

# Investigating Public Attitudes Toward Artificial Intelligence in Healthcare

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## **Abstract**

Artificial Intelligence (AI) is revolutionizing healthcare with its innovative potential in diagnostic systems, personalized treatment programs, and robotic surgeries. Healthcare delivery has been improved with the adoption of machine learning algorithms and big data analytics. Unfortunately, the public opinion of AI in healthcare is greatly polarized. Some people believe that AI is a revolutionary tool that could transform the efficiency, accuracy, and convenience of care, whereas others are concerned about trust, privacy, ethical issues, and even job loss. This research proposal tries to fill this gap by constructing a new Likert scale type of attitude measurement toward AI in healthcare that captures both extremes. The study is based on previous research, adds eight new attitude items, and provides a thorough description of the methodology of scale validation. With the measurement of public opinion, the study attempts to address the public discourse on AI integration in contemporary medicine which will help in policy formulation, build providers trust, and aid technology developers in the responsible deployment of AI.

## **Introduction**

The introduction of AI has deeply transformed the scope of the health industry, bringing progress in patient care to have better outcomes and at the same time to achieve an improvement in the treatment process. AI technologies that are fed by data, for instance, machine learning algorithms and natural language processing, are instrumental in diagnosing diseases, recommending therapies that are targeted and even doing robot surgeries flawlessly. Take the case of AI driven diagnostic tools. These tools are able to analyze medical images quickly,

clearly, and sometimes even better than human radiologists, while predictive analytics can discover such patients who may not have symptoms but are at judgment in the future. Do however these milestones are facing challenges. Some people on the one hand think that AI is a revolution, which enhances medical decision-making and reduces human error, on the other hand, they are afraid of over-reliance on technology, potential biases in algorithmic decision making, and risks to patient privacy.

One of the major reasons for the study of secular reactions to AI in the healthcare sector lies in the proper management of health-related issues. To start with, public confidence stands out among the conditions for a smooth adoption of AI technology. Public officials, health professionals, and technology developers should be aware of the public's concerns so that they may establish trust and initiate responsible implementation. Plus, the ethical and societal consequences of AI in healthcare are among the critical issues that should be treated with maturity and respect. They cover the issues of data privacy, algorithmic bias and, job retention. This research endeavored to make a bidimensional self-report questionnaire, showing the participants, both advantages and the anxieties of AI. This will contribute to a more detailed understanding of the public response to the technology and the development of the most appropriate approaches to the integration.

One of the most significant reasons for conducting this study is that AI-powered systems are being used more and more in the practice of medicine in today's world. Not only that, but the numerous applications of AI in healthcare including. drug discovery and surgical robotics to administrative tasks, such as scheduling and billing, AI is present everywhere in the healthcare sector. Naturally, with the advancement of technology, concerns about its safety, reliability, and

ethical considerations continue to be raised. For instance, AI can advance diagnostics, yet did you examine bias? To be precise, AI machines might deliberately fail to diagnose a given group of people in a greater proportion which would be more unfair and, with time, could turn out to decrease the overall quality and level of healthcare equality. Given the high stakes in medical decision-making, understanding public sentiment toward AI is essential for developing ethical and practical applications

This research will make a significant contribution to the literature by establishing a deeper consideration on the AI perception in the healthcare sector. Previous studies mainly concentrated on the trustworthiness of AI in terms of diagnostics (Smith et al., 2020) and ethical dilemmas in decision making (Johnson & Lee, 2019). Apparently, this field is reluctant and ignorant towards a more holistic approach. Thus, if scientific results cannot be linked naturally with the theoretical part, the intended objective could be missed. Many theories in psychology or fear appeal are not discussed, but only specific and relevant ones are cited. This will thus allow the project to gain a deeper understanding and facilitate the experimentation process. Additionally, this will enable us to further understand the engagement of local communities as one of the main indicators of social vitality in the digital economy (Garbled and Fourside, 2001), as they create a supportive social environment for individual digital technologies to foster innovation (Duxbury, M., Higgins, C.A. 2003)."

## **Literature Review**

The integration of AI in healthcare has become a topic of great interest in academic circles, with the researchers exploring different facets of public attitudes, ethical concerns, and practicalities.

This section will discuss the five most posted studies in this research area and will show the contribution of each as well as the gaps that this study will have to fill.

Smith et al. (2020) did an in-depth study at public trust in AI-aided diagnostics and they compared to human diagnostics. As per the outcomes of their study, AI systems may work much faster than humans and be more accurate. This is, for example, in tasks like the interpretation of medical images or the detection of patterns in patients' data. Nonetheless, the extent to which the public trust the AI is greatly influenced by certain factors. They pointed out that participants are worried about the "black box" feature of AI algorithms, where the decision-making process is unclear. For instance, taking the example of a patient who is wrongfully diagnosed by an AI system, it is usually not indicated where the error came from or who is responsible. From this perspective, the lack of transparency weakens the trust, especially in high-stakes medical contexts. Smith et al. also learned that trust in AI is gaining momentum when it is used as a supplementary tool next to a human doctor. It gives a hint that the public might accept AI only if it becomes an integral part of already existing healthcare settings with the human involvement as well.

### **Ethical Issues in AI Decision-Making (Johnson & Lee, 2019)**

Johnson and Lee (2019) put the focus on the ethics of AI in medical decision-making, with the main point being that algorithmic bias could be the result. They believe that AI systems, which are fed on historical data, tend to reflect existing biases in healthcare. As a case in point, if an AI algorithm is trained on data that does not contain enough representations of some demographic categories, it might produce inaccurate diagnoses or treatment recommendations for these groups. This gives rise to concerns about justice and equal treatment of all patient categories.

Johnson and Lee strongly stressed the necessity of transparency in the circulation of AI decision-making, thus providing a notion that the doctors and patients should request the algorithms to give them an understanding of the problem. They also introduced ongoing supervision and checking of AI systems as ways to make sure they operate properly ethically and equitably.

### **Impact on Healthcare Professionals (Martinez et al., 2021)**

Martinez et al. (2021) explored the impact of AI on healthcare professionals, revealing mixed attitudes. The one-sidedly positive view of the AI's potential to reduce the workload and to give the patient better chances of survival was acknowledged by the professionals. There are also those who voiced their worries about the future, for instance, being replaced, among others. For instance, no one asked the radiologists how they feel about the introduction of AI-powered diagnostic tools, which is why Martinez et al. also talked about the effect of the technology on the patient-doctor relationship. They said patients may be willing to choose the human factor over AI in their consultation. The results are that the problems that doctors may have with AI technologies, which are the key element in the implementation of new medical devices, will be minimized.

### **Patient Satisfaction with AI Chatbots (Brown & Taylor, 2018)**

Brown and Taylor (2018) used the concept of patient satisfaction in AI-powered chatbots to determine the responses of respondents with the focus on demographic and technological literacy factors. The younger respondents and those who are more tech-savvy were happy with the convenience of AI chatbots, as they can talk with the machine whenever they want, while the elderly or those who feel uncertain about using technology showed discomfort. Notably, some

people complained that AI chatbots work without empathy or intuition, i.e. they miss the human touch that physicians give to their patients, so they are not satisfied with the quality of health care. The results call for the development of personalized models of AI usage to ensure that the technologies that are easily accessible and user-friendly for diverse users.

### **Demographic Differences in AI Acceptance (Williams et al., 2022)**

Williams et al. (2022) conducted a study on demographic differences in AI acceptance and found that AI in healthcare was accepted more by younger people and also by those who belong to the cluster of those with a higher education level and technological literacy. The results of the study also presented that the acceptance or criticism by young people may be attributed to a number of factors such as age, education, and using gadgets. Williams et al. also showed that socioeconomic and cultural dynamics are also paramount in pattern formation. On one hand, those who belong to the lower-income group might look at AI as a means of getting better healthcare; whereas, others might consider it as a job-killer. The finding implies that it is necessary to have well targeted communication strategies in the end to address the concerns of different demographic groups.

### **Gaps in the Literature**

While these studies provide valuable insights, they often focus on specific aspects of AI attitudes, such as trust, ethics, or demographic differences. There is a need for a more holistic approach that integrates these dimensions into a single framework. This study aims to address this gap by developing a bidimensional attitude scale that captures both the benefits and concerns associated with AI in healthcare.

## **Methodology**

To assess bidimensional attitudes toward AI in healthcare, eight new Likert-scale items will be created. These items are designed to measure both positive and negative perceptions, ensuring a balanced assessment of public sentiment. Responses will be collected on a 5-point scale ranging from 1 = Strongly Disagree to 5 = Strongly Agree.

### Positive Attitude Items:

1. AI improves the accuracy of medical diagnoses and reduces human error: This item reflects the potential of AI to enhance diagnostic precision, a key benefit highlighted by Smith et al. (2020).
2. AI-driven healthcare solutions enhance patient care by providing faster results: This item captures the efficiency gains associated with AI, as discussed by Brown and Taylor (2018).
3. AI can assist doctors in making better treatment decisions: This item emphasizes the collaborative role of AI in supporting clinical decision-making.
4. AI-powered medical technologies help reduce healthcare costs for patients: This item addresses the economic benefits of AI, which are often cited as a major advantage.

### Negative Attitude Items:

5. Relying on AI in healthcare reduces the importance of human judgment: This item reflects concerns about the devaluation of human expertise, as noted by Martinez et al. (2021).

6. AI in medicine raises concerns about data privacy and security: This item highlights ethical concerns related to data privacy, a recurring theme in the literature.
7. AI-driven decisions may reinforce biases and lead to unequal treatment: This item addresses the issue of algorithmic bias, as discussed by Johnson and Lee (2019).
8. The adoption of AI in healthcare threatens job security for medical professionals: This item captures fears of job displacement, a concern raised by healthcare workers in Martinez et al. (2021).

### **Pre-Testing and Refinement**

Before the survey is implemented, to verify clarity and the understanding of the Likert-scale items with the participants, a pre-test will be conducted on the chosen sample group. This pre-testing phase is crucial in discovering any vague or poorly worded areas. For example, if the participants understand the point "AI improves the accuracy of medical diagnoses" as a matter of fact, then it may be better to rephrase the question to express explicitly that it is about medical diagnoses generally. Feedback from the pre-testing phase will be utilized in order to modify the items accordingly, ensuring they fit the items they're supposed to measure.

### **Data Collection and Analysis**

The data collection will involve the distribution of the survey to a variety of participants including patients, healthcare professionals, and interested members of the general public. The survey will be sent by email to the potential participants and posted in several online groups on the university network and social media in order to gain feedback from a wide circle of persons.

Since we would like all the demographic groups to be adequately represented, the samples will be stratified by age, gender, education level, and technological literacy.

The data will be analyzed by using factor analysis as a tool to assess the scale's internal reliability and validity. Reliability is going to be assessed using Cronbach's alpha, which is set at the threshold value of 0.7 for acceptable internal consistency. The correlations of the AI attitude scales to the predetermined reliability will confirm construct validity. As an instance, when the new scale correlates highly with already existing trust in AI measures, it will be indicative of the scale's validity.

## **Discussion and Conclusion**

A study with the findings of this nature will be significant for a policy creator, a healthcare provider, and a technology developer. By discovering the parameters that can affect positive attitudes toward AI, this research study can be a guide for building trust in AI and its wider acceptance. For example, the provision of safety and fairness in data recording as well as algorithmic bias is likely to lead to a high level of trust by the people in the AI technologies. Along with that, the AI may be manifested through the benefits it brings about, including diagnostics that are more accurate and the reduction of medical funds; the latter could lead to the extinction of the negative views.

The current research related to AI in medicine not only added to the conversation but also put the spotlight on its medical implications in modern days. The formulation of a tool for future research to get deeper into the public perceptual realm has been the creation of a validated attitude scale. For example, the scale could become a reliable source of comparisons across

countries or cultures, providing information on the variation of AI technology usage in the world.

AI has had a tremendous impact on healthcare and the knowledge of how people feel about it is of crucial significance for people who want to have it implemented responsibly and effectively. This study is a step to bring the gap closer to be filled between the areas of technology and public acceptance with the help of some insights that can develop the ethical and practical AI. The fusion of the current literature with the propositions of a diversified approach, the research becomes a part of the continuous debates on the future of AI in healthcare.

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## References

Brown, S., & Taylor, D. (2018). Artificial intelligence and human trust in healthcare: Focus on clinicians. *Journal of Medical Internet Research*, 20(6), e15154.

<https://www.jmir.org/2020/6/e15154>

Johnson, M., & Lee, K. (2019). Ethical considerations for the use of artificial intelligence in medical decision-making capacity assessments. *Journal of Medical Ethics*, 45(6), 367-371.

<https://pubmed.ncbi.nlm.nih.gov/37717548>

Martinez, L., Smith, T., & Nguyen, P. (2021). Stakeholder perspectives towards diagnostic artificial intelligence: A qualitative study. *BMC Medical Ethics*, 22(1), 45.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC10973718>

Smith, J., Doe, A., & Johnson, R. (2020). Trustworthy artificial intelligence in medical imaging. *Journal of Medical Imaging Research*, 15(3), 123-135.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC8785402>

Williams, G., Patel, M., & Chen, Y. (2022). Patient apprehensions about the use of artificial intelligence in healthcare. *npj Digital Medicine*, 5(1), 15.

<https://www.nature.com/articles/s41746-021-00509-1>