



ELSEVIER

# *Clinician* of the Future 2026

**Full Report**



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# Foreword

Healthcare has always been a dynamic field, and with the integration of artificial intelligence (AI) tools into clinical settings, change is happening fast. This transformation brings opportunities but is not without its challenges. Clinicians continue to grapple with staff shortages and an aging population. While AI has the potential to alleviate some of these pressures, there is also a growing population of patients who arrive at clinics with AI-generated diagnoses that are not always reliable.

Against this backdrop, it is heartening to see that clinicians are as dedicated as ever to their calling. Despite the pressures, doctors and nurses are less likely to be considering leaving their roles than they were a year ago. Their commitment underscores a deeply felt responsibility, which is shared across the healthcare ecosystem, including technology providers like Elsevier, who have a duty to stand alongside and support clinicians in meaningful and practical ways.

We take that role seriously at Elsevier, and we strive to work in collaboration to shape human progress. We develop AI tools that can help clinicians streamline workflows, access information fast, reduce their administrative load and support sound clinical decision-making. Doing that requires a deep understanding of clinicians' lived experiences, perceptions and expectations.

This is our fifth annual Clinician of the Future report, and it captures the views of over 2,700 clinicians around the world. Throughout the report, we highlight the — sometimes differing — views of doctors and nurses across geographic regions, offering valuable insights for healthcare leaders, policy makers, developers and clinicians themselves. Readers can also access dedicated findings for nurses in the **Nurses Edition** of this report.

As always, we welcome your reflections on the report, as well as your suggestions for how we can continue to support clinicians in the coming years.

Sincerely,  
Jan Herzhoff  
President, Elsevier Health

## Executive summary

As the rate of adoption of artificial intelligence (AI) in clinical settings has started to settle, we are entering a new era in healthcare: one in which the Clinician of the Future will increasingly be able to lean on a trusted, clinical-specific AI tool. This will be vital as clinicians continue to face growing pressures from an aging global population, rising healthcare costs, staffing shortages and complex medical cases.

Over the course of several years, AI tools — ranging from generalist platforms like ChatGPT and Copilot to clinical-specific tools like Elsevier's ClinicalKey AI<sup>1</sup> — have become commonplace in clinical settings.

Clinicians have shared their experiences with digital technologies through our annual global surveys since 2022, building a picture of a complex system full of opportunities for improved efficiency, workflows and decision-making.

## About Clinician of the Future 2026



### Online survey

December 2025 — February 2026

**n = 2,757 clinicians**  
(692 nurses and 2,065 doctors)  
from **118 countries**

See appendix (page 20) for the detailed methodology.

This report shows the key findings from a survey of 2,757 clinicians around the world about the healthcare systems in which they work today, the changes they expect to see in the coming years and the role AI tools play in that journey. Clinicians answered questions in three main areas reflected in this report's structure.

## Chapter 1: Healthcare today

- 61% are seeing more patients than a year ago, but 65% still have sufficient time to provide good care.
- 24% are considering leaving their roles — down from 31% in 2025.
- 39% say tiredness has impaired their ability to treat patients effectively.
- Lowest-performing AI areas for institutions are providing access to digital tools (41% rated good or very good), AI governance (40%) and training in use of AI tools (32%).
- Nurses are more positive than doctors across a range of metrics but feel underrepresented in decisions.



## Chapter 2: The impact of AI

- 50% of clinicians think AI is improving patient care today.
- 49% of clinicians use an AI tool for work purposes...
  - ... of whom 34% use clinical-specific AI tools frequently or always
  - ... and 56% use generalist AI tools frequently or always.
- Clinicians use clinical-specific tools for clinical decision-making and second opinions (25% of doctors) and patient care decision support (33% of nurses).

## Chapter 3: The future of AI in healthcare

- 80% of clinicians predict AI will be a critical assistant in 5–10 years.
- 58% believe that clinicians using AI tools will deliver higher quality care in 5–10 years (61% of nurses vs. 55% of doctors).
- About half of clinicians expect AI will help improve patient outcomes (56%) and increase the quality of patient consultations (51%) in 2–3 years.
- Fewer clinicians expect AI to save them time compared to 2025 (62% vs. 70%).
- Clinicians say their confidence in AI tools would increase if they were easy to use (64%), comprehensive (63%) and safe (62%).

In the [datobook](#) accompanying this report, you can explore detailed findings, with results broken out by role (doctor/nurse), region and country (Brazil, China, India, Japan, the UK and the USA).

# Tracking the evolution of healthcare

To ensure that clinicians are able to get the most benefit from AI tools as they develop, it is important to monitor their experiences, perceptions and expectations. That is the goal of the Clinician of the Future series: to identify and track trends in healthcare, including AI usage, that will shape tomorrow's clinician roles.

[elsevier.io/cotf2026](https://elsevier.io/cotf2026)

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## Future clinician profiles

In the first edition of Clinician of the Future, we identified five archetypes that reflect how the role of the clinician is evolving. Here, we revise these future clinician profiles, so they can be used to understand and track how clinical practice continues to change.

**The Future Clinician as a Partner for Health** will use clinical-specific AI tools to work collaboratively with empowered patients, through information gathering, clinical decision support and patient education.

**The Future “Total Health” Clinician** will support the development of preventive and personalized care by utilizing clinical-specific AI tools to help people stay healthy.

**The Future Tech-Savvy Clinician** will upskill and access cutting-edge, evidence-based AI tools to improve patient outcomes, acting as AI pioneers within their institutions.

**The Future Balanced Clinician** will feel the benefit of increased AI use through enhanced efficiencies and workflows, alleviating time pressures and workload.

**The Future Accessible Clinician** will be able to leverage AI tools to provide access to healthcare and help increase health literacy among patients by generating personalized education materials.

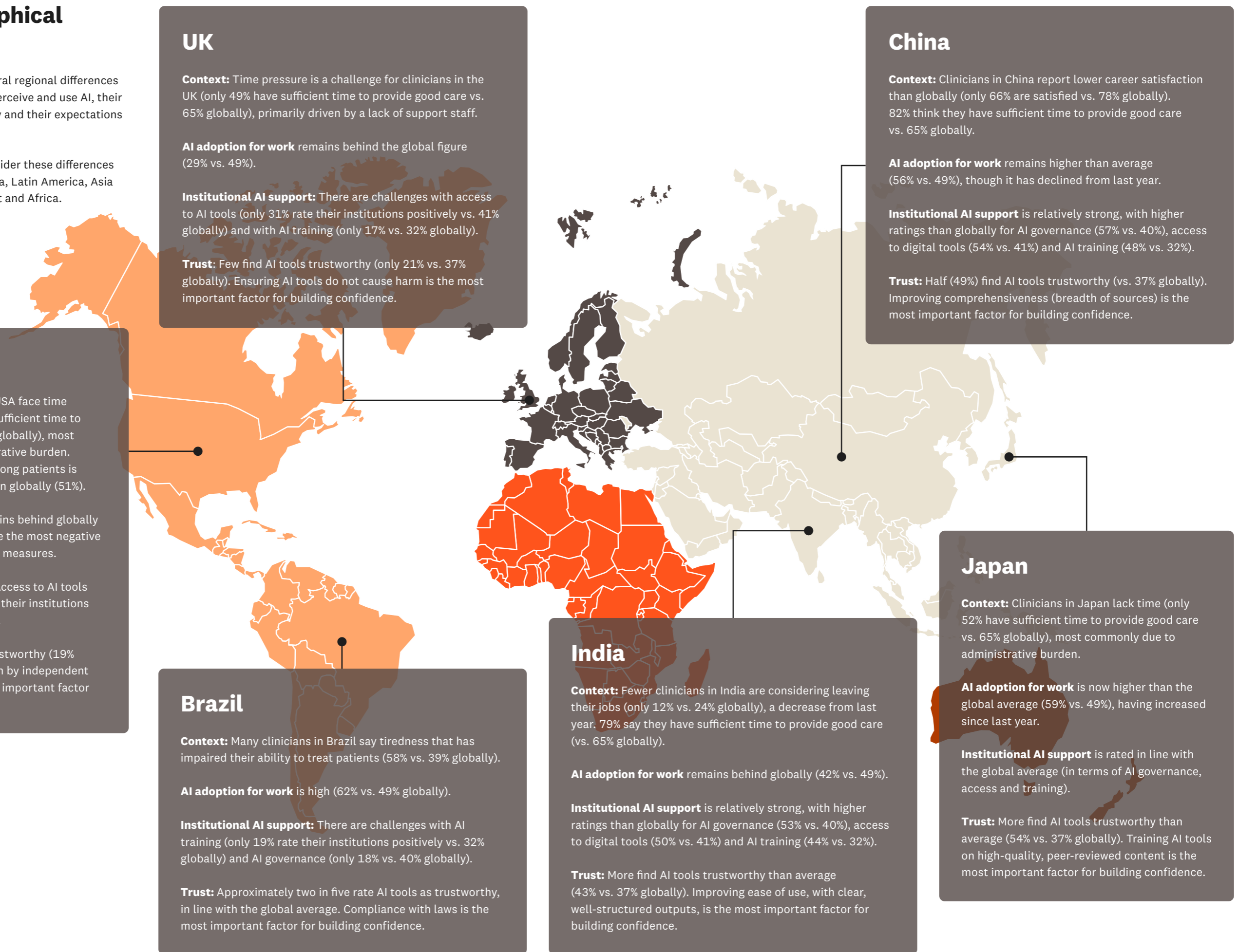


## Explore geographical differences

From this global research, several regional differences emerge in the ways clinicians perceive and use AI, their experiences in healthcare today and their expectations of the future.

Throughout the report, we consider these differences by broad regions: North America, Latin America, Asia Pacific, Europe, and Middle East and Africa.

Here we highlight some **country-level** differences.



### USA

**Context:** Clinicians in the USA face time pressures (only 49% have sufficient time to provide good care vs. 65% globally), most commonly due to administrative burden. Medical misinformation among patients is higher in the USA (66%) than globally (51%).

**AI adoption for work** remains behind globally (42% vs. 49%) and they have the most negative perceptions of AI across all measures.

**Institutional AI support:** Access to AI tools is relatively good (49% rate their institutions positively vs. 41% globally).

**Trust:** Few find AI tools trustworthy (19% vs. 37% globally). Validation by independent clinical experts is the most important factor for building confidence.

### UK

**Context:** Time pressure is a challenge for clinicians in the UK (only 49% have sufficient time to provide good care vs. 65% globally), primarily driven by a lack of support staff.

**AI adoption for work** remains behind the global figure (29% vs. 49%).

**Institutional AI support:** There are challenges with access to AI tools (only 31% rate their institutions positively vs. 41% globally) and with AI training (only 17% vs. 32% globally).

**Trust:** Few find AI tools trustworthy (only 21% vs. 37% globally). Ensuring AI tools do not cause harm is the most important factor for building confidence.

### Brazil

**Context:** Many clinicians in Brazil say tiredness that has impaired their ability to treat patients (58% vs. 39% globally).

**AI adoption for work** is high (62% vs. 49% globally).

**Institutional AI support:** There are challenges with AI training (only 19% rate their institutions positively vs. 32% globally) and AI governance (only 18% vs. 40% globally).

**Trust:** Approximately two in five rate AI tools as trustworthy, in line with the global average. Compliance with laws is the most important factor for building confidence.

### India

**Context:** Fewer clinicians in India are considering leaving their jobs (only 12% vs. 24% globally), a decrease from last year. 79% say they have sufficient time to provide good care (vs. 65% globally).

**AI adoption for work** remains behind globally (42% vs. 49%).

**Institutional AI support** is relatively strong, with higher ratings than globally for AI governance (53% vs. 40%), access to digital tools (50% vs. 41%) and AI training (44% vs. 32%).

**Trust:** More find AI tools trustworthy than average (43% vs. 37% globally). Improving ease of use, with clear, well-structured outputs, is the most important factor for building confidence.

### China

**Context:** Clinicians in China report lower career satisfaction than globally (only 66% are satisfied vs. 78% globally). 82% think they have sufficient time to provide good care vs. 65% globally.

**AI adoption for work** remains higher than average (56% vs. 49%), though it has declined from last year.

**Institutional AI support** is relatively strong, with higher ratings than globally for AI governance (57% vs. 40%), access to digital tools (54% vs. 41%) and AI training (48% vs. 32%).

**Trust:** Half (49%) find AI tools trustworthy (vs. 37% globally). Improving comprehensiveness (breadth of sources) is the most important factor for building confidence.

### Japan

**Context:** Clinicians in Japan lack time (only 52% have sufficient time to provide good care vs. 65% globally), most commonly due to administrative burden.

**AI adoption for work** is now higher than the global average (59% vs. 49%), having increased since last year.

**Institutional AI support** is rated in line with the global average (in terms of AI governance, access and training).

**Trust:** More find AI tools trustworthy than average (54% vs. 37% globally). Training AI tools on high-quality, peer-reviewed content is the most important factor for building confidence.

# Chapter 1: Healthcare today

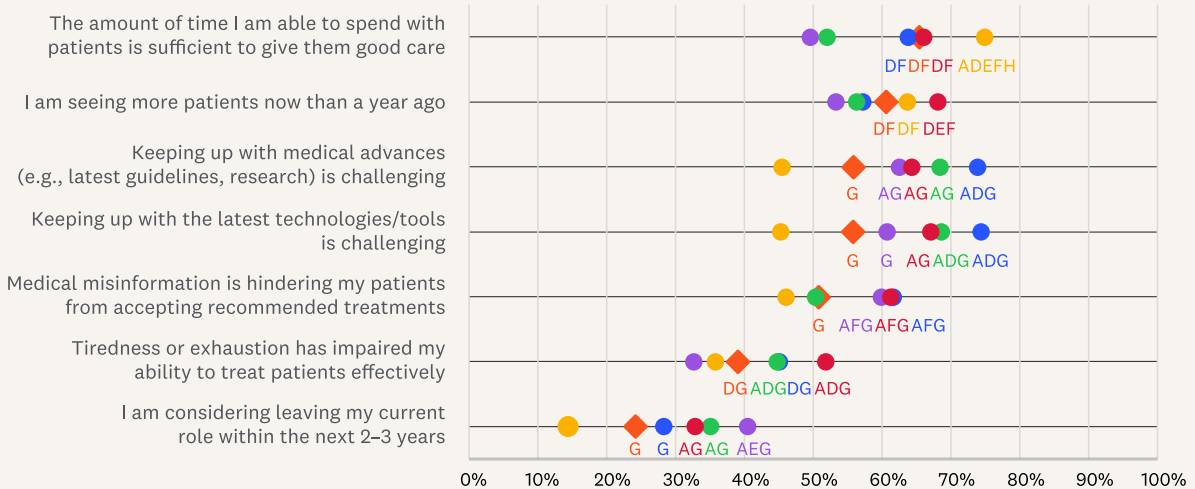
## Key insights

- 61% are seeing more patients than a year ago, but 65% still have sufficient time to provide good care.
- 24% are considering leaving their roles — down from 31% in 2025.
- 39% say tiredness has impaired their ability to treat patients effectively.
- Lowest-performing AI areas for institutions are providing access to digital tools (41% rated good or very good), AI governance (40%) and training in use of AI tools (32%).
- Nurses are more positive than doctors across a range of metrics but feel underrepresented in decisions.

Figure 1

### Current state of healthcare

#### % agree & strongly agree



Significantly higher between groups (indicated by letter, e.g., A = Clinicians)

Question: To what extent do you agree or disagree with each of the following statements with regards to healthcare?

“Don’t know / prefer not to say” answers are excluded from the responses.

Base = 2,742

## More patients, but clinicians are coping

The WHO estimates of a global shortfall of 11 million healthcare workers by 2030, and clinicians around the world are continuing to meet rising demand with limited resources.<sup>2</sup>

Three in five (61%) clinicians say they are seeing more patients today than a year ago. This perception varies regionally, with those in the Middle East and Africa (68%) and Asia Pacific (64%) most likely to agree and those in North America (53%) least likely.

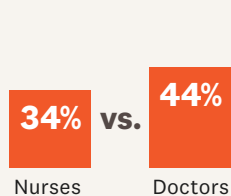
Despite this sustained demand, there are signs that the pressure may not be intensifying. Overall, clinicians today are less likely to find keeping up with medical advances challenging (56% agree, vs. 61% in 2025), and fewer report medical misinformation is hindering their patients from accepting recommended treatments (51% vs. 59% in 2025).

Regionally, clinicians in Asia Pacific are much more optimistic about the challenges they face — a pattern we have seen in previous years.<sup>3</sup> Doctors seem to be feeling the pressure more strongly than nurses across a number of measures.

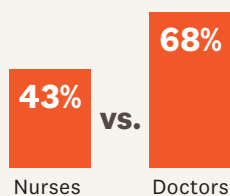
## Where clinicians struggle

Figure 2 % agree & strongly agree

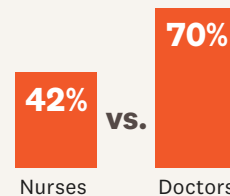
Tiredness or exhaustion has impaired my ability to treat patients effectively



Keeping up with medical advances (e.g., latest guidelines, research) is challenging



Keeping up with the latest technologies/tools is challenging



Question: To what extent do you agree or disagree with each of the following statements with regards to healthcare?  
 “Don’t know / prefer not to say” answers are excluded from the responses.  
 Base: Nurses = 687, Doctors = 2,055

You can explore full results in the accompanying databook released with this report at [elsevier.io/cotf2026-data](https://elsevier.io/cotf2026-data)

## The cause and impact of exhaustion

The proportion of clinicians who say they have sufficient time with patients to provide good care remains steady, at 65% compared to 64% in 2025.<sup>3</sup>

There is a split between doctors and nurses here, with doctors less likely to have sufficient time (60%) than nurses (71%). Globally, agreement is highest in Asia Pacific (75%) and lowest in North America (50%) and Europe (52%).

Two-fifths (39%) of clinicians say tiredness or exhaustion has impaired their ability to treat patients effectively; the rate is particularly high in the Middle East and Africa (52%) and Brazil (58%). Among those who say it has affected patient care, 80% say this occurs at least weekly.

Why are clinicians lacking time for patient care? High patient volumes (69%), administrative burden (65%), lack of support staff (58%) and increasing complexity of patients’ medical needs (53%) continue to be among the most cited reasons.

## Institutional performance: room for improvement

While clinicians globally remain overworked, they feel their institutions should be doing more to support them, particularly in relation to AI. Institutions are most often rated as good or very good at keeping pace with healthcare regulations (72%), ensuring patients are actively involved in their care (58%) and providing appropriate medical equipment (57%). In contrast, the lowest global ratings are for AI governance (40%), support for stressed or fatigued clinicians (37%) and AI training (32%). Notably, these scores are largely unchanged from a year ago, indicating little meaningful progress in these critical areas.

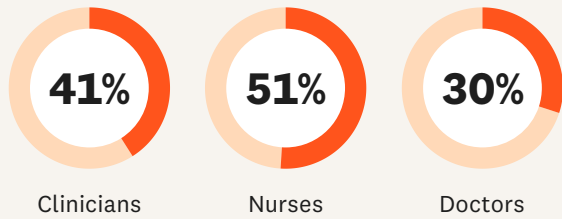
Across all factors, nurses rate their institutions more highly than doctors. For example, 61% of nurses agree their institutions are very good at attracting and retaining high-quality clinicians, compared to 44% of doctors. And while 60% of nurses say their institutions are very good at being efficient, only 40% of doctors agree.

Overall, clinicians in Asia Pacific are more positive about their institutions’ performance, and those in Europe less so.

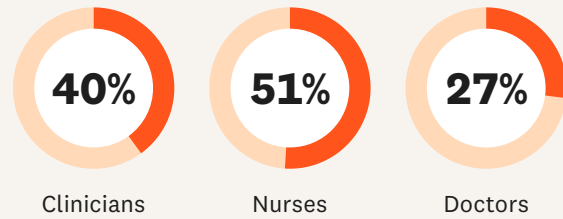
# Top three AI improvement areas for institutions

Figure 3 % rated their institution as good & very good at

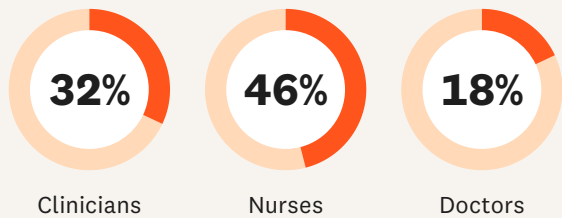
### Providing access to digital tools (including AI)



### Governance of AI



### Training in the use of AI tools



Clinicians' views of their governments' performance also display this pattern, with nurses more positive than doctors on every factor. Results are similar to 2025 — for example, 46% of clinicians think their government is doing a good or very good job of providing preventive care (48% in 2025), and 38% ensuring adequate workforce capacity (40% in 2025).<sup>3</sup>

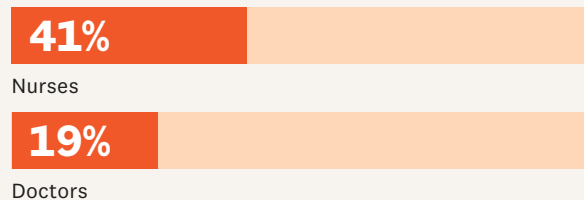
Question: How well do you feel your primary workplace/institution is performing in the following areas?  
Base: Clinicians = 2,717, Nurses = 685, Doctors = 2,032

Figure 4

### Nurses feel unrepresented in decisions

Nurses are feeling excluded: 41% of nurses think that nurses' views are never or rarely adequately represented in their organizations' decision-making processes. Only 19% of doctors agree.

### % Feel nurses' views are never or rarely adequately represented



Question: How often are the views of nurses adequately represented in your organization's decision-making and policy development processes?  
Base: Nurses = 692, Doctors = 2,065

## A stabilizing workforce

Staffing continues to be a major issue in many regions, so it is positive news that clinicians are less likely to be thinking about a career shift compared to a year ago.

In the 2026 survey, 24% of clinicians are considering leaving their current role within the next 2–3 years, versus 31% in 2025.<sup>3</sup> This continues the downward trend from 37% in 2023.<sup>4</sup> Regional patterns continue, with the highest proportion considering leaving their roles in North America (40%) and the lowest in Asia Pacific (14%). Doctors (25%) and nurses (23%) show similar levels of agreement.

This is reflected in clinicians' career satisfaction: 78% of clinicians are satisfied or very satisfied with their careers, compared to 8% who are dissatisfied or very dissatisfied. Net satisfaction (70% in clinicians) is higher for doctors (72%) than nurses (68%). Doctors are also more likely than nurses to be very satisfied, at 36% vs. 32%.

## Addressing staff shortages with AI

As demand continues to rise due to an aging population,<sup>5</sup> AI tools can have a positive impact on staffing pressures. In addition to training and improving working conditions, the OECD highlights technology as a way to respond to rising demand from an aging population.<sup>6</sup>

According to the World Economic Forum, clinicians spend on average three hours on paperwork a day.<sup>7</sup> In a 2025 study, the use of ambient AI scribes for a month significantly reduced burnout, improved cognitive task load, reduced time spent documenting and helped clinicians focus on patients.<sup>8</sup>

In the current survey, many clinicians talk about how they are using AI tools to support them with these tasks, freeing up time for patient work.

*“By reducing the time needed to review multiple sources, I was able to spend more time engaging with patients, addressing misconceptions and tailoring education to their cultural and health literacy needs.”*

— Nurse, Indonesia, Asia Pacific

*“I don’t think artificial intelligence can completely replace human labor, but it can significantly enhance efficiency.”*

— Doctor, China, Asia Pacific

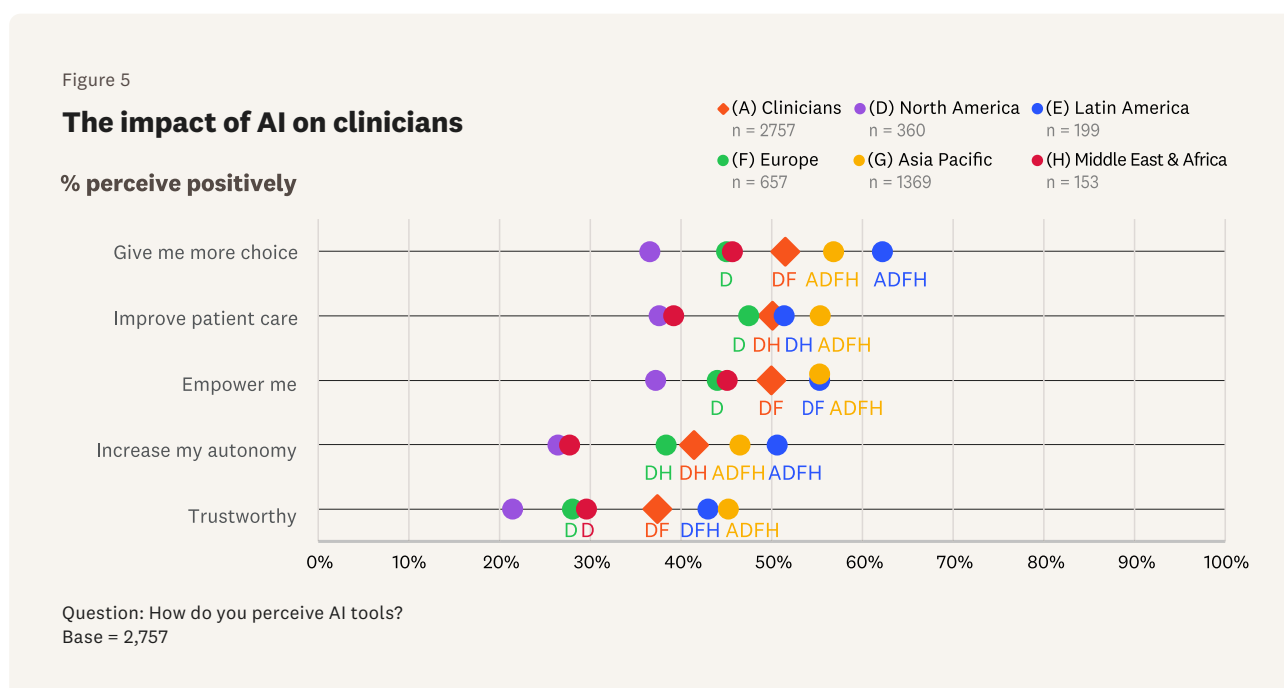
However, institutions will need to address barriers to adoption: clinicians note an opportunity to improve performance when it comes to AI governance, provision and training.



# Chapter 2: The impact of AI

## Key insights

- 50% of clinicians think AI is improving patient care today.
- 49% of clinicians use an AI tool for work purposes...
- ... of whom 34% use clinical-specific AI tools frequently or always
- ... and 56% use generalist AI tools frequently or always.
- Clinicians use clinical-specific tools for clinical decision-making and second opinions (25% of doctors) and patient care decision support (33% of nurses).



## How clinicians are using AI today

After a rapid increase in AI awareness and usage over the past few years, uptake has plateaued globally, indicating a new era of AI ubiquity.

Half of clinicians currently think that AI tools give them more choice (51%), improve patient care (50%) and empower them (50%). Fewer think AI tools increase their autonomy (41%) and even less that they are trustworthy (37%). In some areas, this suggests a decline in perception compared to 2025 — for example, 53% of clinicians felt AI empowered them a year ago.<sup>3</sup>

Nurses are more likely to perceive AI tools positively than doctors are — significantly so for improving patient care (53% vs. 48%), increasing their autonomy (46% vs. 37%) and being trustworthy (42% vs. 33%).

Following previous patterns, perception of the benefits of AI is most positive in Asia Pacific, particularly in Japan, and least positive in North America.

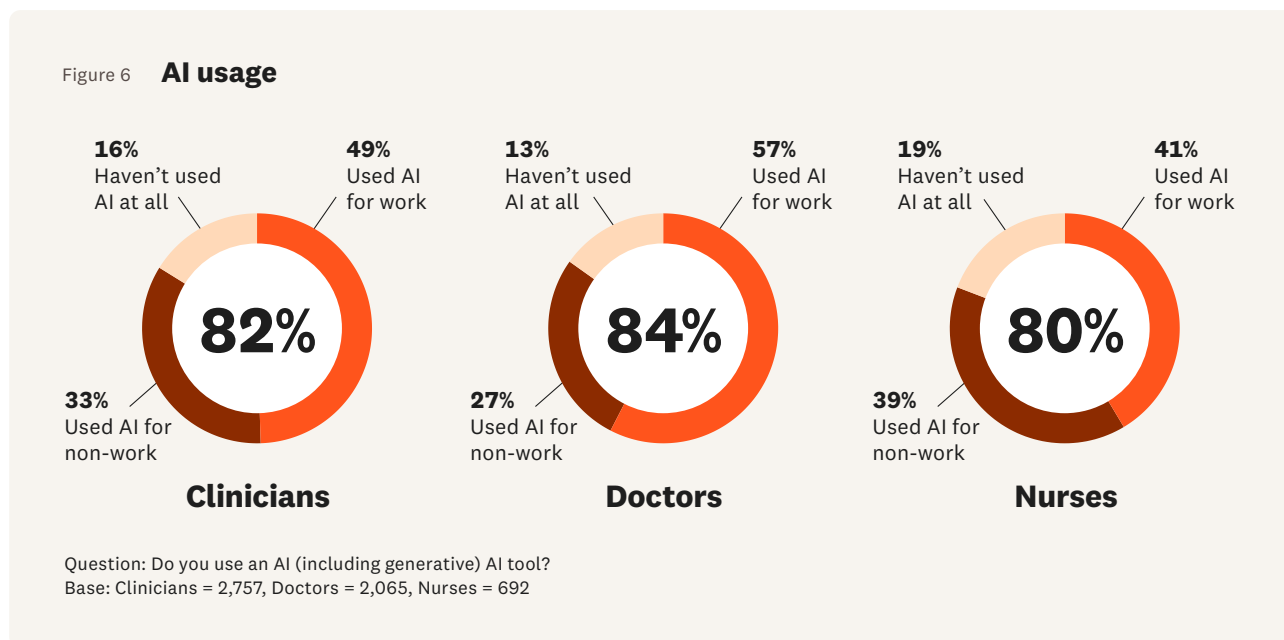
*“When dealing with rare diseases, it [AI] helped me quickly determine the right direction.”*

— Doctor, China, Asia Pacific

## AI usage in clinical practice

Nearly half of clinicians (49%) currently use an AI product for work purposes, in line with 2025 results (48%).<sup>4</sup> However, usage among nurses and doctors differs, with

doctors more likely to use AI tools for work (57%), and nurses less likely to use them for work (41%) with fewer nurses using them compared to a year ago (49%).



In Europe, similar proportions of clinicians use AI for work (42%) and non-work (41%), while the gap is much bigger in Latin America, at 58% for work versus 24% for non-work. You can see a detailed breakdown in the accompanying databook released with this report, available at [elsevier.io/cotf2026-data](https://elsevier.io/cotf2026-data).

### Generalist AI tools: search and education

Of the 49% of clinicians who use AI for work, half (56%) say they use generalist AI tools, such as ChatGPT or Copilot, frequently (49%) or always (7%). Usage differs regionally, from 32% in North America to 63% in Asia Pacific.

Overall, nurses rate generalist AI tools more highly than doctors do, including on safety and reliability. However, more doctors (63%) than nurses (57%) rate the tools 'good' for usefulness. This is reflected in their usage of these tools.

Doctors are most likely to use generalist AI tools for medical research, such as querying medical literature (61%), identifying drug information (47%) and professional education or upskilling (47%). Doctors are less likely to use these tools for patient communications (31%) and analyzing medical images (18%).

*"AI has helped me save time, question routine practices and strengthen the quality of my clinical reasoning and patient care."*

— Doctor, Mexico, Latin America

*"AI can never replace a human because treatment is not just about symptoms and medications. It also means understanding, attention, care and value."*

— Doctor, Azerbaijan, Europe

Nurses most commonly use generalist AI tools for upskilling (42%), followed by patient education (40%) and medical research (34%). They are least likely to use generalist AI tools for patient care decision support (18%) and patient monitoring or alerts (17%).

*“[AI] allows me to spend more time looking at and talking with my patients instead of taking notes. It also is very helpful in creating patient education materials or instructions that can be tailored to their specific needs.”*

— Nurse, USA, North America

The widespread use of AI for exploring medical research and drug information underscores the importance of ensuring AI tools used in clinical settings are reliable and based on trusted sources.

## Clinical-specific AI tools: a critical assistant

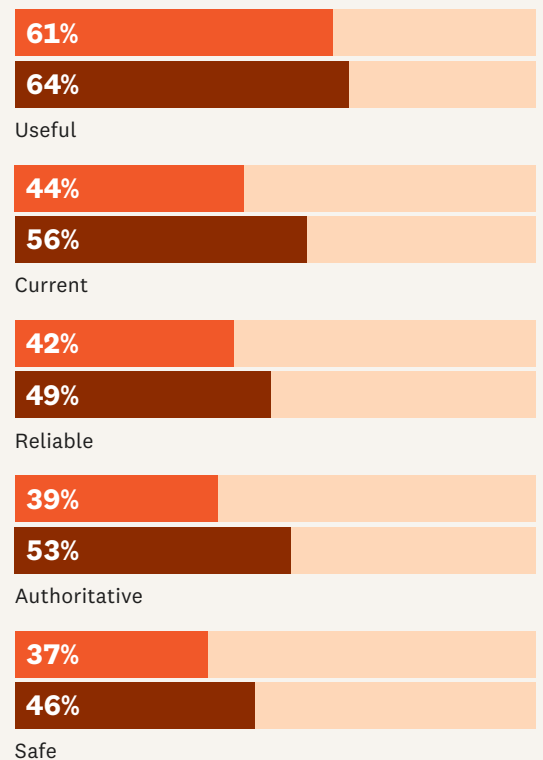
Of the 49% of clinicians who use AI for work, one-third (34%) say they use clinical-specific AI tools frequently or always (as opposed to occasionally, rarely or never) — up from 22% in 2025.<sup>3</sup> Usage of these tools is highest in North America (41%) and lowest in the Middle East and Africa (21%), with 25% of clinicians never using them in the latter.

Nurses use clinical-specific tools less often than doctors: of those who use AI, 30% of nurses use a clinical-specific tool frequently or always, compared to 37% of doctors. Nearly half of nurses (46%) use these tools occasionally. Future usage could be higher if there were more clinical-specific AI tools for nurses.

This relatively low usage is despite clinical-specific AI tools scoring better than generalist ones across all measures. Most clinicians who use clinical-specific AI tools rate them as ‘good’ across several factors and the ratings are consistently higher than for generalist AI tools.

Figure 7 **Perceptions of AI tools**

● % who rate generalist AI tools as ‘good’ for being...  
 ● % who rate clinical-specific AI tools as ‘good’ for being...



Question: Based on your experience so far, how would you rate the clinical-specific/generalist AI tools you have used in the following aspects?  
 Base: Clinical-specific = 552, Generalist = 721

In addition to information gathering and education, clinicians also use these specialist AI tools for more in-depth clinical work. For example, of the clinicians who use clinical-specific AI tools, 25% of doctors do so for clinical decision-making and to provide a second opinion on a complex case, while 34% of nurses use them for patient monitoring or alerts and 33% for patient care decision support.

*“Healthcare involves complex decision-making, ethical judgment, hands-on skills and human interaction that AI cannot fully replicate.”*

— Nurse, Indonesia, Asia Pacific

# Chapter 3: The future of AI in healthcare

## Key insights

- 80% of clinicians predict AI will be a critical assistant in 5–10 years.
- 58% believe that clinicians using AI tools will deliver higher-quality care in 5–10 years (61% of nurses vs. 55% of doctors).

- About half of clinicians expect AI will help improve patient outcomes (56%) and increase the quality of patient consultations (51%) in 2–3 years.
- Fewer clinicians expect AI to save them time compared to 2025 (62% vs. 70%).
- Clinicians say their confidence in AI tools would increase if they were easy to use (64%), comprehensive (63%) and safe (62%).

Figure 8

### Healthcare over the next 5 to 10 years

% agree & strongly agree

AI will not replace clinicians, but will become a critical assistant in clinical decision-making or at point of care

Being skilled in using AI tools will be an essential part of a clinician's training and competencies

Healthcare will be dramatically transformed by AI

Clinicians using AI tools will deliver higher-quality care than clinicians who do not use them

Healthcare costs will be higher (in real terms)

Everyone will be able to easily access healthcare (universal healthcare)

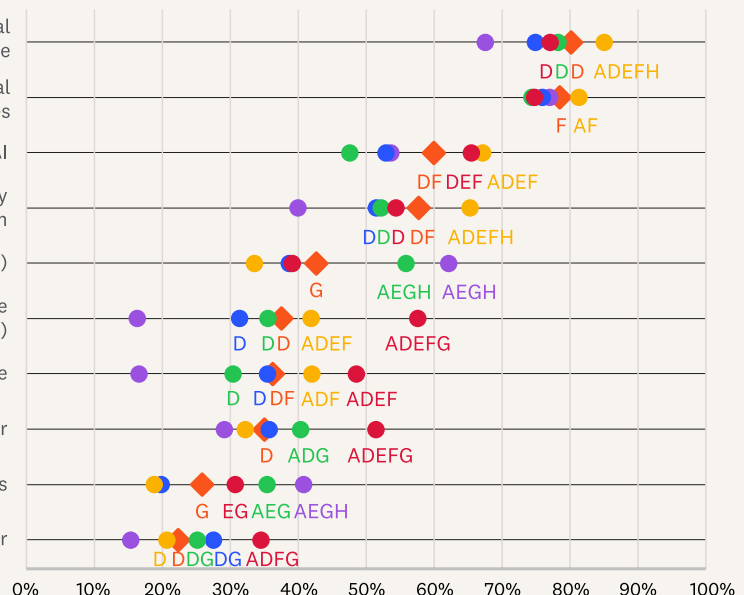
Healthcare will be more equitable

Hospital stays will be shorter

There will be fewer clinicians

Hospital admission rates will be lower

◆ (A) Clinicians n = 2718  
 ● (D) North America n = 355  
 ● (E) Latin America n = 197  
 ● (F) Europe n = 643  
 ● (G) Asia Pacific n = 1363  
 ● (H) Middle East & Africa n = 150



Question: Thinking about healthcare within the primary country that you work in 5 to 10 years' time. For each of the following statements, to what extent do you agree or disagree?  
 Base = 2,718

## Predicting the long-term future of healthcare

Understanding clinicians' predictions for the next 5–10 years in healthcare provides insights into where trends may be headed and what is driving them.

Importantly, 80% of clinicians globally believe that AI will not replace clinicians but will become a critical assistant in clinical decision-making or at the point of care. This comes through strongly in the comments, where doctors and nurses share the view that AI will play a supporting role, while humans will remain the decision-makers.

*“AI is ubiquitous and it’s clear that clinicians will need to know how to use it — and how their patients may be using it — to provide high-quality care.”*

— Doctor, USA, North America

*“AI is useful when it is guided and supported by clinical practice and by skills acquired over time. It cannot replace human work and expertise... When applied appropriately, AI is extremely valuable in the analysis of thousands of data points.”*

— Doctor, Italy, Europe

Three in five (60%) clinicians globally believe healthcare will be dramatically transformed by AI, ranging from 48% in Europe to 67% in Asia Pacific. Acknowledging the growing role of AI in the clinic, 79% of respondents believe being skilled in using AI tools will be an essential part of a clinician’s training and competencies.

Against a backdrop of potentially higher healthcare costs (43% of clinicians agree) in the future, a proportion believe healthcare will be more equitable (37%) and accessible (38%). Just over a quarter (26%) think there will be fewer clinicians, while more than half (58%) believe that clinicians using AI tools will deliver higher-quality care than clinicians who do not use them. Agreement with the latter is higher among nurses (61%) than doctors (55%).

## The short-term impact of AI tools

More than half (56%) of clinicians expect that AI will improve patient outcomes, remaining unchanged since 2025 (55%).<sup>3</sup> Half (51%) also believe AI will increase the quality of patient consultations.

Although more clinicians anticipate that AI will be routinely used to analyze medical images compared to a year ago (59%, up from 56%), they are less optimistic about the potential impacts of AI across a number of measures. For example, fewer clinicians expect AI to save them time (62%, down from 70%), speed up diagnosis (50%, down from 58%) and improve diagnostic accuracy (49%, down from 54%).

This may be a reflection of the increasing ubiquity of AI tools in clinical use and daily life: as more people use AI, expectations align with what is currently possible using the technology.

Despite using AI less frequently than doctors, nurses are more optimistic than doctors about the technology in some areas. Although fewer nurses think it will save them time (55% of nurses vs. 70% of doctors), more expect AI tools to help improve patient outcomes (59% vs. 53%) and that it will mean patients will accurately self-diagnose their symptoms, reducing routine doctor visits (34% vs. 28%).

## Increasing confidence in using AI tools

With only half of clinicians using AI for work purposes overall, and one-third using clinical-specific AI tools, there is opportunity for increasing the use of AI tools as a critical assistant in clinical settings.

In the survey, clinicians share the factors that would increase their confidence in AI tools. The top three factors globally are the tools being easy to use (64%), comprehensive (63%) and safe (62%).

Some differences emerge between what doctors and nurses are looking for in trusted AI tools. Overall, nurses are more concerned than doctors that the AI tools are easy to use and fit their workflow, while also being fair and accountable. Doctors are looking for comprehensive, validated, coherent, current and balanced output based on quality sources.

Figure 9 % selected would increase their confidence in using AI tools



Question: Thinking about using AI tools to support clinical information-seeking and decision-making, what would increase your confidence in using them?

Base: Clinicians = 2,757, North America = 360, Europe = 657, Latin America = 199, Middle East and Africa = 153

You can explore full results in the accompanying databook released with this report at [elsevier.io/cotf2026-data](https://elsevier.io/cotf2026-data)

*“I have seen medical students using AI to come up with differential diagnoses and treatment plans — if AI were trustworthy, I think this would be reasonable, but it just isn’t yet.”* — Doctor, USA, North America

## Harnessing AI for the Clinician of the Future

Together, we can ensure healthcare and tomorrow’s clinicians benefit from the potential of AI tools, particularly as critical assistants.

AI technology providers	Healthcare institutions	Clinicians
Create user-friendly tools	Establish AI governance	Attend available AI training
Build robust governance to ensure safety and transparency	Provide training and guidance for relevant AI tools	Explore AI tools
Use quality, evidence-based content with citations that are validated, reliable and comprehensive	Give clinicians access to trusted AI tools	Ensure AI tools are trustworthy before using them
		Continue to provide feedback



## Conclusion

Half of today's clinicians are already equipped with AI tools that are helping them navigate major challenges like staff shortages, complex cases and administrative burden. On the other side of the table, empowered patients present at clinical settings armed with an AI-generated differential diagnosis, in a language they can understand.

As the technology continues to develop, powerful AI tools, especially clinical-specific ones, will address currently unmet needs, becoming an indispensable tool for many more clinicians.

But there remains some skepticism: how can clinicians rely on AI tools if they don't know what information they were trained on? How do they know if they can trust the output? Clinicians are making life-or-death decisions every day, and the tools they use, including AI, need to be unshakeable.

### Advancing human progress together

As a global leader in advanced information and decision support, Elsevier helps to drive science and healthcare forward, to advance human progress. For more than a decade, Elsevier has been using AI and machine learning technologies responsibly in our products, combined with our unparalleled peer-reviewed content, extensive data sets, and sophisticated analytics, to help researchers, clinicians and educators discover, advance and apply trusted knowledge.

AI tools are developing rapidly. The question is not whether or not they will play a role in clinical settings, but to what extent they will transform clinicians' work in the future.

The aim of this study was to understand clinicians' views on healthcare today, the role of AI in clinical settings and its potential in the future. With these insights, we are better prepared to utilize AI to help advance knowledge and healthcare.

This is not the end of the story: we will continue monitoring clinicians' views, behavior and expectations to meet their needs with responsible AI tools that support clinical research and clinical decisions.

### Our responsible AI principles

1. We consider the real-world impact of our solutions on people.
2. We take action to prevent the creation or reinforcement of unfair bias.
3. We can explain how our solutions work.
4. We create accountability through human oversight.
5. We respect privacy and champion robust data governance.

# Appendices

## Methodology

### Who we surveyed

Respondents were a sample of clinicians (doctors and nurses in primary and secondary care) from a variety of sources, including:

- Clinicians who had published recently – these individuals were randomly selected from a database of published authors across health titles (including journals and books) from various publishers.
- Clinicians on a third-party panel provided by Jasper Colin (voluntary sign-up).
- Users of Elsevier solutions aimed at doctors and nurses (including ClinicalKey), as well as contacts sourced from Elsevier’s marketing databases.

Participants were recruited using an email invitation containing a link to the online survey. To qualify, participants had to be practicing as a doctor (resident/fellow/physician), a nurse (midwife/nursing practitioner) or a physician assistant/associate at the time of fieldwork.

In total, there were 2,757 surveys completed by clinicians around the world.

- 78% work in direct patient care.
- 64% work for a hospital, medical school or healthcare provider.
- 56% are women; proportionally more nurse respondents were women (80%), and more doctors were men (65%).

Please refer to the appendix ‘Sample bases by region/country’ (pages 21-25) for a country-level breakdown.



### Online survey

December 2025 – February 2026

**n = 2,757 clinicians**  
(692 nurses and 2,065 doctors)  
from **118 countries**

## Results

We weighted the results based on Pharma Factbook population figures for clinicians by region, ensuring representation from the key countries we have highlighted in this report, and to equally represent doctors and nurses in the clinician totals. Base sizes shown in the report are unweighted.

Despite the weighting, the study is not without limitations due to self-selection, non-response biases and the lower response rates typical for online surveys of this nature. Therefore, there will be some non-sampling error associated with this study,

as we cannot be sure responses accurately represent the views of the population for a given country or region. Statistical differences shown in this report should be interpreted within this context, and while showing notable differences between groups, results are not necessarily generalizable to a whole country.

Given the non-probability sampling methods, these tests are indicative.

## Sample bases by region/country

	Doctor or physician assistant/associate	Nurse (midwife/nursing practitioner)	Total
<b>Asia Pacific</b>	<b>1,048</b>	<b>321</b>	<b>1,369</b>
Afghanistan	—	1	1
Australia	30	13	43
Bangladesh	6	1	7
China	307	128	435
India	426	112	538
Indonesia	14	9	23
Japan	179	31	210
Malaysia	8	—	8
Nepal	11	—	11
New Zealand	4	3	7
Pakistan	17	—	17
Philippines	7	9	16
Singapore	3	2	5
South Korea	8	3	11
Sri Lanka	4	1	5
Taiwan	8	5	13
Thailand	12	1	13
Vietnam	4	2	6
<b>Europe</b>	<b>531</b>	<b>126</b>	<b>657</b>
Albania	1	—	1
Austria	6	3	9
Azerbaijan	2	—	2
Belarus	3	—	3

Belgium	6	—	6
Bosnia and Herzegovina	4	—	4
Bulgaria	9	—	9
Croatia	10	1	11
Cyprus	1	1	2
Czech Republic	7	—	7
Denmark	11	3	14
Estonia	2	—	2
Finland	5	—	5
France	37	6	43
Germany	64	30	94
Greece	26	3	29
Hungary	11	—	11
Iceland	3	—	3
Ireland	7	6	13
Italy	42	5	47
Kazakhstan	3	—	3
Latvia	1	—	1
Lebanon	2	—	2
Macedonia	1	—	1
Netherlands	5	1	6
Norway	2	1	3
Poland	7	—	7
Portugal	15	3	18
Romania	7	1	8
Russia	6	—	6
Serbia	4	—	4
Slovakia	3	—	3

Slovenia	2	2	4
Spain	61	21	82
Sweden	5	2	7
Switzerland	13	2	15
Tajikistan	2	—	2
Turkey	36	5	41
Ukraine	8	—	8
United Kingdom	88	30	118
Uzbekistan	3	—	3
<b>Latin America</b>	<b>154</b>	<b>45</b>	<b>199</b>
Argentina	17	1	18
Bolivia	2	—	2
Brazil	59	33	92
Chile	13	1	14
Colombia	12	3	15
Costa Rica	1	—	1
Cuba	—	1	1
Dominican Republic	1	—	1
Ecuador	4	—	4
El Salvador	2	—	2
Guadeloupe	1	—	1
Guatemala	1	—	1
Jamaica	1	—	1
Mexico	23	5	28
Panama	2	—	2
Paraguay	2	—	2
Peru	7	1	8
Puerto Rico	1	—	1

Suriname	1	—	1
Trinidad and Tobago	1	—	1
Uruguay	2	—	2
Venezuela	1	—	1
<b>Middle East and Africa</b>	<b>98</b>	<b>55</b>	<b>153</b>
Bahrain	—	1	1
Botswana	—	3	3
Cameroon	3	—	3
Congo	1	—	1
Egypt	8	2	10
Ethiopia	3	5	8
Gambia	1	—	1
Ghana	—	6	6
Iran	24	5	29
Iraq	3	3	6
Israel	5	—	5
Jordan	1	1	2
Kenya	—	2	2
Kuwait	—	1	1
Lesotho	1	—	1
Liberia	—	1	1
Malawi	—	3	3
Morocco	2	—	2
Mozambique	1	—	1
Nigeria	16	5	21
Oman	1	—	1
Palestinian Authority	1	3	4
Qatar	—	1	1

Rwanda	1	—	1
Saudi Arabia	4	6	10
South Africa	6	1	7
Syria	3	—	3
Tanzania	3	1	4
Uganda	6	1	7
United Arab Emirates	4	3	7
Zambia	—	1	1
<b>North America</b>	<b>217</b>	<b>143</b>	<b>360</b>
Canada	21	18	39
USA	196	125	321
<b>Prefer not to say</b>	<b>17</b>	<b>2</b>	<b>19</b>
<b>Grand total</b>	<b>2,065</b>	<b>692</b>	<b>2,757</b>

# Acknowledgments

## **Sponsors**

Jan Herzhoff

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Thanks also to various Elsevier staff who provided valuable support on this report.

# References

1. ClinicalKey AI. Elsevier.com. Accessed April 8, 2026. <https://www.elsevier.com/products/clinicalkey/clinicalkey-ai>
2. World Health Organization. Health workforce. who.int. Accessed April 9, 2026. [https://www.who.int/health-topics/health-workforce#tab=tab\\_1](https://www.who.int/health-topics/health-workforce#tab=tab_1)
3. Goodchild L, Mansell N, Mulligan A, West C. Clinician of the Future 2025. 2025. Accessed September 17, 2025. [https://assets.ctfassets.net/o78em1y1w4i4/T7F5sDDiUC8KJzLQXfJoy/004be7f43562d318115a294cf626be7f/ClinicianOfTheFuture\\_2025.pdf](https://assets.ctfassets.net/o78em1y1w4i4/T7F5sDDiUC8KJzLQXfJoy/004be7f43562d318115a294cf626be7f/ClinicianOfTheFuture_2025.pdf)
4. Mulligan A, West C, Aguilar Calero M, Mansell N, Mueller T, Goodchild L. Clinician of the Future 2023: Elevating Global Voices in Healthcare. 2023. <https://www.elsevier.com/insights/clinician-of-the-future/2023>
5. World Health Organization. Ageing and health. who.int. Accessed April 9, 2026. <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
6. OECD. Health workforce. oecd.org. Accessed April 9, 2026. <https://www.oecd.org/en/topics/health-workforce.html>
7. Sen M. Reimagining healthcare: how to increase care without increasing costs. World Economic Forum Annual Meeting. Published online January 14, 2026. Accessed April 9, 2026. <https://www.weforum.org/stories/2026/01/healthcare-increase-care-without-increase-costs/>
8. Olson KD, Meeker D, Troup M, et al. Use of Ambient AI Scribes to Reduce Administrative Burden and Professional Burnout. JAMA Netw Open. 2025;8(10):e2534976. doi:10.1001/jamanetworkopen.2025.34976



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