

Elsevier's Clinician of the Future Programme



Objective: To elevate the voices of doctors and nurses globally by **exploring global trends and changes that will impact the future of healthcare**, so we can all be ready to support them.

2022



- Online survey of 2,838 clinicians in 111 countries.
- KOL roundtables in China, USA & UK.

Themes:

- Impact of Covid-19
- Digital Health Technologies
- Evolving Skillsets
- Health inequity

2023



Online survey completed by 2,607 clinicians in 116 markets.

Themes:

- Value-based care
- Patient empowerment
- Telehealth
- Generative Al
- Climate sustainability
- SDOH
- Online survey with 2,212 medical & nursing students across 91 markets.
- Roundtables with academic leaders in the USA & UK.

Themes:

- Career outlook
- Patient expectations
- Future of healthcare
- Generative AI

2024



Online survey with 1,007 clinicians across 85 countries entirely focused on Al. Key Findings are here https://tinyurl.com/ai-cotf

Themes:

- Usage in clinical practice
- Perceptions & future expectations
- Current preparations & gaps in the hospital setting
- Use cases in clinical practice

All reports and full datasets free to access on www.elsevier.com/clinician-of-the-future

Chapters by Theme



1	Awareness of Al	Slide 5
2	Usage of Al	Slide 17
3	Perceptions of Al	Slide 54
4	Areas That Would Benefit From Al	Slide 120
5	Likelihood To Use an Al Assistant	Slide 123
6	Al & Elsevier	Slide 128

Data Breakdowns Included



•	Persona (Doctors & Nurses)	NB. included in the total but are not broken out
•	Region	N=14, 1% of total, prefer not to say where they live
•	Key Markets	
•	Years Active	N=79, 8% of total, prefer not to say how long they have been active in their area of work
•	Country Income Band grouped as per the Word Bank	N=14, 1% of total, prefer not to say where they live. Also, n=5, 0.5% of total, live in low-income countries (n too low to breakout)



1. Awareness of Al

Theme 1



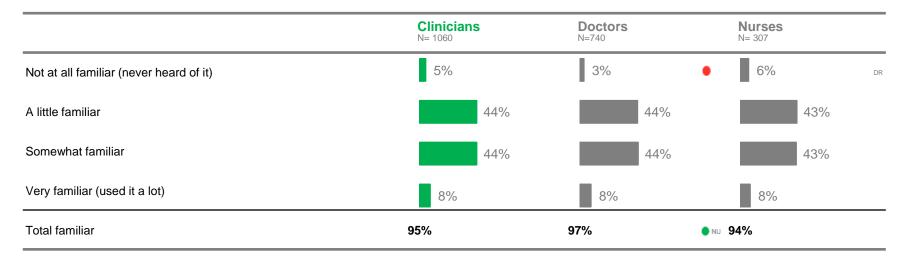
Awareness of Al

To what extent are you familiar with AI? (only shown by persona, region, key market and country income band). Subsequent statistics exclude those not familiar with AI.	Slide 7
Which of these AI products, if any, have you heard of before today? (only shown top 8)	Slide 11



Few clinicians have never heard of AI, though awareness is higher for doctors than nurses





While clinicians worldwide are familiar with Artificial Intelligence, North American clinicians are most likely to say they are very familiar



	Clinicians N= 1060	Asia Pacific N= 273	Europe N= 306	North Ameri N= 147	ca South Americ	Middle East 8	k Africa
Not at all familiar (never heard of it)	5%	5%	4%	3%	6%	EU 6%	
A little familiar	44%	44%	NA MEA 49%	AP NA SA MEA	41%	MEA 31%	•
Somewhat familiar	44%	43%	42%	50%	• AP EU SA 42%	51%	
Very familiar (used it a lot)	8%	9%	EU 5%	12%	• EU 11%	EU 11%	EU
Total familiar	95%	95%	96%	SA 97%	94%	94%	

Clinicians in the USA are most likely to say they are very familiar with Al



	Clinicians N= 1060	USA N= 134	China N= 103	India N= 42
Not at all familiar (never heard of it)	5%	4% 0	н 0%	1%
A little familiar	44%	35%	44%	us 59% ● us _{CH}
Somewhat familiar	44%	49%	47%	35%
Very familiar (used it a lot)	8%	13%	^N 9%	4%
Total familiar	95%	96%	100%	us 99%

Lower-middle-income clinicians are less likely to be familiar with Al



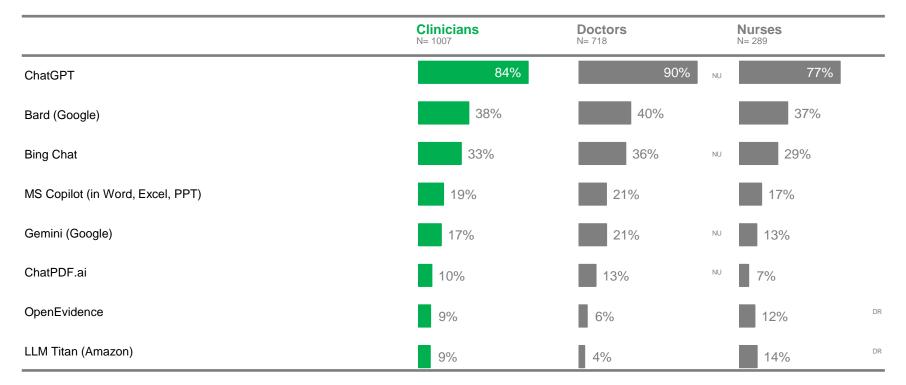
	Clinicians N= 1060	High Income N= 557	Upper- Middle-Income N= 361	Lower- Middle-Income N= 118
Not at all familiar (never heard of it)	5%	5%	3%	8% • н
A little familiar	44%	42%	43%	51% • н
Somewhat familiar	44%	45%	45%	37%
Very familiar (used it a lot)	8%	8%	9%	5%
Total familiar	95%	95% LM	97%	92%

Note. Subsequent statistics exclude those not familiar with AI.

Significantly higher than...

For those aware of AI, nine in ten (90%) of doctors are aware of **ChatGPT**





Note: Only top 8 products shown



Significantly higher than..

Global

Questions: Which of these Al products, if any, have you heard of before today?

Select: all that apply

ChatGPT is the most familiar AI tool to clinicians worldwide



	Clinicians N= 1007	Asia Pacific N= 262	Europe N= 294	North America N= 141	South America N= 251	Middle East & Africa N= 45
ChatGPT	84%	85%	sa 91%	• AP NA SA	sa 59% •	86% sa
Bard (Google)	38%	43%	EU 29%	41%	EU 42%	EU 28%
Bing Chat	33%	34%	SA 32%	sa 40%	SA 25%	36%
MS Copilot (in Word, Excel, PPT)	19%	19%	MEA 17%	15%	32%	AP EU NA MEA
Gemini (Google)	17%	17%	17%	20%	20%	14%
ChatPDF.ai	10%	10%	9%	9%	14%	6%
OpenEvidence	9%	9%	NA 10%	NA 4%	9%	NA 3%
LLM Titan (Amazon)	9%	14%	EU NA MEA 3%	2%	11%	EU 4%

Note: Only top 8 products shown



Global

Of those aware of AI, almost all (96%) of Indian clinicians are aware of ChatGPT



	Clinicians N= 1007	USA N= 127	China N= 103	India N= 42
ChatGPT	84%	85%	84%	96% us
Bard (Google)	38%	40%	46%	34%
Bing Chat	33%	40% • cr	30%	28%
MS Copilot (in Word, Excel, PPT)	19%	15%	14%	18%
Gemini (Google)	17%	20%	17%	18%
ChatPDF.ai	10%	8%	13%	8%
OpenEvidence	9%	5%	11%	us 2%
LLM Titan (Amazon)	9%	2%	22%	us IN 2%

Note: Only top 8 products shown

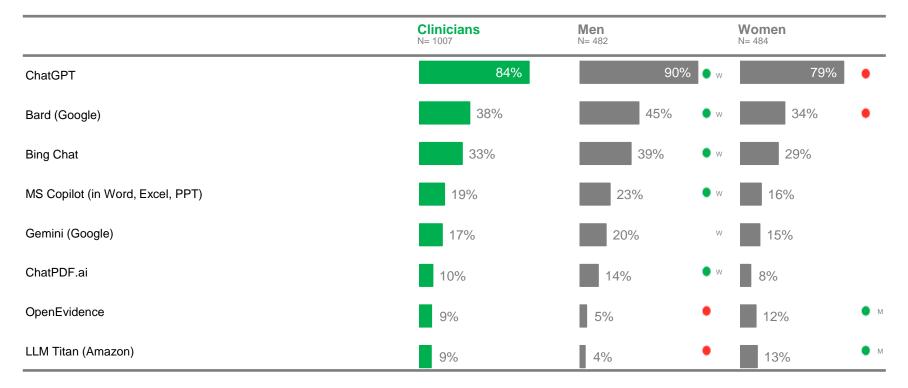


Significantly higher/lower than... Significantly higher than..



ChatGPT is most familiar AI tool, this is higher among men





Note: Only top 8 products shown



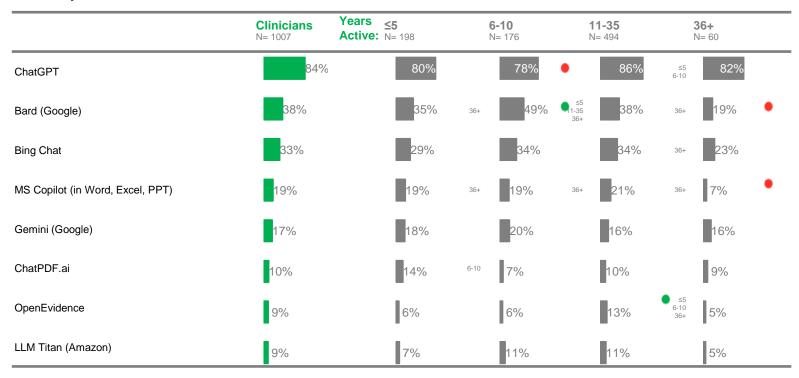
Significantly higher/ lower than...
Significantly higher than...



Questions: Which of these Al products, if any, have you heard of before today?

ChatGPT is by far the most well-known AI product across all years of experience in work

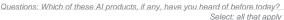




Note: Only top 8 products shown



Global



Clinicians in high income countries are more likely than average to have heard of ChatGPT



	Clinicians N= 1007	High Income N= 529	Upper- Middle-Income N= 350	Lower- Middle-Income N= 109
ChatGPT	84%	89% • им	75%	88%
Bard (Google)	38%	36%	43% H	33%
Bing Chat	33%	37% • им	28%	29%
MS Copilot (in Word, Excel, PPT)	19%	20%	19%	18%
Gemini (Google)	17%	17%	18%	15%
ChatPDF.ai	10%	10%	12%	6%
OpenEvidence	9%	9% LM	12%	1 1%
LLM Titan (Amazon)	9%	3%	19% • H	2%

Note: Only top 8 products shown



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2. Usage of Al

Theme 2



Usage of Al

Have you used an AI product or an AI feature on a product you use regularly?	Slide 19
Which, if any, AI products or AI features have you used for work purposes? (only shown top 8)	Slide 24
Which of the following describes why you haven't used an AI product or AI feature?	Slide 29
Do you expect you will choose to use AI in the near future?	Slide 34
Which restrictions, if any, does your institution currently have with regards to AI usage?	Slide 39
In which ways, if any, is your institution preparing for AI usage?	Slide 44



Of those who are familiar with AI, over half have used it. 3 in 10 doctors and 2 in 10 nurses have used AI tools for their work



	Clinicians N= 1007	Doctors N= 718	Nurses N= 289
Yes - for a specific work-related purpose	26%	30% • NL	21%
Yes – but just to test it or for a non-work purpose	24%	20%	28% DR
No	49%	48%	49%
Don't know / not sure	1%	1%	1%

Of those who are familiar with AI, MEA clinicians are most likely to have used it for any purpose



	Clinicians N= 1007	Asia Pacific N= 262	Europe N= 294	North America N= 141	South America N= 251	Middle East & Africa N= 45
Yes - for a specific work-related purpose	26%	28%	23%	24%	25%	24%
Yes – but just to test it or for a non-work purpose	24%	23%	23%	22%	30%	AP EU A1% • AP EU NA
No	49%	48%	MEA 52%	SA MEA 53% M	^{EA} 45%	33%
Don't know / not sure	1%	1%	1%	1%	1%	1%

Of those who are familiar with AI, over a third of Chinese clinicians have used an AI product or feature for work



	Clinicians N= 1007	USA N= 127	China N= 103	India N= 42
Yes - for a specific work-related purpose	26%	24%	35% • us	12%
Yes – but just to test it or for a non-work purpose	24%	20%	19%	28%
No	49%	55%	46%	60%
Don't know / not sure	1%	1%	0%	0%

Clinicians

Of those who are familiar with AI, there is little difference is use of AI by years active in field



	Clinicians N= 1007	Years ≤5 Active: N= 198	6-10 N= 176	11-35 N= 494	36+ N= 60
Yes - for a specific work-related purpose	26%	23%	30%	27%	23%
Yes – but just to test it or for a non-work purpose	24%	29%	36+ 23%	24%	18%
No	49%	47%	47%	48%	58%
Don't know / not sure	1%	1%	0%	1%	2%

Of those who are familiar with AI, a quarter have used AI for work. In lowermiddle-income markets this usage for work goes down to approximately one in seven



	Clinicians N= 1007	High Income N= 529	Upper- Middle-Income N= 350	Lower- Middle-Income N= 109
Yes - for a specific work-related purpose	26%	25% см	31% • HI	13%
Yes – but just to test it or for a non-work purpose	24%	25%	23%	26%
No	49%	49%	45%	58% • н
Don't know / not sure	1%	1%	0%	3%

Questions: Have you used an AI (including generative AI) product or an AI feature on a product you use regularly?

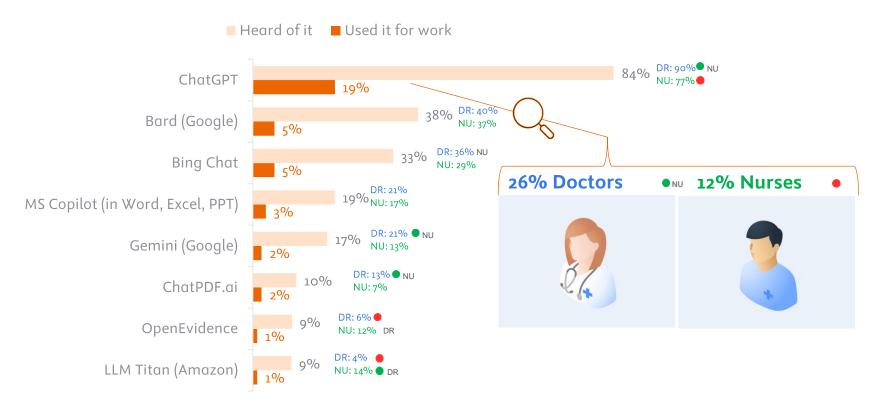
Significantly higher/lower than..

Significantly higher than...

ChatGPT is by far the most well-known AI product



with nearly a fifth having used it for a work purpose overall; significantly higher among doctors than nurses



ChatGPT is the AI tool most used for work purposes by clinicians, although only by 1 in 5. Other tools generally have low use across regions



Base: n= 1007

	Clinicians N= 1007	Asia Pacific N= 262	Europe N= 294	North America N= 141	South America N= 251	Middle East & Africa N= 45
ChatGPT	19%	20%	19%	19%	16%	23%
Bing Chat	5%	5%	5%	3%	4%	8%
Bard (Google)	5%	5%	EU 2%	6%	EU 8%	EU 1%
MS Copilot (in Word, Excel, PPT)	3%	2%	3%	3%	5%	AP 1%
ChatPDF.ai	2%	1%	3%	AP 1%	3%	AP 1%
Gemini (Google)	2%	2%	EU 0%	1%	4%	EU 1%
Merative (IBM Watson Health)	1%	2%	EU NA SA 0%	0%	0%	0%
OpenEvidence	1%	2%	1%	0%	0%	0%

Note: Only top 8 products shown



For clinicians in the USA, China and India, ChatGPT is the tool most used for work



	Clinicians N= 1007	USA N= 127	China N= 103	India N= 42
ChatGPT	19%	20%	21%	10%
Bing Chat	5%	3%	5%	4%
Bard (Google)	5%	7%	4%	2%
MS Copilot (in Word, Excel, PPT)	3%	3%	2%	2%
ChatPDF.ai	2%	2%	0%	0%
Gemini (Google)	2%	1%	3%	2%
Merative (IBM Watson Health)	1%	0%	4% • us	0%
OpenEvidence	1%	0%	1%	0%

Note: Only top 8 products shown



Questions: Which, if any, Al products or Al features have you used for work purposes?

Across all years of experience in work, ChatGPT is the tool most used for work



	Clinicians N= 1007 Years Active:	≤5 N= 198	6-10 N= 176	11-35 N= 494	36+ N= 60
ChatGPT	19%	16%	23% ≤5	20%	16%
Bing Chat	5%	3%	5% 36+	6% ≤5 36+	0%
Bard (Google)	5%	8%	5%	3%	4%
MS Copilot (in Word, Excel, PPT)	3%	2%	2%	3%	2%
ChatPDF.ai	2%	2%	1%	2%	1%
Gemini (Google)	2%	4%	2%	1%	0%
Merative (IBM Watson Health)	1%	2%	2%	1%	1%
OpenEvidence	1%	0%	2%	1%	0%

Note: Only top 8 products shown



Questions: Which, if any, Al products or Al features have you used for work purposes?

Select: all that have used

Across all country income levels, ChatGPT is the tool most used for work, less so in lower-middle-income countries



Base: n= 1007

	Clinicians N= 1007	High Income N= 529	Upper- Middle-Income N= 350	Lower- Middle-Income N= 109
ChatGPT	19%	22%	л 19% ы	и 12%
Bing Chat	5%	5%	4%	5%
Bard (Google)	5%	4%	5%	4%
MS Copilot (in Word, Excel, PPT)	3%	3%	2%	2%
ChatPDF.ai	2%	3%	1%	0%
Gemini (Google)	2%	1%	3%	1 2%
Merative (IBM Watson Health)	1%	0%	3%	d 0%
OpenEvidence	1%	1%	1%	0%

Note: Only top 8 products shown



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The most common reason for those who have not use AI is lack of time



	Clinicians N= 505	Doctors N= 354	Nurses N= 151
I haven't had time to investigate/experiment with such tools	47%	46%	49%
I don't yet have a subscription/ log in to such tools	28%	28%	27%
I haven't found a tool yet that meets my needs	23%	27% NU	18%
I don't know of any such tools	19%	25% • NU	12%
I have concerns about such tools (e.g. the risks have not yet been adequately mitigated)	19%	19%	18%
There are restrictions on my use of such tools (from my organisation, funder, publisher etc.)	10%	11%	10%
Don't know / not sure	5%	4%	7%
Other (please specify)	1%	2%	0%

Significantly higher/ lower than...

Significantly higher than...

Lack of time is the main reason for clinicians not having used AI, except in South America, where there is a lack of access



	Clinicians N= 505	Asia Pacific N= 128	Europe N= 154		North Americ		South Amer N= 117	ica	Middle East & Africa N= 19
I haven't had time to investigate/experiment with such tools	47%	49%	sa 50	% _{SA}	49%	SA	31%	•	
I don't yet have a subscription/ log in to such tools	28%	29%	23%		22%		40%	• E	A.P EU NA
I haven't found a tool yet that meets my needs	23%	30%	● ^{EU} 18%		21%		12%	•	
I don't know of any such tools	19%	12%	27%	AP	24%	AP	21%	,	AP
I have concerns about such tools (e.g. the risks have not yet been adequately mitigated)	19%	20%	SA 17%	SA	33%	APEUSA	6%	•	
There are restrictions on my use of such tools (from my organisation, funder, publisher etc.)	10%	10%	9%		17%	● EU SA	6%		
Don't know / not sure	5%	4%	5%		12%	APEUSA	3%		
Other (please specify)	1%	1%	1%		5%	AP EU SA	0%		

Global

The main reason why clinicians haven't used an Al tool is a lack of time – China more likely than overall due to not having found a tool to meet their needs



	Clinicians N= 505	USA N= 71	China N= 48	India N= 26
I haven't had time to investigate/experiment with such tools	47%	47%	50%	
I don't yet have a subscription/ log in to such tools	28%	23%	27%	
I haven't found a tool yet that meets my needs	23%	21%	34%	
I don't know of any such tools	19%	26%	сн 4%	
I have concerns about such tools (e.g. the risks have not yet been adequately mitigated)	19%	35%	24%	
There are restrictions on my use of such tools (from my organisation, funder, publisher etc.)	10%	17%	11%	
Don't know / not sure	5%	11%	^{CH} 2%	
Other (please specify)	1%	4%	0%	

Lack of time is the main reason for clinicians not having used AI, particularly for those 6-10 years active in their area



	Clinicians Years N= 505 Active:	≤5 N= 94	6-10 N= 86	11-35 N= 248	36+ N= 34
I haven't had time to investigate/experiment with such tools	47%	46%	59% • ≤5	44%	43%
I don't yet have a subscription/ log in to such tools	28%	26%	25%	31%	25%
I haven't found a tool yet that meets my needs	23%	20%	28% 11-35	20%	17%
I don't know of any such tools	19%	18%	23%	19%	11%
I have concerns about such tools (e.g. the risks have not yet been adequately mitigated)	19%	23% 36+	21%	19%	10%
There are restrictions on my use of such tools (from my organisation, funder, publisher etc.)	10%	16% 6-10 11-35	5%	9%	6%
Don't know / not sure	5%	2%	3%	6%	6%
Other (please specify)	1%	2%	1%	1%	0%



Lack of time is the main reason for clinicians not having used Al regardless of country income level



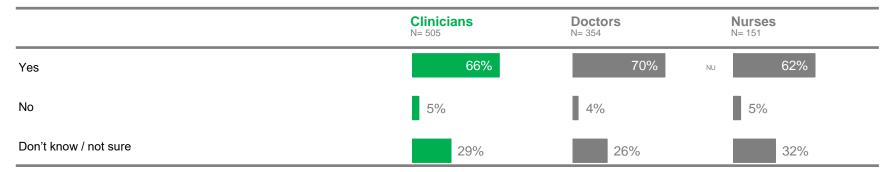
	Clinicians N= 505	High Income N= 266	Upper- Middle-Income N= 167	Lower- Middle-Income N= 60
I haven't had time to investigate/experiment with such tools	47%	50%	46%	44%
I don't yet have a subscription/ log in to such tools	28%	23%	31%	33%
I haven't found a tool yet that meets my needs	23%	19%	24%	29% н
I don't know of any such tools	19%	23%	∪м 12% ●	20%
I have concerns about such tools (e.g. the risks have not yet been adequately mitigated)	19%	22%	LM 18%	11%
There are restrictions on my use of such tools (from my organisation, funder, publisher etc.)	10%	11%	8%	12%
Don't know / not sure	5%	7%	^{UM} 2%	7%
Other (please specify)	1%	2%	1%	0%

Questions: Which of the following describes why you haven't used an Al product or Al feature?



Around two-thirds of those who haven't used it expect to use it within the next two to five years, higher for doctors than nurses

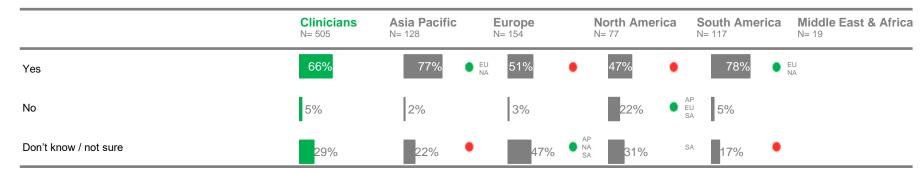




Global

North American clinicians who are not already using AI are the least likely to expect to use it in the future





Almost all Chinese clinicians (93%) who aren't already using Al think they will in the near future, in contrast to half (51%) of clinicians in the USA

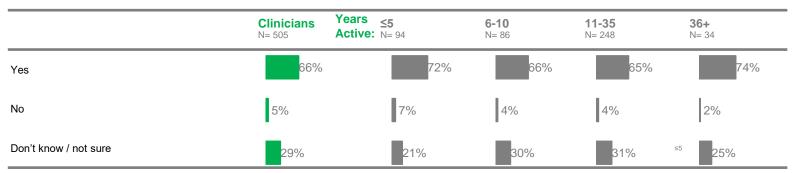


	Clinicians N= 505	USA N= 71	China N= 48	India N= 26
Yes	66%	51%	93%	US
No	5%	23%	• сн 0%	
Don't know / not sure	29%	27%	^{CH} 7%	•



Around two-thirds of those who haven't used it expect to use it within the next two to five years – no difference by years active in role





Clinicians

Of those who haven't already used AI, clinicians in high income countries are the least likely to choose to use AI in the near future



	Clinicians N= 505	High Income N= 266	Upper- Middle-Income N= 167	Lower- Middle-Income N= 60
Yes	66%	51%	89%	НІ 64% ні
No	5%	8%	∪м 1% •	2%
Don't know / not sure	29%	41%	^{UM} 10%	34%

Clinicians

Over a third of clinicians are unaware of **restrictions** on AI usage at their institution – little difference between doctors and nurses



Base: n= 1007

	Clinicians N= 1007	Doctors N= 718	Nurses N= 289
Don't know / not sure	35%	37%	33%
Lack of budget to pay for AI products or features	28%	30%	26%
Prohibited to upload confidential information into public generative Al platforms	27%	25%	28%
Prohibited to use it for certain purposes	16%	13%	20% DR
Prohibited to use certain tools	9%	8%	11%
None of the above	9%	10%	7%
Prohibited to use it in any way	2%	1%	2%
Other (please specify)	1%	2%	NU 0%

Global

Over a third of clinicians are unaware of **restrictions** on Al usage at their institution. Lack of budget is deemed a key restriction, most notably in South America



Base: n= 1007

	Clinicians N= 1007	Asia Pacific N= 262	Europe N= 294	Nor	th America	South America N= 251	Middle East & Africa N= 45
Don't know / not sure	35%	27%	51%	AP NA SA MEA	42% AF	29%	28%
Lack of budget to pay for AI products or features	28%	31%	EU 21%	•	20%	0070	AP 30%
Prohibited to upload confidential information into public generative AI platforms	27%	36%	EU SA MEA	•	28% EU SA MEA	14%	9%
Prohibited to use it for certain purposes	16%	22%	EU 8%	•	19% EU	13%	14%
Prohibited to use certain tools	9%	10%	9%		11%	8%	9%
None of the above	9%	7%	10%		10%	11%	AP EU NA SA
Prohibited to use it in any way	2%	1%	3%	AP SA	5% • AF	0%	0%
Other (please specify)	1%	1%	1%	(0%	2%	_{NA} 0%



Questions: Which restrictions, if any, does your institution currently have with regards to Al usage? Select: all that apply

Across the three most populous countries those in India are most likely to lack budget to use AI products in their institutions



	Clinicians N= 1007	USA N= 127	China N= 103	India N= 42
Don't know / not sure	35%	43%	сн 28%	32%
Lack of budget to pay for AI products or features	28%	18%	22%	40% US CH
Prohibited to upload confidential information into public generative AI platforms	27%	26%	40%	us 30%
Prohibited to use it for certain purposes	16%	17%	IN 32%	us in 6%
Prohibited to use certain tools	9%	11%	IN 18%	^{IN} 2%
None of the above	9%	10%	^{CH} 4%	8%
Prohibited to use it in any way	2%	5%	^{CH} 1%	0%
Other (please specify)	1%	0%	1%	0%

Over a third of clinicians are unaware of **restrictions** on Al usage at their institution, increasing to over half of those who are 36+ years active in role



Base: n= 1007

	Clinicians N= 1007 Years Active	≤5 N= 198		6-10 N= 176		11-35 N= 494		36+ N= 60	
Don't know / not sure	35%	29%	•	38%	≤5	33%		54%	≤5 6-10 11-35
Lack of budget to pay for AI products or features	28%	31%	36+	33%	36+	27%	36+	17%	•
Prohibited to upload confidential information into public generative AI platforms	27%	23%	36+	29%	36+	29%	36+	12%	•
Prohibited to use it for certain purposes	16%	17%	36+	17%	36+	19%	36+	5%	•
Prohibited to use certain tools	9%	8%	36+	10%	36+	12%	36+	1%	•
None of the above	9%	13%	6-10 11-35	8%		7%		21%	6-10 11-35
Prohibited to use it in any way	2%	2%		1%		2%		0%	
Other (please specify)	1%	0%		1%		2%	≤5	0%	

Global

Lack of budget is the main reason for not having access to AI tools for half of lower-middle-income clinicians



Base: n= 1007

	Clinicians N= 1007	High Income N= 529	Upper- Middle-Income N= 350	Lower- Middle-Income N= 109
Don't know / not sure	35%	44% • UM	26%	27%
Lack of budget to pay for Al products or features	28%	21%	29% н	49% • н
Prohibited to upload confidential information into public generative AI platforms	27%	23%	31% н	29%
Prohibited to use it for certain purposes	16%	11%	27% • HI	7%
Prohibited to use certain tools	9%	8%	14% • HI	4%
None of the above	9%	10%	7%	9%
Prohibited to use it in any way	2%	3% • UM	0%	0%
Other (please specify)	1%	1%	1%	0%

Clinicians

Many are unsure how their institution is **preparing** for Al usage: nearly half of doctors and two fifths of nurses are not aware of any preparation. Most common form of preparation is around evaluation of tools for purchase – which is higher for Nurses



1/2	Clinicians N= 1007	Doctors N= 718	Nurses N= 289	
Don't know / not sure	44%	49%	● NU 40%	
Building a plan/protocol to evaluate the purchase of tools that in it	nclude 18%	14%	21%	DR
None of the above	14%	17%	• NU 11%	
Providing ethics courses	13%	9%	17%	• DR
Planning to acquire tools that include it (within 2024 or before)	12%	12%	12%	



Many are unsure how their institution is **preparing** for AI usage, various initiatives are in place. Nurses have higher awareness

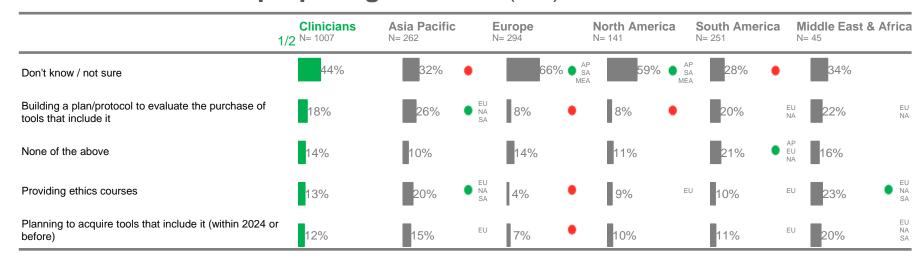


2/2	Clinicians N= 1007	Doctors N= 718	Nurses N= 289	
Adding a position around it to your documentation (e.g. annual plan, mission, charter etc.)	12%	10%	13%	DR
Setting up a community of practice around it	11%	9%	• 14%	DR
Appointing new operational functions around it (e.g. GenAl Librarian etc.)	10%	6%	13%	• DR
Appointing new leadership around it (e.g. Chief Al Officer etc.)	5%	5%	4%	
Other (please specify)	1%	2%	1%	

Global

Clinicians in Europe and North America are the least aware of how their institutions are **preparing to use AI** (1/2)





Clinicians in Europe and North America are the least aware of how their institutions are **preparing to use AI** (2/2)



	Clinicians 2/2 N= 1007	Asia Pacific N= 262	Europe N= 294		North America N= 141	South America N= 251	Middle East & Africa
Adding a position around it to your documentation (e.g. annual plan, mission, charter etc.)	12%	18%	EU NA SA	•	7%	9%	EU 14% EU
Setting up a community of practice around it	11%	17%	EU NA SA MEA	•	9%	EU 8%	7%
Appointing new operational functions around it (e.g. GenAl Librarian etc.)	10%	15%	EU NA SA	•	9%	_{EU} 7%	EU 8%
Appointing new leadership around it (e.g. Chief Al Officer etc.)	5%	6%	EU 1%	•	7%	EU 3%	9% EU SA
Other (please specify)	1%	1%	1%		3%	ар 3%	AP 0%

Around a third of Chinese and Indian clinicians report their institutions are building protocols to purchase AI tools. Chinese institutions are most proactive about preparing for AI (1/2)



1/2	Clinicians N= 1007	USA N= 127	China N= 103	India N= 42
Don't know / not sure	44%	60%	IN 24%	• 38% сн
Building a plan/protocol to evaluate the purchase of tools that include it	18%	9%	32%	• us 31% • us
None of the above	14%	10%	^{СН} 3%	20% us
Providing ethics courses	13%	9%	28%	US 2%
Planning to acquire tools that include it (within 2024 or before)	12%	10%	18%	us 8%

Around a third of Chinese and Indian clinicians report their institutions are building protocols to purchase AI tools. Chinese institutions are most proactive about preparing for AI (2/2)



2/2	Clinicians N= 1007	USA N= 127	Chin N= 103	
Adding a position around it to your documentation (e.g. annual plan, mission, charter etc.)	12%	6%	23	% • us 12%
Setting up a community of practice around it	11%	7%	189	% • us 10%
Appointing new operational functions around it (e.g. GenAl Librarian etc.)	10%	10%	24	% US 6%
Appointing new leadership around it (e.g. Chief Al Officer etc.)	5%	8%	4%	4%
Other (please specify)	1%	3%	он 0%	2%

Many are unsure how their institution is **preparing** for AI usage: this rises as experience increases, it is greatest amongst those who've been in their area of work longest (36+ years active) (1/2)



1/2	Cillicians	Years ≤5 Active: N= 198	6-10 N= 176	11-35 N= 494	36+ N= 60
Don't know / not sure	44%	39%	42%	45%	54% <5 6-10
Building a plan/protocol to evaluate the purchase of tools that include it	18%	19%	6-10 36+ 13%	21%	6-10 8%
None of the above	14%	15%	17%	11-35	23%
Providing ethics courses	13%	14%	12%	14%	10%
Planning to acquire tools that include it (within 2024 obefore)	or 12%	16%	³⁶⁺ 11%	12%	7%

Many are unsure how their institution is **preparing** for Al usage: this rises as experience increases, it is greatest amongst those who've been in their area of work longest (36+ years active) (2/2)



2/2	Clinicians N= 1007	Years ≤5 Active: N= 198	6-10 N= 176	11-35 N= 494	36+ N= 60
Adding a position around it to your documentation (e.g. annual plan, mission, charter etc.)	12%	10%	16%	95 1-35 36+	36+ 3%
Setting up a community of practice around it	11%	9%	10%	14%	≤5 8%
Appointing new operational functions around it (e.g. GenAl Librarian etc.)	10%	9%	36+ 13%	36+ 11%	36+ 1%
Appointing new leadership around it (e.g. Chief Al Officer etc.)	5%	5%	8%	1-35 36+ 4%	1%
Other (please specify)	1%	0%	2%	≤5 1%	^{≤5} 2%

Select: all that apply

Clinicians from high income countries are the least aware of how their institution is **preparing** for Al usage (1/2)



1/2	Clinicians N= 1007	High Income N= 529	Upper- Middle-Income N= 350	Lower- Middle-Income N= 109
Don't know / not sure	44%	61% • UM	23%	42%
Building a plan/protocol to evaluate the purchase of tools that include it	18%	8%	30% • HI	20% н
None of the above	14%	14% UM	9%	22% • н
Providing ethics courses	13%	7%	23% • HI	6%
Planning to acquire tools that include it (within 2024 or before)	12%	9%	18% • HI	8%

Significantly higher than..

Clinicians from high income countries are the least aware of how their institution is **preparing** for AI usage (2/2)



2/2	Clinicians N= 1007	High Income N= 529		Upper- Middle-Incor N= 350	ne	Lower- Middle-Income N= 109	9
Adding a position around it to your documentation (e.g. annual plan, mission, charter etc.)	12%	5%	•	18%	• н	16%	НІ
Setting up a community of practice around it	11%	8%	•	18%	• HI	8%	
Appointing new operational functions around it (e.g. GenAl Librarian etc.)	10%	4%	•	20%	• HI	4%	
Appointing new leadership around it (e.g. Chief Al Officer etc.)	5%	4%		5%		7%	
Other (please specify)	1%	1%		1%		1%	

Significantly higher/ lower than... Significantly higher than..

3. Perceptions of Al

Theme 3



Perceptions of Al

What are your overall feelings about the impact of AI on your area of work?	Slide 56
What do you think will be the level of impact of AI in your area of work in the near future?	Slide 61
To what extent, if at all, do you have concerns about the ethical implications of AI in your area of work?	Slide 66
You mentioned that you had concerns, what do you think are the top 3 disadvantages of AI?	Slide 71
Thinking about the impact AI will have on society and your work, to what extent do you think over the next 2 to 5 years it will?	Slide 85
Thinking about the use of generative AI in your area of work, how much do you agree or disagree with the following?	Slide 95
To what extent, if at all, would the following factors increase your trust in tools that utilize generative AI?	Slide 100
Which information areas about a tool's dependency on generative AI would most increase your comfort in using that tool?	Slide 105
Would you prefer any generative AI functionality included in a product you use already to be?	Slide 115
A :	



Clinicians have mixed feelings about AI, albeit more positivity is observed among doctors than nurses



	Clinicians N= 1007	Doctors N= 718	Nurses N= 289
Positive – it's a welcome advancement	32%	39%	● NU 25% ●
Mixed - I can see both potential and drawbacks	50%	49%	51%
Unsure – I need to see how this develops	17%	11%	• 22% • DR
Negative – I see mostly drawbacks	1%	1%	1%

Feelings around the impact of AI in clinical practice are mixed worldwide. South American clinicians are most positive about it



	Clinicians N= 1007	Asia Pacific N= 262	Europe N= 294	North America N= 141	South America N= 251	Middle East & Africa N= 45
Positive – it's a welcome advancement	32%	33%	29%	26%	41%	AP EU 36% NA
Mixed - I can see both potential and drawbacks	50%	52%	MEA 50%	55% _м	SA 44% •	37%
Unsure – I need to see how this develops	17%	15%	20%	sa 14%	14%	21%
Negative – I see mostly drawbacks	1%	0%	0%	6%	AP EU SA 0%	6% • AP EU SA

Clinicians in the USA are least positive about the impact of AI in their area of work when compared to China and India



	Clinicians N= 1007	USA N= 127	China N= 103	India N= 42
Positive – it's a welcome advancement	32%	25%	39%	us 40% us
Mixed - I can see both potential and drawbacks	50%	54%	42%	48%
Unsure – I need to see how this develops	17%	14%	19%	12%
Negative – I see mostly drawbacks	1%	6%	IN 0%	0%



Clinicians have mixed feelings about AI, albeit more positivity is observed among those who are up to 5 years active in their area



	Clinicians N= 1007	Years ≤5 Active: N= 198	6-10 N= 176	11-35 N= 494	36+ N= 60
Positive – it's a welcome advancement	32%	38%	6-10 29%	33%	29%
Mixed - I can see both potential and drawbacks	50%	49%	53%	47%	52%
Unsure – I need to see how this develops	17%	11%	17%	≤5 20%	≤5 19%
Negative – I see mostly drawbacks	1%	2%	1%	1%	0%

Significantly higher than.

Role/Region/ Country (indicated by first two letters e.g. AP = APAC)

Most in lower-middle-income countries have mixed feelings about the use of AI in a clinical setting



	Clinicians N= 1007	High Income N= 529	Upper- Middle-Income N= 350	Lower- Middle-Income N= 109
Positive – it's a welcome advancement	32%	30%	37% • HI	26%
Mixed - I can see both potential and drawbacks	50%	53% им	43%	59%
Unsure – I need to see how this develops	17%	15%	20%	14%
Negative – I see mostly drawbacks	1%	2% UM	0%	0%

Questions: What are your overall feelings about the impact of AI on your area of work?





Three quarters of doctors and two thirds of nurses expect the impact of AI on their area of work will be transformative or significant



	Clinicians N= 1007	Doctors N= 718	Nurses N= 289
Transformative (i.e. it will make a marked change)	22%	25%	NU 19%
Significant (i.e. a notable change)	45%	46%	43%
Some (i.e. a partial change)	24%	22%	27% DR
Low (i.e. a small change)	3%	3%	3%
None (i.e. no change at all)	1%	0%	• 2%
Don't know/ not sure	5%	3%	• 7%
Sum of Transformative + Significant - excluding 'don't know / not sure' answers	71%	75%	● NU 67%

Clinicians

4/5 clinicians in South America expect the impact of AI on their area of work will be transformative or significant, higher than elsewhere



	Clinicians N= 1007	Asia Pacific N= 262	Europe N= 294	North Ame	rica South Ame	erica Middle East N= 45	t & Africa
Transformative (i.e. it will make a marked change)	22%	27%	• EU 16%	21%	18%	24%	
Significant (i.e. a notable change)	45%	42%	48%	NA 37%	• 59°	% • AP EU 49%	
Some (i.e. a partial change)	24%	26%	SA MEA 24%	SA MEA 28%	SA MEA 15%	12%	•
Low (i.e. a small change)	3%	1%	5%	• AP 4%	AP 3%	3%	
None (i.e. no change at all)	1%	0%	2%	• AP 1%	1%	^{AP} 5%	AP NA SA
Don't know/ not sure	5%	4%	4%	10%	EU SA 5%	8%	
Sum of Transformative + Significant - excluding 'don't know / not sure' answers	71%	72%	67%	64%	81%	• AP 78%	NA

Indian clinicians are most likely to believe the impact of AI in their work will be transformative or significant vs. USA and China



	Clinicians N= 1007	USA N= 127	China N= 103	India N= 42	
Transformative (i.e. it will make a marked change)	22%	21%	30%	35%	US
Significant (i.e. a notable change)	45%	38%	38%	47%	
Some (i.e. a partial change)	24%	26%	IN 32%	• IN 12%	•
Low (i.e. a small change)	3%	5%	сн 0%	4%	СН
None (i.e. no change at all)	1%	1%	0%	0%	
Don't know/ not sure	5%	9%	он СН 1%	2%	
Sum of Transformative + Significant - excluding 'don't know / not sure' answers	71%	65%	68%	83%	OH US

Global

Most think the impact of AI on their area of work will be transformative or significant – little variation by years active in role



	Clinicians Years	≤5 9: N= 198	6-10 N= 176	11-35 N= 494	36+ N= 60
Transformative (i.e. it will make a marked change)	22%	27 % 3	23%	22%	16%
Significant (i.e. a notable change)	45%	44%	42%	47%	47%
Some (i.e. a partial change)	24%	23%	22%	22%	33% 6-10 11-35
Low (i.e. a small change)	3%	2%	3%	3%	2%
None (i.e. no change at all)	1%	1%	2%	1%	1%
Don't know/ not sure	5%	4%	9%		1%
Sum of Transformative + Significant - excluding 'don't know / not sure' answers	71%	73%	71%	72%	63%



Lower-middle-income clinicians are most likely to think the use of Al will be transformative to their clinical work



	Clinicians N= 1007	High Income N= 529	Upper- Middle-Incom N= 350	Lower- e Middle-Inco N= 109	ome
Transformative (i.e. it will make a marked change)	22%	19%	22%	31%	• ні
Significant (i.e. a notable change)	45%	43%	47%	45%	
Some (i.e. a partial change)	24%	25%	LM 27%	LM 12%	•
Low (i.e. a small change)	3%	4%	им 1%	2%	
None (i.e. no change at all)	1%	2%	им 0%	0%	
Don't know/ not sure	5%	6%	им 2%	10%	•
Sum of Transformative + Significant - excluding 'don't know / not sure' answers	71%	67%	71%	84%	• HI UM

Questions: What do you think will be the level of impact of AI in your area of work in the near future?



Most clinicians have at least some concerns about the ethical implications of AI usage in their area of work



	Clinicians N= 1007	Doctors N= 718	Nurses N= 289
No concerns	12%	8%	15% • DR
Some concerns	44%	50%	NU 38% ●
Significant concerns	28%	26%	30%
Fundamental concerns	11%	11%	11%
Don't know/ not sure	5%	4%	5%

European clinicians show the highest level of concern about the ethical implications of AI in a clinical setting



	Clinicians N= 1007	Asia Pacific N= 262	Europe N= 294		North America N= 141	South America N= 141	Middle East & Africa
No concerns	12%	14%	EU 7%	•	11%	12%	EU 5%
Some concerns	44%	55%	EU NA SA MEA	•	45%	EU 39%	_{EU} 30%
Significant concerns	28%	24%	38%	AP NA SA	24%	29%	31%
Fundamental concerns	11%	4%	20%	AP NA	14%	AP 16%	AP 19% • AP
Don't know/ not sure	5%	4%	5%		6%	4%	15% AP EU NA SA

Chinese clinicians are less concerned about the ethical implications of AI in their area of work



	Clinicians N= 1007	USA N= 127	China N= 103	India N= 42
No concerns	12%	11%	19% • u	s 8%
Some concerns	44%	42%	66% • U	s 38%
Significant concerns	28%	28%	^{CH} 12%	43% us
Fundamental concerns	11%	15%	СН 1%	8%
Don't know/ not sure	5%	5%	2%	2%

Clinicians

Most clinicians are concerned about the ethical implications of Al usage in their area of work, most significant concern is amongst those with most years in practice (36+)



	Clinicians N= 1007	Years ≤5 Active: N= 198	6-10 N= 176	11-35 N= 494	36+ N= 60
No concerns	12%	14%	13%	10%	12%
Some concerns	44%	46%	51%	11-35 36+ 43%	35%
Significant concerns	28%	26%	24%	30%	39% ^{≤5} 6-10
Fundamental concerns	11%	12%	6-10 7%	12%	6-10 12%
Don't know/ not sure	5%	2%	6%	^{≤5} 6%	≤5 2%



Questions: To what extent, if at all, do you have concerns about the ethical implications of Al in your area of work?

Global

Clinicians from upper-middle-income countries most likely to not have concerns around AI use in the clinical setting



	Clinicians N= 1007	High Income N= 529	Upper- Middle-Income N= 350	Lower- Middle-Income N= 109
No concerns	12%	7%	19% • H	10%
Some concerns	44%	40%	53% • H	36%
Significant concerns	28%	33% • им	19%	35%
Fundamental concerns	11%	15% • UM	7%	9%
Don't know/ not sure	5%	4%	3%	10% • HI

Questions: To what extent, if at all, do you have concerns about the ethical implications of Al in your area of work?

The most selected top-three disadvantages of AI for clinicians are its inability to replace humans and its lack of regulation/governance (1/2)



1/2	Clinicians N= 861	Doctors N= 630	Nurses N= 231
Unable to replace human creativity, judgment and/or empathy	45%	45%	45%
Does not have enough regulation or governance	41%	43%	39%
Lack of accountability over the use of generative AI outputs	29%	30%	28%
Outputs can be discriminatory or biased	23%	22%	24%
Lack of relevant expertise within organisation	23%	23%	22%
Risks homogenizing culture via its use of global models	18%	17%	19%
Too dependent on outdated data and/or information	17%	17%	16%
Lack of permission to use data or information AI tools are trained on	15%	14%	16%
Generative AI inputs/prompts are not confidential	14%	15%	14%



Questions: You mentioned that you had concerns, what do you think are the top 3 disadvantages of AI?

The most common top-three disadvantages of AI for clinicians are its inability to replace humans and its lack of regulation/governance (2/2)



Select: up to three

2/2	Clinicians N= 861	Doctors N= 630	Nurses N= 231	
The logic behind an output is not well described	14%	17%	● NU 10%	
Outputs are factually incorrect and/or non-sensical (hallucinations)	11%	15%	● NU 7%	•
Generative AI outputs are not confidential	11%	10%	12%	
Requires a lot of computer processing power	10%	5%	• 15%	O DR
Generative AI discriminates against non-native English speakers	7%	7%	7%	
Don't know/ not sure	1%	2%	1%	
Other	1%	1%	2%	
None of the above	0%	0%	1%	

The most selected top-three disadvantages of AI for clinicians are its inability to replace humans and its lack of regulation/governance - lack of regulation or governance is the dominant reason in Europe (1/3)



Base: n= 861

	Clinicians 1/3 ^{N= 861}	Asia Pacific N= 223	Europe N= 261	North Ameri N= 119	ca South America	Middle East & Africa N= 36
Unable to replace human creativity, judgment and/or empathy	45%	38%	50%	ар 50%	ар 50%	АР 57% АР
Does not have enough regulation or governance	41%	34%	55%	AP NA SA MEA	41%	29%
Lack of accountability over the use of generative AI outputs	29%	28%	28%	37%	• AP EU SA 26%	30%
Outputs can be discriminatory or biased	23%	20%	29%	• AP 28%	_{AP} 22%	27%
Lack of relevant expertise within organisation	23%	21%	25%	20%	24%	21%
Risks homogenizing culture via its use of global models	18%	17%	20%	MEA 15%	25%	AP NA MEA



The most selected top-three disadvantages of AI for clinicians are its inability to replace humans and its lack of regulation/governance (2/3)



	Clinicians 2/3 N= 861	Asia Pacific N= 223	Europe N= 261	North America N= 119	South America N= 211	Middle East & Africa N= 36
Too dependent on outdated data and/or information	17%	22%	eu NA SA	• 14%	13%	18%
Lack of permission to use data or information AI tools are trained on	15%	17%	13%	14%	13%	13%
Generative AI inputs/prompts are not confidential	14%	15%	15%	12%	11%	9%
The logic behind an output is not well described	14%	17%	SA 12%	12%	8%	17% SA
Outputs are factually incorrect and/or non-sensical (hallucinations)	11%	13%	SA MEA 9%	sa 25%	AP EU SA MEA	4%
Generative AI outputs are not confidential	11%	14%	NA SA 9%	7%	8%	14%

The most selected top-three disadvantages of AI for clinicians are its inability to replace humans and its lack of regulation/governance – discrimination in the Middle East & Africa in a bigger concern than elsewhere (3/3)



Base: n= 861

	Clinicians 3/3 ^{N= 861}	Asia Pacific N= 223	Europe N= 261	North America N= 119	South America N= 211	Middle East & Africa N= 36
Requires a lot of computer processing power	10%	12%	еи 6%	• 8%	11%	_{EU} 4%
Generative AI discriminates against non-native English speakers	7%	9%	EU 3%	• 3%	7%	EU 15% EU NA SA
Don't know/ not sure	1%	1%	1%	1%	3%	0%
Other	1%	2%	SA 1%	1%	0%	0%
None of the above	0%	0%	1%	0%	2%	AP 2% AP

Global

The most selected top-three disadvantage of AI for clinicians is its inability to replace human creativity. This notably is higher in India and lower in China (1/3)



1/3	Clinicians N= 861	USA N= 107	China N= 82	India N= 37
Unable to replace human creativity, judgment and/or empathy	45%	50%	сн 31%	60% • сн
Does not have enough regulation or governance	41%	38%	32%	50% сн
Lack of accountability over the use of generative AI outputs	29%	37%	90%	29%
Outputs can be discriminatory or biased	23%	27%	^{CH} 17%	23%
Lack of relevant expertise within organisation	23%	17%	13%	29%
Risks homogenizing culture via its use of global models	18%	15%	20%	14%

The most selected top-three disadvantage of AI for clinicians is its inability to replace human creativity. This notably is higher in India and is lower in China (2/3)



2/3	Clinicians N= 861	USA N= 107	China N= 82	India N= 37
Too dependent on outdated data and/or information	17%	16%	27%	• us 9%
Lack of permission to use data or information AI tools are trained on	15%	13%	18%	13%
Generative AI inputs/prompts are not confidential	14%	11%	19%	IN 2%
The logic behind an output is not well described	14%	13%	16%	^{IN} 5%
Outputs are factually incorrect and/or non-sensical (hallucinations)	11%	27%	IN CH 8%	5%
Generative AI outputs are not confidential	11%	7%	19%	us 17%

The most selected top-three disadvantage of AI for clinicians is its inability to replace human creativity. This notably is higher in India and is lower in China (3/3)



Base: n= 861

3/3	Clinicians N= 861	USA N= 107	China N= 82	India N= 37
Requires a lot of computer processing power	10%	9%	13%	5%
Generative AI discriminates against non-native English speakers	7%	4%	10%	us 0%
Don't know/ not sure	1%	1%	1%	5%
Other	1%	1%	1%	2%
None of the above	0%	0%	0%	0%

Global

The most common top-three disadvantages of AI for clinicians are its inability to replace humans (higher for those with less than 5 years active) and its lack of regulation/governance (higher for those with 36+ years active) (1/3)



1/3	Clinicians N= 861	Years ≤5 Active: N= 170	6-10 N= 150	11-35 N= 428	36+ N= 50
Unable to replace human creativity, judgment and/or empathy	45%	53%	• ₁₁₋₃₅ 50%	11-35 39%	49%
Does not have enough regulation or governance	41%	30%	35%	47%	68% 6-10 6-10 6-10
Lack of accountability over the use of generative Al outputs	29%	27%	27%	31%	23%
Outputs can be discriminatory or biased	23%	22%	26%	24%	23%
Lack of relevant expertise within organisation	23%	20%	26%	23%	21%
Risks homogenizing culture via its use of global models	18%	16%	13%	19%	6-10 35% 6-10 11-35

Clinicians

The most common top-three disadvantages of AI for clinicians are its inability to replace humans (higher for those with less than 5 years active) and its lack of regulation/governance (higher for those with 36+ years active) (2/3)



Select: up to three

Base: n= 861

2/3	Clinicians N= 861	Years ≤5 Active: N= 170	6-10 N= 150	11-35 N= 428	36+ N= 50
Too dependent on outdated data and/or information	n 17%	17%	36+ 14%	36+ 19%	36+ 4%
Lack of permission to use data or information AI to are trained on	ols 15%	17%	6-10 9%	15%	6-10 7%
Generative AI inputs/prompts are not confidential	14%	16%	36+ 13%	15%	36+ 5%
The logic behind an output is not well described	14%	16%	13%	14%	13%
Outputs are factually incorrect and/or non-sensical (hallucinations)	11%	9%	21%	≤5 11-35 36+ 9%	5%
Generative AI outputs are not confidential	11%	14%	6-10 8%	11%	11%

The most common top-three disadvantages of AI for clinicians are its inability to replace humans (higher for those with less than 5 years active) and its lack of regulation/governance (higher for those with 36+ years active) (3/3)



Select: up to three

Base: n= 861

3/3	Clinicians N= 861 Yea Acti	rs ≤5 ve: N= 170	6-10 N= 150	11-35 N= 428	36+ N= 50	
Requires a lot of computer processing power	10%	13%	13%	9%	6%	
Generative AI discriminates against non-native English speakers	7%	6%	4%	7%	6%	
Don't know/ not sure	1%	1%	2%	1%		≤5 11-35
Other	1%	0%	0%	1%	2%	≤5 6-10
None of the above	0%	0%	2%	≤5 11-35 0%	0%	

The most common top-three disadvantages of AI for clinicians are its inability to replace humans and then its lack of regulation/governance. In high income markets, governance is of equal concern (1/3)



1/3	Clinicians N= 861	High Income N= 470	Upper- Middle-Income N= 286	Lower- Middle-Income N= 89
Unable to replace human creativity, judgment and/or empathy	45%	48% им	38%	51%
Does not have enough regulation or governance	41%	48% • UM	36%	30%
Lack of accountability over the use of generative Al outputs	29%	30%	26%	30%
Outputs can be discriminatory or biased	23%	27% UM	20%	19%
Lack of relevant expertise within organisation	23%	22%	18%	36% ● ^{HI}
Risks homogenizing culture via its use of global models	18%	16%	23%	16%

The most common top-three disadvantages of AI for clinicians are its inability to replace humans and then its lack of regulation/governance. In high income markets, governance is of equal concern (2/3)



2/3	Clinicians N= 861	High Income N= 470	Upper- Middle-Income N= 286	Lower- Middle-Income N= 89
Too dependent on outdated data and/or information	17%	12%	• 25% •	HI 14%
Lack of permission to use data or information AI tools are trained on	15%	16%	15%	13%
Generative Al inputs/prompts are not confidential	14%	15%	15%	12%
The logic behind an output is not well described	14%	16%	LM 14%	LM 6%
Outputs are factually incorrect and/or non-sensical (hallucinations)	11%	17%	• UM 5%	6%
Generative Al outputs are not confidential	11%	8%	14%	н 16%

Questions: You mentioned that you had concerns, what do you think are the top 3 disadvantages of AI?

Select: up to three

The most common top-three disadvantages of AI for clinicians are its inability to replace humans and then its lack of regulation/governance. In high income markets, governance is of equal concern (3/3)



Base: n= 861

3/3	Clinicians N= 861	High Income N= 470	Upper- Middle-Income N= 286	Lower- Middle-Income N= 89
Requires a lot of computer processing power	10%	6%	15%	12% н
Generative AI discriminates against non-native English speakers	7%	5%	9%	1 5%
Don't know/ not sure	1%	1%	1%	2%
Other	1%	1%	0%	4%
None of the above	0%	0%	0%	1%

Significantly higher/lower than...

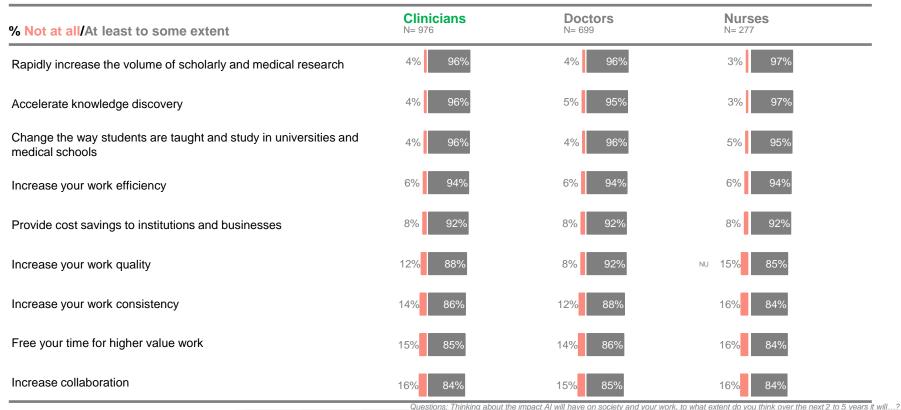
Significantly higher than..

All is anticipated to have a positive impact in many areas, it is expected to help accelerate knowledge discovery, increase research outputs, and change higher education over the next 2-5 years



Positive Impacts

Clinicians

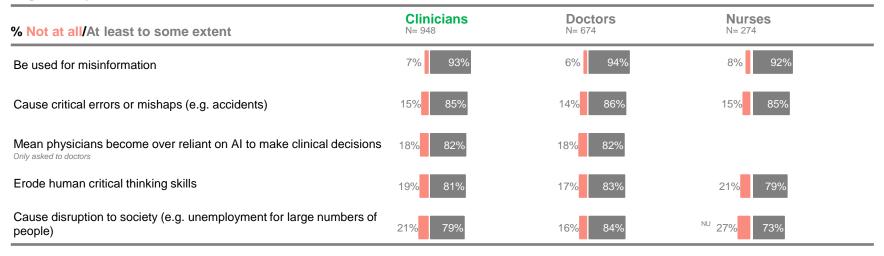


Global

Clinicians also expect Al has the potential to be used for misinformation and to cause critical errors



Negative Impacts



Al is anticipated to have a positive impact in many areas over the next 2-5 years, clinicians in North America and Europe generally believe it will be less than the global average



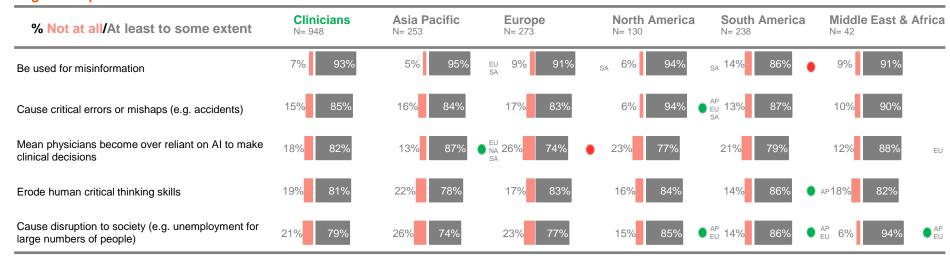
Positive Impacts



Clinicians think AI has the potential to have a negative impact and could be used for misinformation and cause critical errors, those in North America are more likely to think AI will cause critical errors and disruption to society



Negative Impacts



Chinese clinicians are most likely to think AI will positively impact society and their work across multiple parameters, USA least likely



Positive Impacts





Questions: Thinking about the impact AI will have on society and your work, to what extent do you think over the next 2 to 5 years it will...?

Scale: A great extent, some extent, not at all, don't know/not sure (bottom box and top 2 box excl. don't know/not sure)

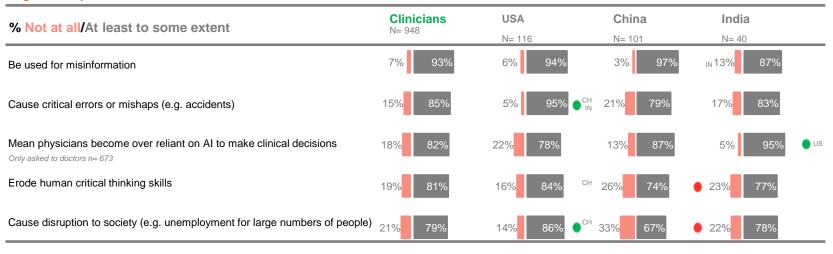
Base: n= 976

Role/Region/ Country (indicated by first two letters e.g. AP = APAC)

Clinicians think AI has the potential to have a negative impact and could be used for misinformation and cause critical errors, US clinicians are most likely to think AI will cause critical errors

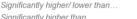


Negative Impacts



Questions: Thinking about the impact AI will have on society and your work, to what extent do you think over the next 2 to 5 years it will...?





Significantly higher than..

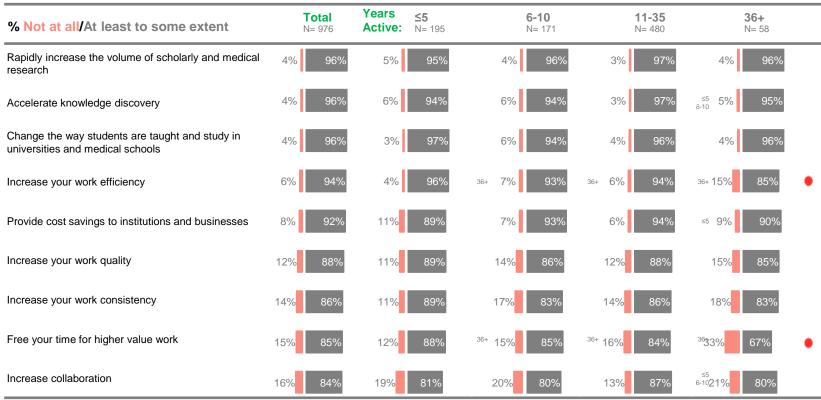


Clinicians expect AI will have an impact across a range of areas over the next 2-5 years, there is little difference by years active in role



Base: n= 976

Positive Impacts





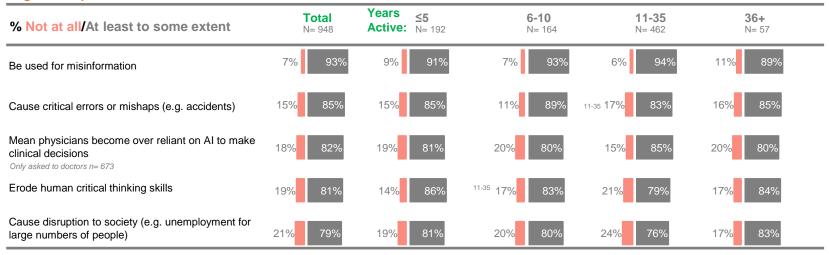
Questions: Thinking about the impact AI will have on society and your work, to what extent do you think over the next 2 to 5 years it will...? Scale: A great extent, some extent, not at all, don't know/not sure (bottom box and top 2 box excl. don't know) Global

Role/Region/ Country (indicated by first two letters e.g. AP = APAC)

Clinicians think AI has the potential to have a negative impact and could be used for misinformation and cause critical errors, there is little difference by years active in role



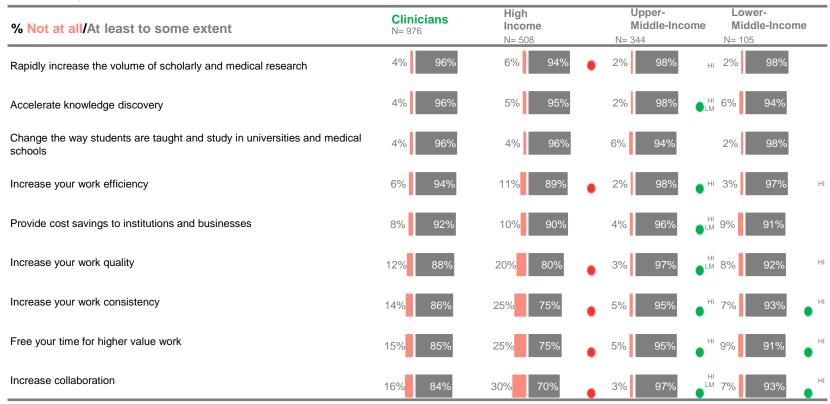
Negative Impacts



All is anticipated to have a positive impact in many areas over the next 2-5 years those in high income countries tend to think the extent of impact will be less



Positive Impacts



Back to home

■ ■ Global

Scale: A great extent, some extent, not at all, don't know/not sure (bottom box and top 2 box excl. don't know)

Base: n= 976

Questions: Thinking about the impact AI will have on society and your work, to what extent do you think over the next 2 to 5 years it will ...?

Clinicians think AI has the potential to have a negative impact and could be used for misinformation and cause critical errors, this tends to higher in high income countries



Negative Impacts

Clinicians

% Not at all/At least to some extent	Clinicians N= 948	High Income N= 495	Upper- Middle-Income N= 333	Lower- Middle-Income N= 103
Be used for misinformation	7% 93%	6% 94%	7% 93%	9% 91%
Cause critical errors or mishaps (e.g. accidents)	15% 85%	11% 89% • un	80%	14% 86%
Mean physicians become over reliant on AI to make clinical decisions $O(n)$ asked to doctors $n=673$	18% 82%	20% 80%	18% 82%	12% 88%
Erode human critical thinking skills	19% 81%	14% 86% • UN	¹ 25% 75%	■ 17% 83% ^{UM}
Cause disruption to society (e.g. unemployment for large numbers of people)	21% 79%	16% 84% • UN	¹ 31% 69%	● 14% 86% ● ^{UM}



Most expect generative AI to always be paired with human expertise and to be informed if a tool they used depends on AI, little difference by role



% Disagree/Agree	Clinicians N= 963	Doctors N= 691	Nurses N= 272
generative AI to always be paired with human expertise (i.e. qualified people validate outputs)	6% 86%	6% 86%	6% 85%
to be informed whether the tools I use depend on generative AI	6% 81%	6% 84%	● NU 6% 78%
to be informed if the peer-review recommendations I receive about my manuscript utilized generative AI, even if alongside human oversight	8%	7% 81%	
generative AI will work well with non-text modalities (i.e. chemical or biological compounds, chemical reactions, graphs, plans)	7%	6% 78%	8% 76%
to be given a choice to turn off generative AI in the tools that I use	8% 74%	8% 78%	• NU 8% 70%
generative AI dependent tools' results be based on high quality trusted sources only	6% 73%	6% 76%	6% 71%
most authors who use generative AI to create the content of a manuscript will not declare that they have	14% 71%	13% 73%	

Most expect generative AI to always be paired with human expertise and to be informed if a tool they used depends on AI, little difference by region

Back to home



% Disagree/Agree	Clinicians N= 963	Asia Pacific N= 258	Europe N= 280	North America N= 133	South America N= 238	Middle East & Africa
generative AI to always be paired with human expertise (i.e. qualified people validate outputs)	6% 86%	3% 87%	10% 83%	10% 86%	6% 85%	3% 88%
to be informed whether the tools I use depend on generative AI	6% 81%	3% 80%	12% 78%	8% 85%	3% 89%	^{AP} 0% 82%
to be informed if the peer-review recommendations I receive about my manuscript utilized generative AI, even if alongside human oversight	8% 80%	4% 83%	EU 16% 73%	8% 81%	5% 92%	EU
generative AI will work well with non-text modalities (i.e. chemical or biological compounds, chemical reactions, graphs, plans)	7% 77%	4% 81%	EU 9% 72%	18% 67%	7% 81%	EU 5% 76%
to be given a choice to turn off generative AI in the tools that I use	8% 74%	7% 71%	13% 74%	6% 84%	AP 10% 75% SA	5% 75%
generative AI dependent tools' results be based on high quality trusted sources only	6% 73%	3% 79%	● ^{EU} 12% 61%	9% 68%	3% 80%	EU (73%
most authors who use generative AI to create the content of a manuscript will not declare that they have	14% 71%	11% 71%	17% 72%	19% 67%	20% 72%	

Most expect generative AI to always be paired with human expertise and to be informed if a tool they used depends on AI both notably higher in India



% Disagree/Agree	Clinicians N= 963	USA N= 120	China N= 103	India N= 40
generative AI to always be paired with human expertise (i.e. qualified people validate outputs)	6% 86%	11% 84%	1% 84%	2% 98% CH US
to be informed whether the tools I use depend on generative AI	6% 81%	9% 83%	1% 77%	0% 96% CH US
to be informed if the peer-review recommendations I receive about my manuscript utilized generative AI, even if alongside human oversight	8% 80%	6% 81%	4% 82%	
generative AI will work well with non-text modalities (i.e. chemical or biological compounds, chemical reactions, graphs, plans)	7% 77%	20% 65%	2% 84%	us 2% 83% us
to be given a choice to turn off generative AI in the tools that I use	8% 74%	6% 84%	● ^{CH} 3% 73%	6% 85%
generative AI dependent tools' results be based on high quality trusted sources only	6% 73%	10% 67%	1% 86%	• US 0% 100% • US
most authors who use generative AI to create the content of a manuscript will not declare that they have	14% 71%	23% 64%	9% 72%	

Most expect generative AI to always be paired with human expertise and to be informed if a tool they used depends on AI, little difference by years active in role



% Disagree/Agree	Total N= 963	Years ≤5 Active: N= 195	6-10 N= 168	11-35 N= 476	36+ N= 53
generative AI to always be paired with human expertise (i.e. qualified people validate outputs)	6% 86%	6% 88%	4% 86%	36+ 5% 86%	10% 83%
to be informed whether the tools I use depend on generative AI	6% 81%	3% 89%	6-10 36+ 6% 80%	7% 79%	8% 75%
to be informed if the peer-review recommendations I receive about my manuscript utilized generative AI, even if alongside human oversight	8% 80%	11% 84%	2% 79%	10% 81%	
generative AI will work well with non-text modalities (i.e. chemical or biological compounds, chemical reactions, graphs, plans)	7% 77%	9% 81%	₃₆₊ 7% 76%	6% 77%	₃₆₊ 3% 65%
to be given a choice to turn off generative AI in the tools that I use	8% 74%	7% 77%	10% 71%	9% 73%	13% 76%
generative AI dependent tools' results be based on high quality trusted sources only	6% 73%	3% 80%	● ₃₆₊ 6% 76%	7% 72%	₃₆₊ 8% 57%
most authors who use generative AI to create the content of a manuscript will not declare that they have	14% 71%	9% 66%	14% 73%	14% 76%	

Most expect generative AI to always be paired with human expertise and to be informed if a tool they used depends on AI, clinicians in high income countries least likely to expect that AI will be based on high quality trusted sources



% Disagree/Agree	Clinicians N= 963	High Income N= 501	Upper- Middle-Income N= 341	Lower- Middle-Income N= 103
generative AI to always be paired with human expertise (i.e. qualified people validate outputs)	6% 86%	9% 85%	3% 86%	5% 85%
to be informed whether the tools I use depend on generative AI	6% 81%	10% 80%	2% 81%	4% 82%
to be informed if the peer-review recommendations I receive about my manuscript utilized generative AI, even if alongside human oversight	8% 80%	10% 79%	4% 83%	
generative AI will work well with non-text modalities (i.e. chemical or biological compounds, chemical reactions, graphs, plans)	7% 77%	11% 73%	3% 84%	^{HI} 6% 72%
to be given a choice to turn off generative AI in the tools that I use	8% 74%	11% 75%	4% 74%	10% 71%
generative AI dependent tools' results be based on high quality trusted sources only	6% 73%	11% 62%	1% 85%	^{HI} 4% 81% ● ^{HI}
most authors who use generative AI to create the content of a manuscript will not declare that they have	14% 71%	17% 70%	10% 71%	

Scale: Strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, strongly disagree, don't know/not applicable (bottom 2 box and top 2 box, excl. don't know) Role/Region/Country (indicated by first two letters e.g. AP = APAC) Significantly higher than...

Questions: Thinking about the use of generative AI in your area of work, how much do you agree or disagree with the following either presently or in the near future?



Factors impacting trust in generative AI tools. Training an AI tool to not to be harmful, to only use peer-reviewed content & cite references would strongly increase clinicians' trust in generative AI tools, all are higher for doctors



% No impact/Strongly increase my trust	Clinicians N= 960	Doctors N= 684	Nurses N= 276
Training the model to be factually accurate, moral, and not harmful (safety)	5% 59%	4% 63% ● _{NU}	5% 54%
Only using high-quality peer-reviewed content to train the model (quality model input)	4% 58%	5% 63% • _{NU}	3% 54%
Citing references by default (transparency)	6% 57%	4% 62% • _{NU}	7% 51%
Keeping the information input confidential (security)	7% 55%	8% 60% • _{NU}	5% 50%
Abidance by any laws governing development and implementation (legality)	5% 54%	7% 59% • _{NU}	3% 49%
Training the model for high coherency outputs (quality model output)	5% 53%	5% 58% _{NU}	4% 49%

Questions: To what extent, if at all, would the following factors increase your trust in tools that utilize generative AI? Scale: Strongly increase my trust, slightly increase my trust, no impact on my level of trust, don't know / not applicable (bottom box and top box, excl. don't know)

Factors impacting **trust** in generative AI tools. Training an AI tool to not to be harmful, to only use peer-reviewed content & cite references would strongly increase clinicians' trust in generative AI tools. These are all higher in Europe



Base: n= 960

% No impact/Strongly increase my trust	Clinicians N= 960	Asia Pacific N= 249	Europe N= 280	North America N= 132	South America N= 245	Middle East & Africa N= 42
Training the model to be factually accurate, moral, and not harmful (safety)	5% 59%	3% 52% •	5%	67% ● AP 9% 59%	7% 62%	AP 7% 68% AP
Only using high-quality peer-reviewed content to train the model (quality model input)	4% 58%	3% 52% •	3%	65% ● AP 8%	7% 60%	ар 4% 60%
Citing references by default (transparency)	6% 57%	4% 48% •	7%	65% ● AP 10% 58%	AP 5% 62%	AP 6% 72% • AP
Keeping the information input confidential (security)	7% 55%	5% 48% •	9%	66% ● NA 13% 47% ●	7% 63% (AP 7% 60%
Abidance by any laws governing development and implementation (legality)	5% 54%	4% 47%	6%	62% ● NA 9% 49%	5% 62%	AP NA 11% 52%
Training the model for high coherency outputs (quality model output)	5% 53%	3% 42%	6%	66% • ^{AP} 11% 50%	6%	AP

Factors impacting **trust** in generative AI tools. Training an AI tool to not to be harmful, to only use peer-reviewed content & cite references would strongly increase clinicians' trust in generative Al tools. Clinicians in India's place greater emphasis on security and abided by any laws



% No impact/Strongly increase my trust	Clinicians N= 960	USA	China	India
76 the impact of ongry moreuse my trust	N= 960	N= 119	N= 100	N= 41
Training the model to be factually accurate, moral, and not harmful (safety)	5% 59%	10% 59%	3% 52%	2% 71% сн
Only using high-quality peer-reviewed content to train the model (quality model input)	4% 58%	8% 60%	2% 50%	2% 71% сн
Citing references by default (transparency)	6% 57%	11% 61%	сн 3% 43%	4% 67% CH
Keeping the information input confidential (security)	7% 55%	14% 48%	3% 43%	4% 75% CH us
Abidance by any laws governing development and implementation (legality)	5% 54%	9% 49%	4%	70% CH US
Training the model for high coherency outputs (quality model output)	5% 53%	12% 52%	^{CH} 5% 32%	2% 61% ^{CH}

Significantly higher than...

Questions: To what extent, if at all, would the following factors increase your trust in tools that utilize generative AI? Scale: Strongly increase my trust, slightly increase my trust, no impact on my level of trust, don't know / not applicable (bottom box and top box, excl. don't know) Base: n= 960 Significantly higher/lower than. Role/Region/ Country (indicated by first two letters e.g. AP = APAC)



Factors impacting **trust** in generative AI tools. Training an AI tool to not to be harmful, to only use peer-reviewed content & cite references would strongly increase clinicians' trust in generative AI tools. Little difference by years active



% No impact/Strongly increase my trust	Total N= 960	Years ≤5 Active: N= 196	6-10 N= 167	11-35 N= 475	36+ N= 57
Training the model to be factually accurate, moral, and not harmful (safety)	5% 59%	5% 57%	5% 57%	4% 63%	3% 63%
Only using high-quality peer-reviewed content to train the model (quality model input)	4% 58%	3% 60%	4% 55%	4% 62%	64%
Citing references by default (transparency)	6% 57%	3% 61%	4% 52%	6% 59%	16% 52%
Keeping the information input confidential (security)	7% 55%	6% 59%	5% 57%	7% 55%	53%
Abidance by any laws governing development and implementation (legality)	5% 54%	6% 49%	7% 55%	4% 58%	3% 61%
Training the model for high coherency outputs (quality model output)	5% 53%	4% 52%	5% 45%	5% 58%	69%

Factors impacting **trust** in generative AI tools. Training an AI tool to not to be harmful, to only use peer-reviewed content & cite references would strongly increase clinicians' trust in generative AI tools. Clinicians from high income countries would be more impacted



% No impact/Strongly increase my trust	Clinicians N= 960	High Income N= 502	Upper- Middle-Income N= 339	Lower- Middle-Income N= 104
Training the model to be factually accurate, moral, and not harmful (safety)	5% 59%	5% 64% ●um	4% 54%	6% 53%
Only using high-quality peer-reviewed content to train the model (quality model input)	4% 58%	3% 64% ● ^{UM} _{LM}	3% 52%	9% 53%
Citing references by default (transparency)	6% 57%	7% 64% ● ^{UM} _{LM}	3% 49% •	9% 55%
Keeping the information input confidential (security)	7% 55%	9% 60% •им	4% 47%	7% 58% UM
Abidance by any laws governing development and implementation (legality)	5% 54%	6% ● UM	4% 48%	8% 51%
Training the model for high coherency outputs (quality model output)	5% 53%	6% 63% ●LM	4% 42%	3% 52% ^{UM}

What increases **comfort** of using a tool dependent on generative AI? Over a third of clinicians think that they'd be more comfortable using tools knowing privacy is respected, the model is up to date & there is human oversight – no difference by doctors and nurses (1/2)



Base: n= 1007

1/2	Clinicians N= 1007	Doctors N= 718	Nurses N= 289
That privacy is respected on user inputs	37%	36%	39%
That the information the model uses is up-to-date	37%	38%	36%
That there is accountability through human oversight	37%	39%	34%
Robust governance on data and information used to train the model	35%	36%	33%
That the real-world impact on people has been considered	34%	31%	38% DR

What increases **comfort** of using a tool dependent on generative AI? Over a third of clinicians think that they'd be more comfortable using tools knowing privacy is respected, the model is up to date & there is human oversight – no difference by doctors and nurses (2/2)



Base: n= 1007

2/2	Clinicians N= 1007	Doctors N= 718	Nurses N= 289
That privacy is respected on outputs generated by the model	29%	28%	29%
That actions have been taken to prevent unfair bias	27%	29%	26%
That the way the solution works can be, and is, explained	24%	25%	24%
Don't know / not sure	5%	5%	4%
None of the above	2%	2%	1%

What increases comfort of using a tool dependent on generative AI? Over a third of clinicians think that they'd be more comfortable using tools knowing privacy is respected, the model is up to date & there is human oversight – privacy is less of a concern in South America (1/2)



Base: n= 1007

	Clinicians 1/2 N= 1007	Asia Pacific N= 262	Europe N= 294	North America N= 141	South America N= 251	Middle East & Africa N= 45
That privacy is respected on user inputs	37%	37%	NA 38%	NA 28% •	42%	na 43% na
That the information the model uses is up-to-date	37%	38%	36%	43%	35%	39%
That there is accountability through human oversight	37%	30%	40%	AP MEA 50%	AP EU MEA 43% • _N	AP 23%
Robust governance on data and information used to train the model	35%	31%	MEA 45%	AP NA SA MEA	35% №	16%
That the real-world impact on people has been considered	34%	35%	33%	37%	33%	26%

Significantly higher than.

What increases **comfort** of using a tool dependent on generative AI? Over a third of clinicians think that they'd be more comfortable using tools knowing privacy is respected, the model is up to date & there is human oversight – privacy is less of a concern in South America (2/2)



Base: n= 1007

2	Clinicians //2 N= 1007	Asia Pacific N= 262	Europe N= 294	North Ameri N= 141	ca South America N= 251	Middle East & Africa N= 45
That privacy is respected on outputs generated by the model	29%	33%	EU NA SA	22%	26%	31%
That actions have been taken to prevent unfair bias	27%	29%	NA 28%	NA 19%	27%	NA 24%
That the way the solution works can be, and is, explained	24%	27%	EU NA SA	20%	20%	36% • EU NA SA
Don't know / not sure	5%	4%	5%	sa 9%	• EU SA 2%	11% • AP SA
None of the above	2%	1%	2%	3%	^{AP} 3%	AP 1%

While Indian and Chinese clinicians would be most **comfortable** using AI tools that respect privacy, those in the USA are more focused on having human oversight (1/2)



1/2	Clinicians N= 1007	USA N= 127	China N= 103	India N= 42
That privacy is respected on user inputs	37%	28%	97%	48% us
That the information the model uses is up-to-date	37%	43%	сн 28%	34%
That there is accountability through human oversight	37%	52%	• IN 30%	22%
Robust governance on data and information used to train the model	35%	28%	34%	24%
That the real-world impact on people has been considered	34%	36%	35%	28%

While Indian and Chinese clinicians would be most **comfortable** using AI tools that respect privacy, those in the USA are more focused on having human oversight (2/2)



2/2	Clinicians N= 1007	USA N= 127		China N= 103	India N= 42	_
That privacy is respected on outputs generated by the model	29%	20%	•	34%	us 40%	US
That actions have been taken to prevent unfair bias	27%	20%	•	25%	32%	US
That the way the solution works can be, and is, explained	24%	20%		34%	• us 22%	
Don't know / not sure	5%	9%	• сн	2%	6%	
None of the above	2%	3%		2%	0%	

What increases **comfort** of using a tool dependent on generative AI? Those active less than 11 years think that they'd be more comfortable using tools knowing the model is up to date for those over 35 it is a focus on robust governance (1/2)



1/2	Clinicians N= 1007	Years ≤5 Active: N= 198	6-10 N= 176	11-35 N= 494	36+ N= 60
That privacy is respected on user inputs	37%	37%	34%	39%	33%
That the information the model uses is up-to-date	37%	46%	•11-35 36+ 45%	● ¹¹⁻³⁵ 36+ 32%	32%
That there is accountability through human oversight	37%	36%	43%	38%	33%
Robust governance on data and information used to train the model	35%	28%	27%	40%	\$5 6-10 46% \$5 6-10
That the real-world impact on people has been considered	34%	39%	11-35 33%	32%	37%

What increases **comfort** of using a tool dependent on generative AI? Those active less than 11 years think that they'd be more comfortable using tools knowing the model is up to date for those over 35 it is a focus on robust governance and actions to mitigate against bias (2/2)



Select: up to three

Base: n= 1007

2/2	Clinicians Years N= 1007 Active	≤5 >: N= 198	6-10 N= 176	11-35 N= 494	36+ N= 60
That privacy is respected on outputs generated by th model	e 29%	33%	6-10 21%	• 30%	6-10 30%
That actions have been taken to prevent unfair bias	27%	19%	28%	s5 31%	≤5 42%
That the way the solution works can be, and is, explained	24%	24%	22%	26%	27%
Don't know / not sure	5%	4%	4%	4%	2%
None of the above	2%	1%	2%	1%	3%

Significantly higher than.

Clinicians in lower-middle-income countries would be most comfortable using a tool dependent on generative AI if privacy of user inputs is respected, while accountability and governance most increase comfort for clinicians from high income countries (1/2)



Select: up to three Base: n= 1007

1/2	Clinicians N= 1007	High Income N= 529	Upper- Middle-Income N= 350	Lower- Middle-Income N= 109
That privacy is respected on user inputs	37%	32%	40%	н 47% • н
That the information the model uses is up-to-date	37%	39%	34%	39%
That there is accountability through human oversight	37%	43%	UM 33%	26%
Robust governance on data and information used to train the model	35%	40%	UM 33%	LM 23%
That the real-world impact on people has been considered	34%	34%	33%	41%

Questions: Which information areas about a tool's dependency on generative AI would most increase your comfort in using that tool?

Clinicians in lower-middle-income countries would be most comfortable using a tool dependent on generative AI if privacy of user inputs is respected, while accountability and governance most increase comfort for clinicians from high income countries (2/2)



2/2	Clinicians N= 1007	High Income N= 529	Upper- Middle-Income N= 350	Lower- Middle-Income N= 109
That privacy is respected on outputs generated by the model	29%	25%	31%	34% н
That actions have been taken to prevent unfair bias	27%	27%	28%	24%
That the way the solution works can be, and is, explained	24%	22%	29% • LN	20%
Don't know / not sure	5%	6% UN	2%	8%
None of the above	2%	2%	1%	1%

Questions: Which information areas about a tool's dependency on generative AI would most increase your comfort in using that tool? Select: up to three



Clinicians

There are mixed views whether AI functionality should be integrated in a product or offered as a separate module



Select: only one

	Clinicians N= 996	Doctors N= 707	Nurses N= 289
provided as a separate module	43%	40%	45%
integrated into the product	39%	41%	36%
Don't know / not sure	19%	19%	18%

Mixed views about whether generative AI should be integrated into products or provided as separate modules. MEA show highest uncertainty



	Clinicians N= 996	Asia Pacific N= 262	Europe N= 294	North America N= 141	South America N= 240	Middle East & Africa N= 45
provided as a separate module	43%	46%	NA 41%	NA 33% •	49% •	EU 36%
integrated into the product	39%	42%	EU 34%	40%	35%	30%
Don't know / not sure	19%	12%	25%	• AP SA 28%	AP 16%	34% • AP SA

Mixed views about whether generative AI should be integrated into products or provided as separate modules. More clinicians in China think it should be separate



	Clinicians N= 996	USA N= 127	China N= 103	India N= 42
provided as a separate module	43%	32%	55%	34%
integrated into the product	39%	41%	39%	51%
Don't know / not sure	19%	27%	IN 6%	14%

Mixed views about whether generative AI should be integrated into products or provided as separate modules. Little difference by years active



	Clinicians N= 996	Years ≤5 Active: N= 194	6-10 N= 173	11-35 N= 491	36+ N= 59	
provided as a separate module	43%	40%	37%	46%	6-10 38%	
integrated into the product	39%	46%	11-35 36+ 44%	11-35 36+ 37%	31%	
Don't know / not sure	19%	15%	19%	17%	31%	≤5 6-10 11-35

Select: only one

Mixed views about whether generative AI should be integrated into products or provided as separate modules. Upper-middle-income countries have a preference for a separate module



	Clinicians N= 996	High Income N= 530	Upper- Middle-Income N= 339	Lower- Middle-Income N= 109
provided as a separate module	43%	37%	51% • H	41%
integrated into the product	39%	39%	39%	36%
Don't know / not sure	19%	25% • UN	10%	22%

Significantly higher/lower than.. Significantly higher than..

4. Areas That Would Benefit From Al

Theme 4



Areas That Would Benefit From AI (General)

Thinking about the general areas of activity you need to complete, how much benefit, if any, do you believe the assistance of AI would bring? Only shown by overall

Slide 122



Clinicians believe AI would be benefit in various activity areas including using scientific content, teaching, clinical practice and funding related activities



% No Benefit/At least some benefit	Clinicians N= 964
Using scientific content (e.g. keeping up-to-date)	3% 97%
Teaching/Lecturing activities	3% 97%
Clinical activities (e.g. clinical diagnoses, patient summaries)	5%
Funding related activities	10% 90%





5. Likelihood To Use an Al Assistant

Theme 5



Likelihood To Use an Al Assistant

If you had a reliable and secure AI assistant to help you... [general activity area] asked to those who see AI benefit to these areas

how likely would you be to use it to...

All only available by region & key market

complete research related activities	review prior studies	Slide 125
completing clinical activities	assess symptoms	Slide 125



Likelihood to use a reliable and secure Al assistant, among those who believe Al can bring benefit to their work, is high



% Unlikely/Likely	Clinicians N= 156 - 680
review prior studies, identify gaps in knowledge and generate a new research hypothesis for testing	3% 97%
assess symptoms and identify possibility of a disease/condition (e.g. provides confidence levels for diagnosis and recommends any	6% 94%



confirmatory tests

Questions: If you had a reliable and secure Al assistant to help you [general activity area], how likely would you be to use it to...

Likelihood to use a reliable and secure Al assistant, among those who believe Al can bring benefit to their work, is high for APAC



% Unlikely/Likely	Clinic N= 156 -		Asia Pacific N= 68 - 173	;	Europe N= 32 - 194		North Ame N= 22 - 83	erica	South Ameri N= 25 - 194		Middle East & Africa N= 7 - 27
review prior studies, identify gaps in knowledge and generate a new research hypothesis for testing	3%	97%	1%	99%	5%	95%					
assess symptoms and identify possibility of a disease/condition (e.g. provides confidence levels for diagnosis and recommends any confirmatory tests)	6%	94%	4%	96%	8%	92%	6%	94%	6%	94%	

Role/Region/ Country (indicated by first two letters e.g. AP = APAC)

Likelihood to use a reliable and secure Al assistant, among those who believe Al can bring benefit to their work, is high for China



% Unlikely/Likely	Clinicians N= 156 - 680	USA N= 18 - 72	China N= 45 - 59	India N= 4 - 34
review prior studies, identify gaps in knowledge and generate a new research hypothesis for testing	3% 97%		1% 99%	
assess symptoms and identify possibility of a disease/condition (e.g. provides confidence levels for diagnosis and recommends any confirmatory tests)	6% 94%	4% 96%	C 1009	^{IN} 11%

Questions: If you had a reliable and secure Al assistant to help you complete research related activities, how likely would you be to use it to

Global

6. Al and Elsevier

Theme 6



Al & Elsevier

Thinking about the use of generative AI in your area of work and the role of Elsevier, how much do you agree or disagree with the following?

Slide 130



Around three quarters of clinicians (and ~80% of doctors) believe Elsevier is well positioned to develop AI tools and would trust the tools



% Disagree/Agree	Clinicians N= 912	Doctors N= 648	Nurses N= 264
Elsevier is well positioned to develop generative Al tools	2% 77%	3%	NU 1% 74%
I would trust tools developed by Elsevier that utilize generative Al	2% 74%	2% 79%	●NU 2% 69%

Elsevier is considered to be well placed and trusted to develop Al tools, notably by South American clinicians



% Disagree/Agree	Clinicians N= 912	Asia Pacific N= 239	Europe N= 257	North America N= 122	South America N= 238	Middle East & Africa N= 42
Elsevier is well positioned to develop generative Al tools	2% 77%	1% 75%	2% 7	70%	3% 85%	AP EU 2% NA 85% NA
I would trust tools developed by Elsevier that utilize generative AI	2% 74%	0% 69%	3% 7	79% NA 10% 66%	4% 78%	AP NA 3% 81% NA

Significantly higher than.

Indian clinicians are most likely to trust and think Elsevier is well positioned to develop AI tools vs. China and USA



% Disagree/Agree	Clinicians N= 912	USA N= 110	China N= 98	India N= 38
Elsevier is well positioned to develop generative AI tools	2% 77%	8% 69% •	2% 72%	88% CH US
I would trust tools developed by Elsevier that utilize generative Al	2% 74%	11% 63% •	66%	90% US

Significantly higher than.

Around three quarters of clinicians believe Elsevier is well positioned to develop AI tools and would trust the tools



% Disagree/Agree	Tota N= 9		Years ≤ Active: N=		6-1 N=	1 0 152		-35 454	36+ N= 53	3
Elsevier is well positioned to develop generative AI tools	2%	77%	2%	86%	3%	77%	2%	75%	C	83%
I would trust tools developed by Elsevier that utilize generative Al	2%	74%	2%	83%	4%	73%	2%	70%	C	82%

Lower-middle-income market clinicians are in highest agreement that Elsevier is well positioned and trusted to develop AI tools



% Disagree/Agree	Clinicians N= 912	Income		Lower- Middle-Income N= 100
Elsevier is well positioned to develop generative Al tools	2% 77%	3% 77%	2% 75%	83%
I would trust tools developed by Elsevier that utilize generative Al	2% 74%	4% 75% ^{UI}	^M 1% 68% 6	1% 82% ● ^{UM}

Clinicians