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| RESEARCH ARTICLE

Exploring Public Trust in AI Healthcare Systems: A Questionnaire-based Study on Bias, Reliability, and Privacy Concerns

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| ABSTRACT
The healthcare industry is now more and more adopting artificial intelligence (AI) in support of improving diagnosis, managing virtual consults, and carrying out predictive analysis. Even with the increasing use of these systems, their value is subject to public trust. This research examines social opinions on artificial intelligence in healthcare, targeting dimensions of reliability, bias, and concerns for privacy. A questionnaire survey was conducted, which collected 1,019 questionnaires from the public, representing all age groups, both genders, all educational levels, and all professions. Results indicate that 88.6% of the respondent participants made use of healthcare services that had AI interwoven in them, for instance, chatbots, cell phone applications, or internet-aided diagnosis tools. Participants had varying opinions regarding the reliability of the AI systems. Specifically, 39.9% believed them to be equally reliable as human professionals, 48.3% less reliable, and 11.8% more reliable. There was high skepticism regarding fairness in this context. While 46.5% of the interviewers believed that AI is equally fair to all human beings, 68% assumed that available data is incomplete or biased in favor of Western populations. Data and privacy protection were among the major concerns, with 68.4% worried that their health-related information would not be safeguarded appropriately. While it was also thought to be important that artificial intelligence systems should clearly demonstrate their limitation, 89% of the interviewees indicated that transparency in the matter was critical. Finally, the results show that consumers are steadily accepting artificial intelligence in the healthcare industry in a cautious way. Although users find the convenience beneficial, they lack trust in the accuracy, fairness, and protection of their confidential information. The study suggests that in building public trust, it is critical to use inclusive datasets that contain heterogeneous groups, use effective privacy controls, and have transparency. To achieve more refined insight regarding whether trust in AI health systems has increased or decreased with time, future studies should look at inter-cultural perceptions and longitudinal analyses.

| KEYWORDS

Artificial Intelligence; Healthcare Systems; Public Trust; Reliability; Bias; Privacy; Questionnaire Survey.

| ARTICLE INFORMATION

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1. Introduction

Artificial Intelligence is playing a bigger and bigger role in modern medicine. It offers a range of services, such as help with diagnosis, predictive analysis, and online consultations. Artificial Intelligence is also used in Hospitals (Bekbolatova et al., 2024; Maleki Varnosfaderani & Forouzanfar, 2024). Several researchers tried to find relationships

between AI and healthcare (Al Kuwaiti et al., 2023; Polevikov, 2023; Davenport & Kalakota, 2019). These new technologies might make medical care more accurate and helpful, as well as lower costs and make it easier to access. Bohr and Memarzadeh (2020) discuss AI 's influence on Healthcare systems. Even though they have a lot of potential, their use in healthcare and continued success depend a lot on how much people trust them (Apell & Eriksson, 2021; Panch, Mattie, & Celi, 2019; Shaheen, 2021). Patients may not trust these platforms, which could make them less likely to use AI-enhanced technologies. This could make these technologies less useful in real life (Amann et al., 2020; Bali et al., 2019; Secinaro et al., 2021).

Recent research has both highlighted the potential benefits and scrutinized the possible challenges of implementing AI in healthcare settings. While process efficiencies and decision-making may be optimized with the application of AI, concerns remain regarding the trustworthiness, objectivity, and data protection of these systems. Biases in training data, and specifically biases that privilege some populations, could undermine the fair treatment of all patients (Chaddad et al., 2023; Jiang et al., 2017; Saraswat et al., 2022). Similarly, concerns regarding patient privacy and the protection of sensitive healthcare data may influence patient willingness to engage with systems that employ AI (Babic et al., 2021; Cacciamani et al., 2023). Understanding these perceptions is critical to the creation of effective and socially accepted applications of AI.

This study sets out to investigate public trust in AI healthcare systems based on perceptions of reliability, bias, and privacy. Administering a questionnaire survey to 1,019 participants from diverse demographics, the study sets out to gather empirical evidence on perceptions of individuals towards AI in healthcare and identify key determinants of trust. Policymakers, healthcare providers, and AI developers all have potential gains from the findings in the form of advice on designing solutions that boost transparency, inclusivity, and security and, in that sense, inspire more public trust in services that provide healthcare assistance through AI.

2. Literature Review

Artificial Intelligence (AI) has quickly revolutionized the healthcare industry by facilitating diagnostic assistance, predictive analysis, online consultations, and customized treatment planning. Research has indicated that AI may increase the accuracy of diagnosis, automate clinical workflow, and minimize medical errors (Nasr et al., 2021; Pawar et al., 2020; Rong et al., 2020). Esteva et al. (2017) proved that it is possible for the algorithms of AI to achieve human expertise-level performance in identifying certain medical issues and thus proposed their possibility in aiding healthcare practitioners effectively.

Regardless of these advancements, the question of public trust in artificial intelligence still poses a significant hurdle. Xu et al. (2020) observed that patients commonly show distrust in AI-facilitated healthcare due to fears associated with accuracy, lack of human supervision, and unfamiliarity with the technologies of AI. Above all, bias is another serious issue (Piastou, 2025; Rabby et al., 2025); Obermeyer et al. (2019) found that AI systems built using data sets based on Western settings could produce unequal results when deployed among diverse populations. There is also fear of losing privacy and data security, as users have expressed discomfort with the collection, storage, and use of confidential health information (Esmaeilzadeh, 2020; Mittelstadt, 2019; Reddy, Fox, & Purohit, 2021).

Though previous work has looked at these questions in silos, little empirical research is available that assesses, at one time, public perceptions of reliability, fairness, and privacy from broad and diverse population bases. Most prior work centers on technical performance or special clinical uses, and not from the holistic standpoint of user trust that is taken in this work. Cross-demographic comparisons: involving age, gender, education, and occupation variables, for instance, have been poorly studied. This gap highlights the need for in-depth research in understanding the perceptions of the common masses regarding artificial intelligence in the healthcare domain, and their concerns specifically regarding precision, fairness, and anonymity. Addressing this gap, the current study contributes empirical evidence that may inform policymakers, healthcare professionals, and AI engineers in the creation of more transparent, inclusive, and dependable AI in healthcare systems.

Research Question

This paper aims at examining the subsequent inquiries that follow:

1) What are individual perceptions towards deployment of medical services using artificial intelligence?

2) How do people evaluate how reliable and equitable AI-medical systems are relative to skilled humans?

3) What are the chief privacy and data protection concerns that are raised when medical practice includes the use of artificial intelligence?

4) How does transparency about the decision makings of AI impact people's trust towards medical technologies?

Research Objectives

The objectives of this research are presented below:

1) To explore individuals' perceptions on the integration of AI with medical infrastructure.

2) To assess people's perceptions on the reliability and equity of AI-aided medical services.

3) To summarize the primary privacy and data protection concerns for health care consumers.

4) To identify how transparency and accountability of AI-driven healthcare impact public acceptance and trust.

Significance of the Research

The study is relevant because:

1) It examines public acceptance of AI medical technologies, according to perceptions of reliability, justice, and privacy across different groups of people.

2) It identifies chief drivers such as prejudice, data limitations, and lack of clarity, which lie behind the adoption of AI-based solutions for healthcare.

3) These findings make recommendations for health specialists, health experts, AI designers, and policymakers on the planning of more-inclusive, safer, and confidence-boosting health information technologies.

4) For determining how demographic factors, e.g., sex, education, employment, and age, both regulate public perceptions with respect to AI application in medicine.

5) Planning for ethical, transparent, and socially desirable AI technologies is made possible, which, in turn, optimizes the quality of health services provided and patient outcomes.

3. Methodology

This research also adopted a quantitative research approach, a survey method, to examine trust by the public in AI healthcare systems. A structured questionnaire was designed to gather empirical information on how people perceived reliability, bias, and data privacy related to AI and healthcare. The structured questionnaire was designed after a judicious review of what is already available on AI and healthcare and what has already been researched on healthcare subjects of interest.

The study recruited 1,019 respondents of varying demographies. For the purpose of ensuring that the sample is complete and representative of people of all aspects of life, respondents were of varying ages, both men and women, of varying educations, and of varying jobs. Both online and face-to-face interviews were conducted so

that it would be easy for people to participate and meet each other. Respondents were made acquainted with what the study entailed and how their answers would be kept confidential and anonymous.

The questionnaire contained closed-ended questions with Likert-scale choices for discovering how individuals felt about and wondered about AI healthcare systems. The questions were designed for discovering how individuals trust AI systems, how equitable they believe they are, how trustworthy they believe they are against human physicians, how concerned they are about data confidentiality, and how informed they are about the limitations of AI.

The information retrieved through the questionnaire was thoroughly structured and interpreted by descriptive statistics, including frequencies, percentages, and comparative studies of demographic factors. Through this approach, it was possible for the researchers to identify patterns of how individuals feel about AI healthcare systems and what causes individuals to trust them. The research strategy was designed diligently to bring forward valid and reliable data regarding research interest and uphold ethical integrity, covering informed consent, willingness to participate, and participant information protection.

4. Results

4.1 Demographic Information

Total Respondents 1,019

From the survey method using a structured questionnaire as a tool, we collected data on participants' demographic information, prior experience with AI-based healthcare services, and their perceptions regarding reliability, fairness, and privacy of AI systems. The collected data includes respondents' demographic information, such as their age, gender, education level, professional experience, prior experience with artificial intelligence healthcare services like chatbots, smartphone applications, or online diagnostic tools, and overall confidence and satisfaction with AI technologies.

Results are tabulated below along with charts, which have descriptive discussion that gives a clear overview of the participant characteristics along with their perceptions towards AI-based healthcare systems. This makes it easy to identify trends and patterns, hence determining the determinants that influence public trust in AI-based solutions for healthcare.

Table 1. Age

Age	Frequency	Percentage
Below 20	89	8.7%
21-30	454	44.6%
31-40	228	22.4%
41–50	103	10.1%
51+	145	14.2%

Table 2. Gender

Gender	Frequency	Percentage
Male	458	44.9%
Female	417	40.9%
Other/Prefer not to say	144	14.1%

Table 3. Educational Level:

Educational Level	Frequency	Percentage
High School	89	8.7%
Undergraduate	454	44.6%
Graduate	228	22.4%
Postgraduate	103	10.1%
Other	145	14.2%

Table 4. Occupation

Occupation	Frequency	Percentage
Student	505	49.6%
Service	122	12%
Business	22	2.2%
Healthcare	204	20%
Professional	21	2.1%
Other	145	14.2%

Table 1, Table 2, Table 3, and Table 4 shows that respondents were predominantly young adults, ranging between 21 and 30 (44.6%) and between 31 and 40 (22.4%). Gender also proved quite even, with a majority of males (44.9%), females (40.9%), and a minority of other/undisclosed (14.1%). Education also included a majority of bachelor's degree holders (44.6%), graduates (22.4%), and postgraduate holders (10.1%), indicating a highly educated sample of respondents. Occupations included a majority of students (49.6%), professionals involved in healthcare (20%), and service workers (12%). Overall, the demographic profile indicates pervasive coverage of age, sex, schooling, and profession, hence being an appropriate source of data for analyzing trust of AI-based healthcare systems by the population.

Table 5. Question 1

Question: Have you ever used AI-based healthcare services (apps, chatbots like ChatGPT or others, or online diagnosis)?		
Response	**Frequency**	**Percentage**
Yes	903	88.6%
No	116	11.4%

Table 5 shows that 88.6% participants used AI-based healthcare services like apps, chatbots like ChatGPT, or other online diagnosis.

Table 6. Statement 1

Statement: I trust AI systems to provide accurate health information.		
Response	**Frequency**	**Percentage**
Strongly Agree	56	5.5%
Agree	467	45.8%
Neutral	230	22.6%
Disagree	266	26.1%

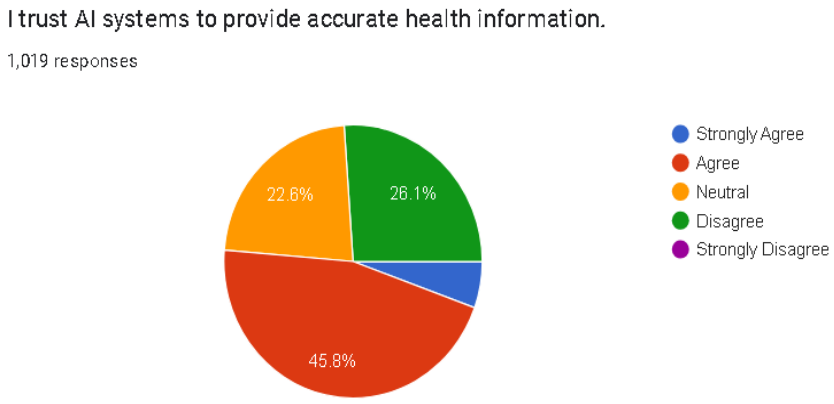

Figure 1: Trust in AI health Information

Table 6 and Figure 1 show that a total of 1019 responses, and "strongly agree" receives 5.5% and "agree" receives 45.8%. So, several 51.3% participants agree with this decision: "I trust AI systems to provide accurate health information".

Table 7. Statement 2

Statement: Compared to human doctors, I find AI-based healthcare systems more/less/equally reliable.		
Response	**Frequency**	**Percentage**
More reliable	120	11.8%
Less reliable	492	48.3%
Equally reliable	407	39.9%

Table 8. Statement 3

Statement: I believe AI healthcare systems treat all patients fairly regardless of age, gender, or social background.		
Response	**Frequency**	**Percentage**
Strongly Agree	60	5.9%
Agree	474	46.5%
Neutral	322	31.6%
Disagree	101	9.9%
Strongly Disagree	62	6.1%

Table 7 and Table 8 show that a maximum percent of 48.3% marks AI-based healthcare as less reliable, while the maximum agrees with AI's fair treatment according to age, gender, or social background.

Table 9. Statement 4

Statement: I am concerned that AI healthcare systems may be biased due to limited or Western-centered data.		
Response	**Frequency**	**Percentage**
Strongly Agree	217	21.3%
Agree	476	46.7%
Neutral	220	21.6%
Disagree	44	4.3%
Strongly Disagree	62	6.1%

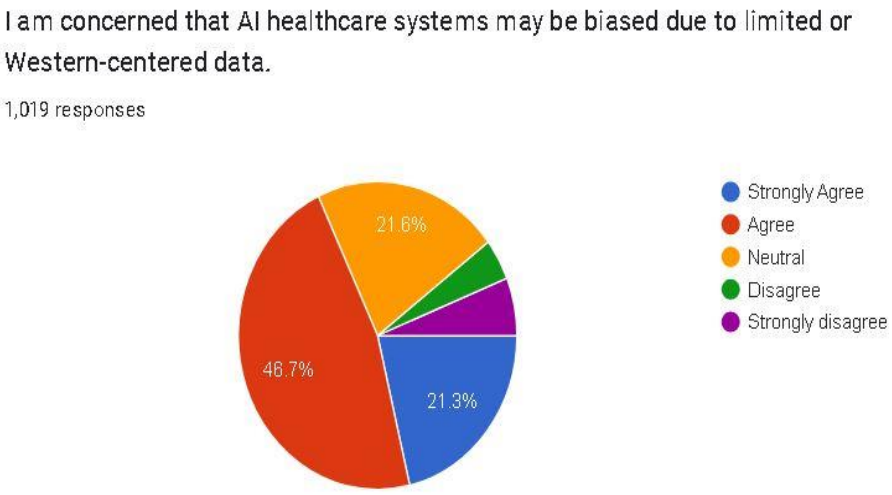

Figure 2: Bias of AI

Table 9 and Figure 2 show that the maximum participants of a total 68% "strongly agree" and "agree" with the statement: "I am concerned that AI healthcare systems may be biased due to limited or Western-centered data."

Table 10. Statement 5

Statement: I am worried about privacy and data security when using AI in healthcare.		
Response	**Frequency**	**Percentage**
Strongly Agree	215	21.1%
Agree	482	47.3%
Neutral	257	25.2%
Disagree	64	6.3%

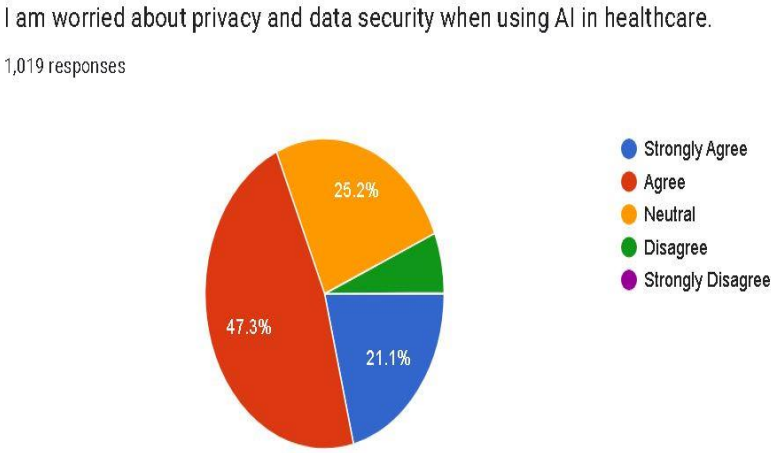

Figure 3: Privacy and Data Security Concerns of AI Users

Table 10 and Figure 3 show the privacy and data security concerns of AI Users, where a maximum of 68.4% "strongly agree" and "agree" with statement 5.

Table 11. Statement 6

Statement: AI healthcare systems should clearly inform patients about their limitations.		
Response	**Frequency**	**Percentage**
Strongly Agree	626	61.4%
Agree	281	27.6%
Neutral	112	11%

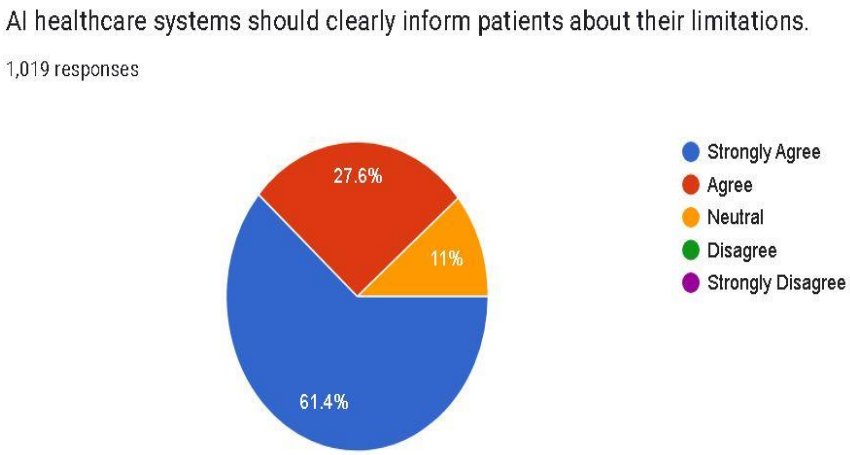

Figure 4: Informing Patients About System Limitations

Table 11 and Figure 4 show that 89% participants "strongly agree" and "agree" with statement 6. So, most people want to learn about the limitations of AI healthcare systems.

5. Discussion

The results identify clear advantages for acquired knowledge about trust in society and beliefs about systems of healthcare by AI. Specifically, it shows how, even though a majority of respondents (51.3%) are confident about AI delivering adequate health information, a notable percentage (48.3%) believe AI-based healthcare is less

trustworthy than healthcare by human professionals. This recognizes two kinds of perceptions, where technical advancement is recognized, yet a perception among broader societal groups about a requirement for a human touch for trust-building purposes exists.

The issue of fairness and bias holds a specific significance, since a majority of respondents (agreement/strong agreement) of 68% confirmed the notion that healthcare systems based on artificial intelligence are likely to incorporate biases due to limited, predominantly Western data sets. Related work by Obermeyer et al. (2019), Steerling et al. (2023 and Xu et al. (2020) also validates the same, indicating a focus on localized and heterogeneous integration of data sets for AI modeling for fairness of outcomes for several public groups. A feeling regarding the predominance of information on privacy and data security also occurs as a trust-building, crucial element. A majority of respondents (68.4%) expressed related concerns regarding potential private health information abuse or its unauthorized disclosure, indicating a similar view by Mittelstadt (2019) and Reddy et al. (2021), who noted poor data use transparency as potentially destroying trust, even despite stellar performance by artificial intelligence. Secondly, nearly all respondents (89%) suggested AI systems should clearly declare their own limitations. This indicates growing awareness by individuals and a need for responsibility regarding online healthcare provided.

Overall, it deduces that trust by citizens in AI for healthcare is complex, depending on reliability, fairness, and data protection fears. It advocates that technical superiority is insufficient; instead, there is a requirement for ethical communication, representative data, and regulatory assurances for trust-building purposes to be real and genuine-looking. Consequently, it is of utmost importance for policymakers, developers of AI, and healthcare systems to collaborate for culturally competent, comprehensive, and clear AI systems development for specific populace communities, addressing their particular needs and value systems.

6. Conclusion

This research describes the perplexing kinematics of public trust in AI-based healthcare systems, pleading that technical proficiency by itself cannot foster trust among its end users. Despite a vast majority of respondents surveyed having placed some trust in health information delivered by AI, a significant proportion ranked AI below human professionals. Chief among their concerns were issues of fairness, potential biases deriving from predominantly Western-dominated data, and fears of information confidentiality, signaling a future imperative for balanced data practices, clear communication, and equitable ethical governing institutions. The study concludes that developers, health professionals, and policymakers must collaborate to produce genuine trust among AI applications. The limitations of our own study are its cross-sectional design and its entanglement with a single population group; hence, future studies, including longitudinal studies and cross-cultural assessments, are required to better reflect changing public sentiments regarding AI in healthcare.

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Conflict of Interest Statement: The researchers declare that there is no conflict of interest regarding the publication of this work.

Informed Consent: We have obtained informed consent from all individuals included in this study. All participants were made fully aware of the objectives of the research, and their participation was entirely voluntary. No personally identifiable information was disclosed, and participants retained the right to withdraw at any time without consequence.

Ethical Approval: The research described in this article was conducted in full compliance with all ethical standards of the institution of the authors. The investigation was conducted according to all ethical procedures required, with

our study design, methods and purpose was reviewed and approved by the institutional ethics committee before undertaking the research study. This approval indicates that the study upholds professional and academic integrity and follows national and institutional policies regarding the ethical treatment of human participants and management of data.

Data Availability: The data that support the findings of this study are available from the corresponding author, Md. Naeem Aziz, upon reasonable request. Due to privacy and confidentiality considerations, the data are not publicly available but may be provided upon inquiry and subject to institutional approval.

References

[1] Al Kuwaiti, A., Nazer, K., Al-Reedy, A., Al-Shehri, S., Al-Muhanna, A., Subbarayalu, A. V., Al Muhanna, D., & Al-Muhanna, F. A. (2023). A review of the role of artificial intelligence in healthcare. *Journal of Personalized Medicine, 13*(6), 951. https://doi.org/10.3390/jpm13060951

[2] Amann, J., Blasimme, A., Vayena, E., Frey, D., & Madai, V. I. (2020). Explainability for artificial intelligence in healthcare: A multidisciplinary perspective. *BMC Medical Informatics and Decision Making, 20*, 310. https://doi.org/10.1186/s12911-020-01332-6

[3] Apell, P., & Eriksson, H. (2021). Artificial intelligence (AI) healthcare technology innovations: the current state and challenges from a life science industry perspective. *Technology Analysis & Strategic Management, 35*(2), 179–193. https://doi.org/10.1080/09537325.2021.1971188

[4] Bali, J., Garg, R., & Bali, R. T. (2019). Artificial intelligence (AI) in healthcare and biomedical research: Why a strong computational/AI bioethics framework is required? *Indian Journal of Ophthalmology, 67*(1), 3–6. https://doi.org/10.4103/ijo.IJO_1292_18

[5] Babic, B., Kuo, R., & Arnaout, R. (2021). Beware explanations from AI in healthcare. *Science, 373*, 284–286. https://doi.org/10.1126/science.abg1834

[6] Bohr, A., & Memarzadeh, K. (2020). The rise of artificial intelligence in healthcare applications. In A. Bohr & K. Memarzadeh (Eds.), *Artificial intelligence in healthcare* (pp. 25–60). Academic Press. https://doi.org/10.1016/B978-0-12-818438-7.00002-2

[7] Cacciamani, G. E., Chu, T. N., Sanford, D. I., et al. (2023). PRISMA AI reporting guidelines for systematic reviews and meta-analyses on AI in healthcare. *Nature Medicine, 29*, 14–15. https://doi.org/10.1038/s41591-022-02139-w

[8] Chaddad, A., Peng, J., Xu, J., & Bouridane, A. (2023). Survey of explainable AI techniques in healthcare. *Sensors, 23*(2), 634. https://doi.org/10.3390/s23020634

[9] Davenport, T., & Kalakota, R. (2019). The potential for artificial intelligence in healthcare. *Future Healthcare Journal, 6*(2), 94–98. https://doi.org/10.7861/futurehosp.6-2-94

[10] Esmaeilzadeh, P. (2020). Use of AI-based tools for healthcare purposes: A survey study from consumers' perspectives. *BMC Medical Informatics and Decision Making, 20*, 170. https://doi.org/10.1186/s12911-020-01191-1

[11] Esteva, A., Kuprel, B., Novoa, R. A., Ko, J., Swetter, S. M., Blau, H. M., & Thrun, S. (2017). Dermatologist-level classification of skin cancer with deep neural networks. *Nature, 542*(7639), 115–118. https://doi.org/10.1038/nature21056

[12] Jiang, F., Jiang, Y., Zhi, H., Dong, Y., Li, H., Ma, S., et al. (2017). Artificial intelligence in healthcare: Past, present and future. *Stroke and Vascular Neurology, 2*. https://doi.org/10.1136/svn-2017-000101

[13] Maleki Varnosfaderani, S., & Forouzanfar, M. (2024). The role of AI in hospitals and clinics: Transforming healthcare in the 21st century. *Bioengineering, 11*(4), 337. https://doi.org/10.3390/bioengineering11040337

[14] Mittelstadt, B. D. (2019). Principles alone cannot guarantee ethical AI. *Nature Machine Intelligence, 1*(11), 501–507. https://doi.org/10.1038/s42256-019-0114-4

[15] Mohammed Yousef Shaheen. (2021). Applications of artificial intelligence (AI) in healthcare: A review. *ScienceOpen Preprints*. https://doi.org/10.14293/S2199-1006.1.SOR-.PPVRY8K.v1

[16] Nasr, M., Islam, M. M., Shehata, S., Karray, F., & Quintana, Y. (2021). Smart healthcare in the age of AI: Recent advances, challenges, and future prospects. *IEEE Access, 9*, 145248–145270. https://doi.org/10.1109/ACCESS.2021.3118960

[17] Obermeyer, Z., Powers, B., Vogeli, C., & Mullainathan, S. (2019). Dissecting racial bias in an algorithm used to manage the health of populations. *Science, 366*(6464), 447–453. https://doi.org/10.1126/science.aax2342

[18] Panch, T., Mattie, H., & Celi, L. A. (2019). The "inconvenient truth" about AI in healthcare. *npj Digital Medicine, 2*, 77. https://doi.org/10.1038/s41746-019-0155-4

[19] Piastou, M. (2025). Leveraging artificial intelligence for software development and system design. *Journal of Computer Science and Information Technology, 2*(1), 50–56. https://doi.org/10.61424/jcsit.v2i1.467

[20] Polevikov, S. (2023). Advancing AI in healthcare: A comprehensive review of best practices. *Clinica Chimica Acta, 548*, 117519. https://doi.org/10.1016/j.cca.2023.117519

[21] Rabby, F., Chowdory, M. M. U., Al Mahmud, S. R., Sultana, M. M., Galib, D. A., & Barsha, B. R. (2025). Implications for law, ethics, and practice regarding AI's contribution in strengthening data privacy. *Journal of Computer Science and Information Technology, 2*(1), 1–14. https://doi.org/10.61424/jcsit.v2i1.190

[22] Rong, G., Mendez, A., Bou Assi, E., Zhao, B., & Sawan, M. (2020). Artificial intelligence in healthcare: Review and prediction case studies. *Engineering, 6*(3), 291–301. https://doi.org/10.1016/j.eng.2019.08.015

[23] Reddy, S., Fox, J., & Purohit, M. P. (2021). Artificial intelligence-enabled healthcare delivery. *Journal of the Royal Society of Medicine, 114*(7), 371–376. https://doi.org/10.1177/01410768211023131

[24] Reddy, S., Rogers, W., Makinen, V. P., Coiera, E., Brown, P., Wenzel, M., Weicken, E., Ansari, S., Mathur, P., Casey, A., & Kelly, B. (2021). Evaluation framework to guide implementation of AI systems into healthcare settings. *BMJ Health & Care Informatics, 28*(1), e100444. https://doi.org/10.1136/bmjhci-2021-100444

[25] Secinaro, S., Calandra, D., Secinaro, A., et al. (2021). The role of artificial intelligence in healthcare: A structured literature review. *BMC Medical Informatics and Decision Making, 21*, 125. https://doi.org/10.1186/s12911-021-01488-9

[26] Steerling, E., Siira, E., Nilsen, P., Svedberg, P., & Nygren, J. (2023). Implementing AI in healthcare—the relevance of trust: A scoping review. *Frontiers in Health Services, 3*, 1211150. https://doi.org/10.3389/frhs.2023.1211150

[27] U. Pawar, D., O'Shea, S., Rea, & R. O'Reilly. (2020). Explainable AI in healthcare. In *2020 International Conference on Cyber Situational Awareness, Data Analytics and Assessment (CyberSA)* (pp. 1–2). Dublin, Ireland. https://doi.org/10.1109/CyberSA49311.2020.9139655

[28] Xu, J., Luo, X., Chen, F., & Chen, J. (2020). Trust in artificial intelligence: A study of user perceptions in healthcare. *Computers in Human Behavior, 112*, 106456. https://doi.org/10.1016/j.chb.2020.106456