Enhancing Trust in Healthcare: The Role of AI Explainability and Professional Familiarity
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INTRODUCTION

Globally, the integration of Artificial Intelligence (AI) in healthcare is seen as a transformative force, poised to enhance diagnosis, treatment, and patient care. Studies
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indicate that AI can process vast amounts of medical data with precision, potentially reducing diagnostic errors, which are estimated at around 10-15% in developed countries (Topol, 2019). In developing nations, these errors are even higher due to resource constraints. Turning to Pakistan, the healthcare sector faces unique challenges, intensified by limited resources and a high patient-to-doctor ratio (Shahverdi et al., 2023). AI’s introduction in this context is both a beacon of hope and a source of concern. A study by Khan et al., highlighted the potential of AI in bridging healthcare gaps in Pakistan, yet there’s a palpable hesitation among professionals and patients alike, primarily due to trust issues in AI decisions. Trust in AI, as first defined by Lee and See in their seminal 2004 work, is pivotal in its acceptance. In Pakistan, this trust deficit is linked to a lack of understanding of AI’s decision-making process, as well as fears about data privacy and job displacement among healthcare professionals (Lee et al., 2021). Globally, these concerns mirror similar sentiments, where trust—or the lack thereof—can significantly impact the effective utilization of AI in healthcare.

The trust in AI’s decisions is crucial for its effective implementation. If not adequately addressed, this lack of trust can exacerbate existing healthcare challenges, both globally and in countries like Pakistan (Khalil et al., 2017). For instance, a mistrust in AI can lead to underutilization of potentially life-saving AI diagnostics and treatments. In Pakistan, this could further strain the already overburdened healthcare system. The significance of explainability and familiarity with AI in healthcare cannot be overstated in addressing these trust issues. Research has shown that when AI’s decision-making process is transparent and understandable, healthcare professionals and patients are more likely to trust and accept its recommendations (Asan et al., 2020). For example, a study in a European context demonstrated increased acceptance of AI diagnostics when practitioners could understand and explain the AI’s reasoning.

However, focusing solely on explainability and familiarity could have unintended consequences. For instance, over-reliance on simplified AI models for the sake of explainability could limit the complexity and accuracy of AI solutions (Dikmen, 2022). This, in turn, might reinforce existing healthcare inefficiencies, as discussed in the works of Ahmed et al. This study aims to bridge this gap by exploring the relationship between AI’s explainability, healthcare professionals’ familiarity with AI, and the trust in AI within the healthcare context. While previous research has delved into these aspects independently, there is a dearth of studies examining their interconnectedness, particularly in the Pakistani healthcare setting. This research, therefore, is both important and novel in its approach. Differing from previous studies, this research employs a unique methodological framework, focusing on the Pakistani healthcare sector. Unlike prior models, which primarily centered on technological aspects, this study integrates sociological perspectives, offering a more holistic understanding of the dynamics at play.

The study’s results underscore the critical role of AI explainability and healthcare professionals’ familiarity in building trust. For policymakers, these findings suggest a need for educational initiatives and transparent AI systems. Practically, implementing such measures could enhance AI acceptance, improving healthcare delivery in both global and Pakistani contexts. The remainder of the paper is structured as follows: The next section reviews existing literature, providing a foundation for the study’s conceptual framework. Following this, the methodology and data analysis are presented. Finally, the
LITERATURE REVIEW

Trust in AI, particularly in healthcare, is a paramount concern in modern medical practice. Studies by Choudhury (2022) emphasize that trust in AI systems significantly influences their adoption and effective use in clinical settings. Trust, as conceptualized by Waarden et al. (2020), encompasses the belief that AI will act competently, with integrity, and in the best interests of patients. In the healthcare context, where decisions can be life-altering, trust assumes an even greater importance. Globally, the importance of trust in AI within healthcare settings cannot be overstated. A study by Bhatt and Chakraborty (2023) revealed that in environments where AI is trusted, there is a notable increase in its adoption and effective integration into healthcare practices. Conversely, a lack of trust can significantly hinder the utilization of AI, as demonstrated by research conducted in various European healthcare systems. Trust in AI thus emerges as a crucial factor in its acceptance and use, influencing the overall effectiveness of healthcare delivery.

The relationship between the explainability of AI and the level of trust healthcare professionals place in it is well-documented. For instance, Ferreira and Monteiro (2021) found that when AI systems provide clear, understandable reasoning for their decisions, healthcare professionals' trust in these systems increases. Similarly, familiarity with AI among healthcare professionals has been linked to higher trust levels. A study by Mehta et al. (2021) demonstrated that healthcare professionals who had undergone training in AI technologies exhibited greater confidence and trust in AI's diagnostic recommendations. Despite extensive research, there remains a missing link in understanding how explainability and familiarity simultaneously influence trust in AI within healthcare. Most studies have focused on these factors in isolation, without considering their combined effects. The literature gap lies in the collective examination of AI's explainability, healthcare professionals' familiarity with AI, and the resultant trust in AI. This gap leads to the problem statement: How do AI's explainability and healthcare professionals' familiarity with AI collectively impact trust in AI for healthcare applications.

THEORETICAL SUPPORT FOR RELATIONSHIPS

The Technology Acceptance Model (TAM) and the Theory of Planned Behavior (TPB) provide strong theoretical foundations for these relationships. According to TAM, as proposed by Smith (2008), perceived ease of use (which can be related to explainability) and perceived usefulness directly influence the acceptance of technology. TPB, articulated by Ho et al. (2017), suggests that attitudes (which can be influenced by familiarity and trust) towards behavior, subjective norms, and perceived behavioral control predict the intention to use a technology.

DEVELOPMENT OF HYPOTHESES

Based on the aforementioned studies and theories, two hypotheses are proposed:
H1. Higher levels of AI explainability are positively associated with increased trust in AI for healthcare applications. This hypothesis is supported by the premise of TAM, where ease of use, akin to explainability, enhances technology acceptance.

H2. Greater familiarity with AI among healthcare professionals is positively associated with increased trust in AI for healthcare applications. This is in line with TPB, where familiarity can influence attitudes and, consequently, the intention to use a technology.

**Figure 1.**

**Conceptual Framework**

**Research Population and Sampling**

The research focused on healthcare professionals across various hospitals and healthcare institutions in Pakistan. A stratified random sampling method was used to ensure representation from different departments and levels of expertise, capturing diverse perspectives on AI in healthcare.

**Data Collection Process**

Data collection was achieved through a structured questionnaire survey. This survey specifically targeted healthcare professionals, including doctors, nurses, and medical administrators, who interact with or are affected by AI applications in their work environment.

**Questionnaire Survey Respondents**

Questionnaires were distributed both online and face-to-face to broaden reach and improve the response rate; confidentiality was stressed to ensure responses were honest and unbiased. Choosing healthcare professionals as respondents was crucial since their direct dealings with AI systems have a significant effect on the successful use and acceptance of AI in healthcare settings, as shown in earlier studies.

**Table 1.**

Descriptive Statistics of Respondents

<table>
<thead>
<tr>
<th>Respondent Type</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>50%</td>
</tr>
<tr>
<td>Nurses</td>
<td>30%</td>
</tr>
<tr>
<td>Administrators</td>
<td>20%</td>
</tr>
</tbody>
</table>

**Non-Response Bias Calculation**

A Levene’s test was conducted to check for non-response bias.
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Table 2.
Levene’s Test for Non-Response Bias

<table>
<thead>
<tr>
<th>LEVENE’S T-TEST F VALUE</th>
<th>LEVENE’S T-TEST SIG.</th>
<th>T-TEST VALUE</th>
<th>T-TEST DF</th>
<th>T-TEST (2-TAILED)</th>
<th>SIG. MEAN DIFFERENCE</th>
<th>STD. ERROR DIFFERENCE</th>
<th>95% CONFIDENCE INTERVAL OF THE DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.15</td>
<td>0.143</td>
<td>1.76</td>
<td>396</td>
<td>0.079</td>
<td>0.12</td>
<td>0.07</td>
<td>-0.02 to 0.26</td>
</tr>
</tbody>
</table>

In examining the data presented in the table, it has been observed, that the study does not significantly suffer from non-response bias. This indicates that the sample obtained, is representative of the larger population, a crucial factor for the validity of the research findings. The minimal presence of non-response bias, strengthens the study’s reliability, thereby affirming, that the conclusions drawn can be confidently applied to the broader demographic. This aspect underpins the integrity of the research; ensuring that the insights gleaned are both accurate, and reflective of the general population (Kock, 2020).

Common Method Bias

To safeguard the trustworthiness of the survey results, we employed Harman’s single-factor test, to detect potential instances of common method bias. The table reveals that a single component does not substantially account for the majority of the variance. This implies that common method bias, is not a substantial concern in this study (Kock, 2020). Conducting common method bias tests, is crucial to ascertain that the variability in the data, primarily stems from factors other than the measurement method used.

Table 3.
Common Method Bias Test

<table>
<thead>
<tr>
<th>Factor</th>
<th>Variance Explained (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>26.7%</td>
</tr>
</tbody>
</table>

Construct Measurement

Table 4.
Construct Measurement

<table>
<thead>
<tr>
<th>Constructs</th>
<th>Definition</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI Explainability</td>
<td>Clarity of AI decision-making</td>
<td>Likert Scale</td>
</tr>
<tr>
<td>Familiarity with AI</td>
<td>Knowledge and use of AI in healthcare</td>
<td>Likert Scale</td>
</tr>
<tr>
<td>Trust in AI</td>
<td>Confidence in AI’s healthcare decisions</td>
<td>Likert Scale</td>
</tr>
</tbody>
</table>

Pretest Results

Table 5.
Pretest Results

<table>
<thead>
<tr>
<th>Construct</th>
<th>Item</th>
<th>Factor Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI Explainability</td>
<td>Q1</td>
<td>0.75</td>
</tr>
</tbody>
</table>
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The preliminary construct validity of our study is substantiated through the outcomes of the pretest. These outcomes reveal the degree to which the anticipated constructs align with the genuine constructions in question. Importantly, the presence of robust factor loadings within the pretest results, underscores the strong association between the predicted constructs and the actual constructs being measured, thereby, establishing their validity. This alignment bolsters our confidence in the construct validity of the study, signifying that our chosen measurement methods aptly capture the underlying phenomena of interest. This demonstration of construct validity is a pivotal step in ensuring the integrity of our research findings. It signifies that our chosen variables and measurement tools are effectively measuring what they are intended to measure contributing to the overall rigor and reliability of our study. In essence, the pretest results lay the foundation for our subsequent analyses, providing assurance that the constructs under investigation are appropriately and accurately assessed, this alignment between theory and measurement is essential for drawing meaningful and valid conclusions in our research.

Pilot Testing Results

Table 6.

<table>
<thead>
<tr>
<th>Constructs</th>
<th>Cronbach’s Alpha (α)</th>
<th>Means (SD)</th>
<th>Factor Loading Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI Explainability</td>
<td>0.82</td>
<td>3.5 (0.8)</td>
<td>0.70 - 0.85</td>
</tr>
</tbody>
</table>

Based on the outcomes of the pilot test, the study exhibits satisfactory levels of reliability and initial concept validity. It is worth noting, that Cronbach’s Alpha scores exceeding 0.7, are conventionally considered acceptable. These results provide confidence, in the robustness of the measurement instruments employed, reinforcing the credibility of our research.

Reliability and Convergent Validity

In general; Cronbach’s Alpha scores that are more than 0.7, are deemed to be acceptable. The findings of the pilot test show, that the reliability and initial concept validity, are adequate (Joseph et al., 2021; Manley et al., 2021; Sarstedt et al., 2020).

Discriminant Validity

The findings of the pilot test suggests that the reliability and initial concept validity are excellent. Cronbach’s Alpha scores, that are more than 0.7, are frequently deemed to be acceptable.

Table 7.

<table>
<thead>
<tr>
<th>Construct</th>
<th>AVE</th>
<th>Fornell-Larcker Criterion</th>
<th>Cross-Loadings</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI Explainability</td>
<td>0.52</td>
<td>Satisfied</td>
<td>Satisfied</td>
</tr>
</tbody>
</table>

The table confirms that each construct is sufficiently distinct from the others, ensuring discriminant validity.
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MEASUREMENT AND STRUCTURAL MODEL

In contrast to the structural model, which assesses the supposed linkages between the constructs, the measurement model investigates the relationship that exists between the constructs and the indicators with which, they are associated. The comprehension of the structure and dynamics of the study, requires these models as a critical component, (Amora, 2021; Kock, 2020; Sarstedt et al., 2020).

Hypothesis 1: AI Explainability and Trust in AI

- **Path**: AI Explainability → Trust in AI
- **Path Coefficient**: 0.62
- **t-Value**: 5.20
- **Standard Error**: 0.08
- **Result**: Supported

**Discussion for Hypothesis 1**

It is consistent with the findings of Bhatt and Chakraborty (2023), who stated that more transparent AI decision-making processes, increase user trust, that there is a positive and significant association between AI explainability and trust in AI, (t-value 5.20). This finding suggests, that when medical professionals have a better understanding of how artificial intelligence arrives at its findings, they will have a greater level of trust in AI for use in healthcare applications. With regard to the implementation of AI in healthcare settings; this is rather important.

Hypothesis 2: Familiarity with AI and Trust in AI

- **Path**: Familiarity with AI → Trust in AI
- **Path Coefficient**: 0.48
- **t-Value**: 4.35
- **Standard Error**: 0.09
- **Result**: Supported

**Discussion for Hypothesis 2**

Asan et al. (2020) conducted research, that highlighted the fact that increased exposure and understanding of AI systems, lead to greater trust among healthcare professionals. The significant positive relationship between familiarity with artificial intelligence, and trust in AI (t-value 4.35), which corroborates this research, was found to be significant. Based on this study; it appears that educational and training programmes on artificial intelligence might be techniques that are beneficial, in increasing trust and acceptance of AI in the healthcare industry.
Table 8. Hypothesis Testing Results

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Path Coefficient</th>
<th>t-Value</th>
<th>Standard Error</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1: AI Explainability and Trust in AI</td>
<td>0.62</td>
<td>5.20</td>
<td>0.08</td>
<td>Supported</td>
</tr>
<tr>
<td>H2: Familiarity with AI and Trust in AI</td>
<td>0.48</td>
<td>4.35</td>
<td>0.09</td>
<td>Supported</td>
</tr>
</tbody>
</table>

KEY FINDINGS AND IMPLICATIONS

AI Explainability

The strong positive relationship between AI explainability and trust underscores the need for transparent and interpretable AI systems in healthcare., Developers and healthcare administrators should prioritize explainability in AI design and deployment.,

Familiarity with AI

The positive correlation between familiarity with AI and trust highlights the importance of training and educational initiatives for healthcare professionals., These programs could address misconceptions and fears surrounding AI, fostering a more trusting and conducive environment for AI integration in healthcare.,

CONCLUSION

The primary problem this study aimed to investigate was the relationship between AI's explainability, healthcare professionals' familiarity with AI, and their resultant trust in AI for healthcare applications., The study was driven by the recognition that while AI has the potential to revolutionize healthcare, a lack of trust stemming from its 'black box' nature and unfamiliarity among users could hinder its effective implementation. Two key hypotheses were formulated for this investigation., The first hypothesis posited that greater AI explainability would lead to increased trust in AI among healthcare professionals., The second hypothesis suggested that healthcare professionals' familiarity with AI would positively influence their trust in its applications. The research employed a quantitative approach, using a structured questionnaire to gather data from a stratified random sample of healthcare professionals. These respondents included doctors, nurses, and administrators from various hospitals and healthcare institutions, ensuring a comprehensive perspective from those directly impacted by AI integration in healthcare. The results supported both hypotheses. A significant positive relationship was found between AI explainability and trust in AI, as well as between healthcare professionals' familiarity with AI and their trust in it., These findings are pivotal, as they highlight two key areas – explainability and familiarity – that could significantly influence the successful adoption of AI in healthcare settings. This study contributes to the existing body of knowledge by empirically testing and confirming the importance of AI explainability and familiarity in building trust., Unlike previous research that primarily focused on these factors in isolation, this study examined their collective impact., Additionally, it extends the context of this research to the healthcare sector in Pakistan, a setting that has received limited attention in existing literature.
IMPLICATIONS OF THE STUDY

The findings of this study have significant repercussions for those who develop artificial intelligence, as well as those who administer healthcare. When it comes to artificial intelligence developers; the findings highlight the importance of concentrating on the development of AI systems that are more open and easy to understand. As a result of the study, healthcare administrators should consider the significance of investing in educational and training programmes, in order to raise the level of familiarity that professionals have with artificial intelligence. It is vital to have a more trustworthy environment, in order to fully utilise the potential of artificial intelligence in terms of enhancing healthcare delivery and patient outcomes. Such efforts could lead to a more trustworthy environment.

LIMITATIONS AND DIRECTIONS FOR FUTURE STUDIES

Despite its contributions, this study is not without limitations. First, the use of a questionnaire limits the insights to self-reported data, which might not capture all nuances of the respondents' perceptions and experiences. Second, the focus on healthcare professionals in Pakistan means the findings may not be directly generalizable to other countries or sectors. Future research could explore qualitative approaches to gain deeper insights into healthcare professionals' attitudes towards AI. Additionally, comparative studies involving different countries or healthcare settings could provide a more global perspective on the challenges and opportunities in integrating AI into healthcare. Another promising direction would be to investigate the impact of specific types of AI applications (e.g., diagnostic tools, treatment recommendation systems) on trust and acceptance among healthcare professionals.

In conclusion, this study highlights the critical role of explainability and familiarity in fostering trust in AI within healthcare settings. By addressing these key factors, the healthcare sector can better harness the potential of AI, leading to improved patient care and more efficient healthcare systems. The findings provide valuable insights for AI developers, healthcare administrators, and policymakers aiming to integrate AI into healthcare in a way that is both effective and accepted by its users. The journey towards a more AI-integrated healthcare system is complex, but with continued research and strategic implementation, it is a promising one.

DECLARATIONS

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Consent for publication and Ethical approval: Because this study does not include human or animal data, ethical approval is not required for publication. All authors have given their consent.

REFERENCES


