



Research Findings

Most Physicians Wish They Could Spend More Time with Patients & Truly Get to Know Them as People

However, A Majority Admit That They Often Find Themselves Writing Prescriptions or Referring Patients Due to Time Constraints

Washington, DC, September 20, 2017 — More than nine in ten (95%) primary care physicians wish they could do more to help their patients stay well/prevent health problems, and another 85% wish they could spend more time with their patients to truly get to know them as people. However, most agree that the demands of their job/practice often prevent them from spending as much time with their patients as they'd like (83%), and more than half (54%) admit that they often find themselves writing prescriptions or referring patients to specialists due to time constraints.

- Physicians with children living at home and those who are married are significantly more likely to wish they could both do more to help their patients and spend more time with them compared to those with no children and those who are not married, respectively.
- Male doctors (88%) also stand out compared to female doctors (78%) when it comes to wishing they could spend more time with their patients. The same pattern is seen among those who are categorized as 'overweight' based on their BMI (91%) versus those within the 'normal' range (81%).
- While very few significant differences exist when it comes to writing prescriptions/referring patients to specialists due to time constraints, younger physicians (66%, ages 35-44) are especially likely to admit to doing this (49%, ages 45+).

Findings from the recent online study conducted by Ipsos on behalf of MDVIP reveal that although physicians wish they could help more/invest more time, they nevertheless continue to believe that the onus of healthcare also lies with the patient. For instance, an even greater proportion of doctors (98%) wish their patients were more engaged in prevention and protecting their own health – including two thirds (66%) who *strongly* agree with this statement. Similar proportions also wish that more of their patients followed the recommendations given to them by their doctor (98%, including 54% who strongly agree).

- If there is one thing physicians wish their patients did to improve their health, it most likely has to do with exercising more/exercising regularly (35%), although nearly a quarter mention maintaining a healthy weight/losing weight (23%) as the one thing they wish patients did to improve their health.
- One in five (19%) wish their patients would improve their diet – whether developing better eating habits, eating healthy/fresh foods, portion control, etc. - while quitting smoking (13%) is brought up as being the one thing physicians wish patients did to better their health by one in ten. Other miscellaneous mentions such as compliance with medication/treatments (4%), being responsible (4%), and better sleeping habits (2%) are brought up by fewer.

Although physicians want their patients to be engaged/proactive, eight in ten (79%) wish their patients did not try to self-diagnose using the Internet. This is especially true for physicians ages 50 and under (84% vs. 74%, ages 51+), those who are married (82% vs. 66%, other), and those working in internal medicine (86% vs. 74% family practice).

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Research Finding – continued –

Physicians at Work

On average, physicians report working about 50.2 hours in a typical week. While roughly a quarter (27%) say they usually work up to 40 hours a week, the majority report spending even more time seeing patients, performing hospital rounds, completing paperwork, and returning phone calls. This includes six in ten who report typically working between 41-60 hours per week (60%), and another 14% who say they work over 61 hours a week.

- The average number of hours worked in a typical work week is especially high for those working in internal medicine (53.7 hours) compared to those who work for a family practice (47.5 hours).

The demands of the medical profession are seen to not only impact a physician's ability to spend as much time with their patients as they'd like (83%), but also affect their personal lives as well. Roughly three quarters agree that the demands of their job/practice often prevent them from participating in the leisure activities they enjoy (77%), getting as much sleep (76%) or exercise (75%) as they should, and taking vacation time (74%). Seven in ten say that their ability to volunteer/participate in community service (71%) and enjoy relationships with family/friends (69%) are also affected by the demands of their job/practice, while a majority say the same thing of making optimal food choices (60%) and enjoying a fulfilling sex life (53%).

- Those with a BMI over 30 ('obese') stand out when it comes to agreeing that the demands of their job/practice often prevent them from making optimal food choices (78% vs. 51%, 'normal').
- Physicians under the age of 51 – most notably those ages 35-44 – are more likely to say their job prevents them from participating in leisure activities (83% vs. 71%, 51+), taking vacation time (81% vs. 66%), and volunteering/doing community service (78% vs. 64%). Those with children also follow this trend when compared to those with no kids at home.

Nearly nine in ten (87%) also wish they had more time to keep up on all the medical studies/advances that are being released.

When it comes to the effects of stress at work on their own lives, two out of three physicians surveyed (68%) agree that stress is negatively impacting their life, and similar proportions say work stress makes them feel like they are on a treadmill that is continually speeding up (66%). More than half (53%) have seriously considered changing their work situation due to work stress, and two in five (41%) have even contemplated quitting medicine due to work stress. In comparison, one in ten (13%) report never feeling stressed, with only 3% strongly agreeing with this statement (vs. 87% who disagree).

- Although very few major differences emerge when looking at the effects of stress in the workplace across demographics, those working in family medicine are among the most likely to not only agree that work stress makes them feel like they are on an increasingly fast treadmill (73%), but also that they have seriously contemplated changing their work situation (61%) or quitting medicine (47%).
- Those who are considered 'overweight' are significantly more likely to say work stress is negatively impacting their life versus those with a 'normal' BMI (77% vs. 64%, respectively).

Dealing with too much paperwork/bureaucracy (e.g., insurance, Medicare, MACRA, MIPS) is seen to be the greatest contributor to increasing levels of stress in the workplace (74%). At least a third also say that working with new technology (e.g., EMR, patient portals, 43%), working long hours (39%), lack of adequate time with patients (35%), and ongoing reform and uncertainty in healthcare (33%) most contribute to increasing their level of stress in the workplace. Running the business part of the practice (14%) and interactions with office staff/hospital administration/colleagues (13%) contribute to increasing stress in the workplace for more than one in ten

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physicians, while fewer mention something else (3%) or say that none of these contribute to increasing their level of stress in the workplace (2%).

- Running the business part of the practice is especially stressful for women (20% vs. 11% men) and those with kids living at home (18% vs. 10%, no kids).
- Working with new technology (e.g., EMR, patient portals) is much more likely to contribute to the stress of older physicians (51%, 51+ vs. 35%, 35-50), while interactions with office staff/hospital administration/colleagues is especially likely to contribute to increasing stress levels among younger physicians (17% vs. 9%, 51+).
- A greater proportion of doctors working in internal medicine say that working long hours (50%) and interactions with staff/colleagues (17%) stresses them versus those working in a family practice (33% and 7%, respectively). On the other hand, those working in family medicine are much more likely to feel stressed when working with new technology (52% vs. 35%, internal medicine).

When asked if they would pursue a career in primary care given the chance to go back in time and do it all over again, opinions are split with just over half (52%) saying that they would versus 48% who would not. Among those who would not, 37% would choose a different specialty within medicine, while just over one in ten (12%) would not pursue a career in medicine at all. Physicians under the age of 51 (54% vs. 42%, 51+) and those with children living at home (54% vs. 42%, no kids) are among those most likely to reconsider their career if they could go back in time.

Physician Lifestyle/Health Habits

Whereas three quarters of physicians see themselves as the picture of good health (77%) and most also believe that they are an ideal role model for their patients (76%), an even greater proportion wish they had time to do more for their own health (80%) – and this is especially true for younger physicians (93%, 35-44).

When rating their level of participation in different lifestyle behaviors, physicians are most likely to rate themselves as *doing a good job* when it comes to moderating alcohol consumption (65%), compared to one in five who feel they could do a better job at this (20%), and 15% that don't feel the need to do this at all.

Participation in other lifestyle behaviors leaves room for improvement, with most physicians saying that they could be *doing a better job* of managing/reducing stress (70% vs. 27%, 'currently doing a good job'), getting the recommended amount of sleep most nights (67% vs. 29%), taking time off work/vacation (65% vs. 32%), eating a healthy well-balanced diet (62% vs. 36%), maintaining a healthy weight (57% vs. 41%), and exercising regularly (57% vs. 39%).

When it comes to getting all the recommended screening tests for timely disease detection, physicians are just as likely to say they are doing a good job of this (49%) as they are to say they could be doing better (45%), while a few don't feel the need to do this at all (7%). Similarly, those who say they are doing a good job of going to regular/annual doctor visits (39%) do not fall too far behind those who feel they could be doing a better job at this (49%) – although this time more than one in ten (13%) report they do not feel the need to visit their doctor annually/regularly.

Nearly nine in ten physicians (87%) report that they tend to diagnose and treat themselves, and this is much more common among men (90% vs. 80% women). However, when asked if they have done any of the following in the past 12 months, most say that they have had their cholesterol checked (70%), glucose levels checked (69%), an annual physical exam (57%), and/or seen a primary care doctor (55%). On the other hand, only 15% have not done any of these in the past year.

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- Doctors ages 50 or under (19% vs. 10%, 51+) and those with a ‘normal’ BMI (20% vs. 9% ‘overweight’) are among the most likely to say that they have not done any of these in the past 12 months.

Clinical reputation (98%), bedside manner/personality (97%), in-network health insurance coverage (96%), and physician availability (95%) are rated as being the most important factors physicians consider when it comes to selecting a primary care doctor for their own health. Three quarters also say that a physician who is healthy and fit (73%) is important to them when selecting their primary care doctor, while more importance is placed on having a doctor they know personally (60%) versus a doctor that they do not know (37%). Age (44%) and gender of the physician (31%) are not as likely to be seen as important, although more than three in ten nevertheless rate these factors as such when selecting a physician to look after their own health.

- Availability (98%) and gender of the physician (39%) are significantly more likely to be important to physicians under the age of 51 versus their older colleagues (91% and 23%, respectively). Women (44% vs. 26%, men) and parents (38% vs. 25%, no kids at home) are also much more likely to stress the importance of their physician’s gender.
- Those with a BMI that is considered ‘normal’ (73%) or ‘overweight’ (78%) tend to place greater emphasis on a doctor that is healthy and fit compared to those who are considered ‘obese’ (56%).

Physician Recommendations Versus Their Own Habits

Most physician will recommend that their patients (who do not suffer from chronic illness) follow certain diets, including a majority that recommend the Mediterranean diet (59%) and at least two in five who suggest patients follow a low-fat/low-calorie diet (47%) or a high-protein/low-carb (42%) diet. Low-glycemic diets (34%) are recommended by one in three, and nearly a quarter (22%) recommend plant-based/vegan diets to their patients. The Paleo diet (13%), Low FODMAP diet (13%), intermittent fasting (10%), and the Ketogenic diet (9%) are not as popular, though still recommended to patients without chronic illness by about one in ten. In comparison, only 4% say that they do not specifically recommend any of these, while another 14% do not recommend specific diets or meal plans to patients at all.

When it comes to their own diets, 43% of physicians say that they do not currently follow any diet/meal-plan. Among doctors who do, a low-fat/low-calorie diet (20%), high-protein/low-carb diet (16%), or the Mediterranean diet (14%) are most prevalent. One in twenty currently practice intermittent fasting (5%) and/or a plant based diet/vegan diet (4%), while fewer report following the other diets listed.

- Seven in ten physicians have tried such diets in the past (70% versus 57% of physicians who currently follow a diet), with high-protein/low-carb diets (33%), the Mediterranean diet (29%), and low-fat/low-calorie diets (26%) once again most popular here. At least one in ten have also tried Intermittent fasting (14%), low-glycemic diets (13%), and plant-based/vegan diets (11%) in the past.

When it comes to exercise, very few physicians typically recommend under one hour of exercise per week to patients without chronic illness (4%), although the proportion of physicians who exercise for less than an hour a week more than triples (14%). One in ten (12%) recommend that their patients exercise between one and two hours per week, whereas 21% say that they currently exercise this much. Roughly three in ten recommend instead that their patients make time for either two to three hours of exercise per week (30%) or again between three and four hours (29%), though participation drops when it comes to physicians who exercise this much (20% and 19%, respectively). Just over a quarter report recommending more than four of exercise per week to their patients (26%), and a similar proportion of physicians (28%) say they follow these recommendations themselves.

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A similar pattern emerges when thinking about different approaches for managing stress and optimizing emotional well-being, with physicians once again much more likely to recommend these to their patients than they are to practice these themselves (92% vs. 56%). Meditation/mindfulness training (71%), cognitive behavioral therapy/psychotherapy (62%), and prescription medication (52%, e.g., antidepressants, anti-anxiety) are the most common approaches recommended to patients for managing stress and optimizing emotional well-being. Meditation/mindfulness training is also most commonly practiced by physicians themselves, though not quite to the same extent (24%). Music therapy (19% versus 32%, ‘recommend to patients’) and prescription medication (13%) round out the top three stress management techniques used by physicians for their own emotional well-being. Other approaches for managing stress such as self-help books (29% ‘recommend to patients’ vs. 9%, ‘currently use’) and nutritional supplements (27% vs. 6%) follow this trend, with physicians much more likely to recommend these to their patients as opposed to actually doing them for their own emotional well-being.

Slightly different views also exist when it comes to the alcohol consumption of patients versus physicians themselves. For example, 15% of doctors recommend that their patient refrain from consuming any alcohol beverages, versus a third (32%) who say abstinence is best when it comes to their own drinking habits. Two in five typically tell their patients that a few drinks (three or less) per week is acceptable (44%), and a similar proportion hold this view when it comes to their own alcohol consumption (36%). The proportion of physicians who tell their patients that a daily drink or two is fine is slightly greater than the proportion of physicians who view their own alcohol consumption as such (38% and 27%, respectively). However, physicians are slightly more likely to think that drinking more than the recommended amount on occasion is fine when it comes to themselves versus their patients, although the difference is not very pronounced (6% and 4%, respectively).

About the Sample

Most of the physicians surveyed primarily practice either family medicine (45%) or internal medicine (43%). Not quite one in ten (8%) report currently practicing general medicine, while 5% work primarily in geriatrics. When it comes to their current practice model, just over two in five (44%) report being an owner/partner/associate of a private practice, while roughly three in ten say that they are employed by a large medical group (32%) or a hospital (27%). Very few mention some other practice model (2%), while those who practice some form of membership-based or retainer-based medicine (concierge, direct pay, hybrid model) were terminated.

When presented with a list of 6 well-known fictional doctors, most physicians surveyed say they are most like Dr. Marcus Welby (32%), although about one in five find that they are most like Dr. Mark Greene from ER (21%) or Dr. Hawkeye Pierce of M*A*S*H (18%). Just over one in ten see themselves in Dr. Quinn, Medicine Woman (14%) or Dr. Gregory House (13%), while only a few (4%) say that they are most like Dr. Derek “McDreamy” Shepherd from Grey’s Anatomy.

- A third of physicians (32%) say that they would most aspire to be like Dr. Marcus Welby, while just under one in five say the same of Dr. Hawkeye Pierce (19%) and House (17%). Fewer would most like to be Dr. Quinn, Medicine Woman (14%) or Dr. Green (13%), while only 6% say that they aspire to be like McDreamy.
- Dr. Marcus Welby is also ranked first when it comes to the doctor respondents think most patients would choose for their care, leaving House (14%), McDreamy (14%), Dr. Quinn (10%), Dr. Hawkeye Pierce (9%), and Dr. Green (7%) all trailing at a distance.

Only 2% of the physicians surveyed for this study say they currently smoke or chew tobacco, while 8% smoked in the past but no longer do. Most physicians say instead that they have never smoked or chewed tobacco (90%).

Physicians were asked to include their weight and height at the end of the survey in order to calculate their Body Mass Index. Based on this information, a sizeable proportion of physicians were determined to be within the ‘normal’ BMI range (43%), although nearly

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as many fell into the 'overweight' range (39%). Fewer than one in five are considered 'obese' (16%), while only 3% are categorized as being 'underweight'.

About the Study

These are the findings from an Ipsos poll conducted July 12 - 17, 2017 on behalf of the MDVIP. For the survey, a sample of 200 Primary Care Physicians ages 35 and over from the continental U.S., Alaska and Hawaii was interviewed online, in English. To qualify for the survey, respondents had to have a Professional degree (MD, DO, DDS, JD, etc.), be employed full-time or self-employed, work in family practice/internal medicine/general practice/geriatrics, and follow a practice model that does not include any form of membership-based or retainer-based medicine. The precision of Ipsos online polls is measured using a credibility interval. In this case, the poll has a credibility interval of ± 7.9 percentage points for all respondents surveyed.

Statistical margins of error are not applicable to online polls. All sample surveys and polls may be subject to other sources of error, including, but not limited to coverage error and measurement error. Where figures do not sum to 100, this is due to the effects of rounding. The precision of Ipsos online polls is measured using a credibility interval. In this case, the poll has a credibility interval of ± 7.9 percentage points for all respondents (see link below for more info on Ipsos online polling "Credibility Intervals"). Ipsos calculates a design effect (DEFF) for each study based on the variation of the weights, following the formula of Kish (1965). This study had a credibility interval adjusted for design effect of the following ($n=200$, $DEFF=1.5$, adjusted Confidence Interval=9.4).

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