$.

Abbreviation: RM, reproductive medicine.

Conclusions

Our study demonstrates that medical students have a greater preference for applying to residency in states with protections for abortion access. This response is even greater for women, participants pursuing reproductive medicine specialties, and those who morally support abortions. Psychological priming did not appear to influence residency location preferences.

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