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# Exploring User Experience in Adopting AI-Based Information Systems in Healthcare Environments

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***Abstract****. This study investigates the multifaceted factors shaping user experience in the adoption of AI-based information systems within healthcare settings. As artificial intelligence increasingly supports clinical decision-making processes, understanding the psychological and behavioral dimensions of user interaction becomes imperative. Utilizing a qualitative systematic literature review approach, this research synthesizes findings from scholarly articles published between 2020 and 2025. The analysis reveals three critical determinants influencing user experience: trust in AI, perceived usefulness, and ease of use. These factors play a central role in shaping technology acceptance, which acts as a mediating variable linking system attributes to overall user experience. Furthermore, digital literacy emerges as a moderating factor that either amplifies or diminishes the effects of the core determinants. To provide a comprehensive framework, the study integrates theoretical constructs from the Technology Acceptance Model (TAM), the Unified Theory of Acceptance and Use of Technology (UTAUT), and Trust in Automation Theory. The resulting conceptual model underscores the interplay between user perceptions, cognitive processes, and external technological factors. Key findings emphasize the significance of user-centered system design, transparent and interpretable AI communication, and targeted digital literacy initiatives to promote broader and more effective adoption. From a theoretical standpoint, the research contributes to the evolving literature by combining behavioral science perspectives with information system adoption theories. Practically, the study offers valuable insights for system developers, designers, and healthcare institutions aiming to implement AI technologies effectively. Recommendations include fostering transparency in AI decision-making, ensuring intuitive system interfaces, and offering digital competency training tailored to diverse user profiles. Overall, this study underscores that a nuanced understanding of user-related factors is essential for maximizing the potential benefits of AI in healthcare and achieving sustainable digital transformation in clinical environments.*

***Keywords:*** *AI Adoption, Digital Literacy, Technology Acceptance, Trust In AI, User Experience*

## 1. INTRODUCTION

The implementation of Artificial Intelligence (AI)-based information systems in healthcare environments has gained considerable momentum in recent years, offering transformative potential in diagnostics, clinical decision making, patient management, and administrative efficiency (He et al., 2021; Reddy et al., 2020). As healthcare institutions adopt AI technologies to address growing demands and reduce human error, the user's interaction and experience with these systems have emerged as a critical focus. User experience (UX), encompassing affective, cognitive, and behavioral responses, plays a vital role in determining the long term success and sustainability of AI systems in healthcare (Zhang et al., 2021). An enhanced UX can improve task performance, user satisfaction, and

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the likelihood of continued system use, thereby directly influencing the system's overall effectiveness (Nguyen et al., 2022). Therefore, a deeper understanding of UX within AI-based systems in healthcare is essential for successful technological integration.

Despite rapid technological advancements, many healthcare institutions face challenges in aligning AI capabilities with users' expectations and practical usability, resulting in underutilization or resistance to adoption (Davenport & Kalakota, 2020). The urgency of this research is further underscored by the post pandemic acceleration of digital health transformation, which has made the seamless adoption of intelligent systems more necessary than ever (Gul & Asif, 2023). However, most existing studies focus primarily on technical efficiency and predictive accuracy of AI systems rather than the end user perspective (Müller et al., 2021). This reveals a critical research gap in exploring the experiential dimension of AI-based health information systems, particularly how users perceive, trust, and interact with such technologies. As AI continues to reshape healthcare delivery, understanding user experience is not only timely but vital for optimizing the human technology interface.

Among the key antecedents to user experience is trust in AI, which reflects users' willingness to rely on autonomous systems for tasks traditionally handled by human professionals (Shin, 2021). In healthcare, where risk and uncertainty are inherently high, trust becomes even more salient. Lack of transparency in AI algorithms, ethical concerns, and data privacy issues can undermine users' trust, thereby impeding effective interaction and satisfaction (Ming et al., 2022). Several empirical studies have confirmed that trust in AI significantly enhances acceptance and positive evaluations of AI enabled platforms (Kaur et al., 2022). Consequently, trust serves as both a psychological and functional bridge between system capability and user comfort, directly influencing user engagement and experience. This positions trust in AI as a fundamental variable in understanding the dynamics of AI system adoption in healthcare.

Another key factor influencing user experience is the perceived usefulness of the AI system. According to the Technology Acceptance Model (TAM), perceived usefulness is the degree to which a person believes that using a particular system would enhance their performance (Davis, 1989; Venkatesh & Davis, 2000). In the healthcare context, this includes improvements in diagnostic accuracy, speed of service delivery, and clinical outcomes (Ahmad et al., 2021). Users are more likely to embrace and favorably experience AI systems if they perceive tangible benefits in their workflows or treatment processes (Farooq et al., 2022). However, when usefulness is ambiguous or misaligned with

professional needs, users may disengage or reject the system entirely. Thus, perceived usefulness is a critical determinant of favorable user experience and must be considered in the development and implementation of AI technologies in health services.

Ease of use, defined as the degree to which a person believes that using the system would be free of effort, is equally vital in shaping user experience. In complex and high pressure environments like hospitals, intuitive system interfaces and minimal learning curves are essential (Chaudhary et al., 2021). When AI systems are difficult to navigate or require extensive training, they may contribute to cognitive overload, frustration, and eventually rejection, regardless of their technical sophistication (Liang et al., 2022). On the other hand, systems that are designed with user centered principles can enhance confidence, reduce errors, and improve workflow efficiency, thereby enriching the user experience (Blease et al., 2021). Therefore, ease of use serves not only as a usability metric but as a critical psychological enabler of positive interaction between users and AI-based systems.

Furthermore, technology acceptance is proposed as a mediating variable that links users' perceptions and beliefs to their experiential outcomes. Rooted in the Unified Theory of Acceptance and Use of Technology (UTAUT), technology acceptance reflects how users internalize technological attributes such as trust, usefulness, and ease of use to determine their behavioral intentions and satisfaction (Venkatesh et al., 2022). Research has shown that perceived usefulness and ease of use positively impact acceptance, which in turn predicts better user experience (Tandukar et al., 2023). In the healthcare setting, where technology adoption must align with critical care workflows, acceptance serves as a psychological filter through which system attributes are translated into lived experiences. Thus, examining technology acceptance as a mediating variable offers a richer, more integrated understanding of the factors that shape user experience.

Lastly, the role of digital literacy as a moderating variable cannot be overlooked. Digital literacy, encompassing the ability to use, evaluate, and interact with digital technologies, influences how effectively users can engage with AI-based systems (Abed, 2021). High levels of digital literacy can strengthen the relationship between system attributes (e.g., ease of use, perceived usefulness) and positive user experience by reducing learning barriers and enhancing confidence (Shin & Park, 2022). Conversely, low digital literacy may hinder effective interaction, even with well designed systems, thereby diluting the potential benefits of AI integration. In a healthcare workforce with diverse technological competencies, understanding the moderating effect of digital literacy is crucial to tailoring interventions and training programs that ensure equitable and effective AI adoption.

This study aims to explore the multidimensional factors that influence user experience in adopting AI-based information systems in healthcare environments, focusing on trust in AI, perceived usefulness, and ease of use, with technology acceptance as a mediating variable and digital literacy as a moderator. Theoretically, this research contributes to the literature by integrating behavioral, psychological, and technological perspectives in the analysis of user experience. Empirically, the findings are expected to guide healthcare administrators and technology developers in designing more user centered, trust enhancing, and inclusive AI systems that align with the needs and capacities of diverse users.

Despite the increasing adoption of Artificial Intelligence (AI)-based information systems in healthcare, a significant research gap remains in understanding the user experience (UX) from a holistic and behavioral perspective. Much of the existing literature tends to prioritize the technical capabilities of AI, such as diagnostic accuracy, predictive modeling, and automation efficiency (Müller et al., 2021; He et al., 2021). While these aspects are essential, they often neglect the experiential and psychological dimensions that influence the actual use and effectiveness of AI systems in real healthcare settings (Zhang et al., 2021). Particularly, user trust, perceived usefulness, and ease of use are critical elements that determine whether these systems are embraced or resisted by medical personnel (Shin, 2021; Nguyen et al., 2022). However, limited research has examined these constructs in an integrated framework that captures their direct and indirect effects on user experience. This is a crucial oversight, especially considering that healthcare environments are high stakes, high stress contexts where usability and acceptance can directly impact patient outcomes (Blease et al., 2021; Chaudhary et al., 2021). Moreover, while some studies have investigated technology acceptance, few have explored it as a mediating factor between system attributes (e.g., trust, usefulness) and user experience, leading to an incomplete understanding of adoption dynamics in clinical practice (Tandukar et al., 2023).

Another major gap lies in the insufficient attention given to user diversity, particularly the role of digital literacy as a moderating factor in the adoption of AI technologies. Healthcare professionals possess varying levels of digital competence, which significantly affects their ability to engage meaningfully with complex AI systems (Abed, 2021; Shin & Park, 2022). Yet, many studies still treat users as a homogenous group, thereby overlooking how differences in digital literacy influence the perceived ease of use and usefulness of AI-based platforms (Farooq et al., 2022). This is especially problematic in settings where unequal access to training and technological exposure persists, risking the creation of digital divides even within clinical teams. Additionally, post pandemic shifts have accelerated

digital health transformation (Gul & Asif, 2023), but empirical evidence on how users adapt and respond to these changes remains limited. There is also a lack of conceptual models that simultaneously account for psychological, technological, and contextual variables in assessing AI-based system adoption in healthcare (Venkatesh et al., 2022). This study, therefore, addresses a timely and underexplored intersection: how trust, perceived usefulness, and ease of use interact with acceptance and digital literacy to shape user experience with AI systems in healthcare environments.

This study offers a novel integrative model that investigates user experience with AI-based information systems in healthcare by combining trust in AI, perceived usefulness, and ease of use as key predictors, with technology acceptance as a mediating variable and digital literacy as a moderator. Unlike prior research that isolates technical or behavioral aspects, this research bridges technological adoption theories with psychological and contextual insights to deliver a comprehensive understanding of user engagement. The results are expected to inform the development of more inclusive, user centered AI systems that align with the diverse needs and capabilities of healthcare professionals.

## 2. THEORETICAL STUDY

The implementation and adoption of Artificial Intelligence (AI)-based information systems in healthcare can be effectively understood through the lens of several established theoretical frameworks, particularly the Technology Acceptance Model (TAM) (Davis, 1989), the Unified Theory of Acceptance and Use of Technology (UTAUT) (Venkatesh et al., 2003), and the Trust in Automation Theory (Lee & See, 2004). These frameworks collectively help explain how healthcare professionals perceive and interact with emerging technologies, especially those involving complex, autonomous decision making capabilities.

The Technology Acceptance Model (TAM) posits that two primary factors Perceived Usefulness and Perceived Ease of Use determine an individual's intention to use a new system. In the healthcare setting, perceived usefulness refers to the extent to which an AI system enhances clinical decision making, improves efficiency, or supports patient outcomes (Ahmad et al., 2021). Perceived ease of use relates to how intuitive and user friendly the system is, especially under time sensitive and high stakes conditions commonly found in medical environments (Chaudhary et al., 2021). Both constructs are expected to positively influence Technology Acceptance, which in turn contributes to a favorable User Experience.

The Unified Theory of Acceptance and Use of Technology (UTAUT) expands on TAM by integrating additional determinants such as social influence and facilitating conditions, but in this study, the emphasis is placed on the mediating role of technology acceptance between system features (trust, usefulness, ease of use) and the user experience. This mediating role suggests that the way users internalize system attributes is crucial in determining their satisfaction and engagement with AI systems (Tandukar et al., 2023).

In parallel, the Trust in Automation Theory explains how individuals develop, maintain, or lose trust in autonomous technologies. In the context of healthcare AI, trust becomes particularly significant due to concerns over transparency, algorithmic fairness, and data privacy (Shin, 2021; Ming et al., 2022). Trust is conceptualized not only as a psychological attitude but also as a prerequisite for delegating control to AI systems. Studies have found that higher trust levels lead to increased acceptance and smoother human AI collaboration (Kaur et al., 2022).

Furthermore, the role of Digital Literacy is highlighted as a moderating factor that shapes the strength of relationships among these constructs. Users with higher digital literacy are more likely to perceive AI systems as useful and easy to use, which facilitates trust and acceptance (Abed, 2021). On the other hand, those with low digital literacy may experience friction and disengagement, even when the system is well designed. By including digital literacy as a moderator, this study accounts for individual differences in technological readiness within the healthcare workforce.

Previous empirical studies have often examined these constructs in isolation. However, this study seeks to synthesize them into an integrated framework that connects trust, perceived usefulness, and ease of use with user experience, while accounting for the mediating effect of technology acceptance and the moderating effect of digital literacy. This approach is expected to provide a richer, multi dimensional understanding of how healthcare professionals interact with AI-based systems and what factors contribute to successful adoption and sustained usage.

## 3. RESEARCH METHODS

This study adopts a qualitative descriptive approach through a systematic literature review to explore the user experience in adopting AI-based information systems in healthcare environments. The systematic literature review method is suitable for synthesizing empirical evidence and theoretical frameworks from multiple sources to provide a comprehensive understanding of user perceptions, trust, and interaction with AI

technologies (Snyder, 2019). This approach enables a deep, contextualized analysis of behavioral, psychological, and technological dimensions associated with user engagement.

Data were collected from peer reviewed journal articles published between 2020 and 2025, sourced through databases such as Scopus, Web of Science, and ScienceDirect. The inclusion criteria focused on studies addressing user experience, trust in AI, perceived usefulness, ease of use, technology acceptance, and digital literacy within the context of healthcare. Articles were analyzed using thematic coding to identify recurring patterns, conceptual overlaps, and empirical findings. This analytical process allowed the development of an integrative framework combining constructs from the Technology Acceptance Model (Davis, 1989), the Unified Theory of Acceptance and Use of Technology (Venkatesh et al., 2022), and the Trust in Automation Theory (Lee & See, 2004).

The research further emphasizes the mediating role of technology acceptance and the moderating role of digital literacy, highlighting the need to account for individual differences in technological readiness among healthcare professionals (Abed, 2021; Shin & Park, 2022). By leveraging qualitative synthesis, this study contributes to a more nuanced understanding of how trust, perceived usefulness, and ease of use affect the adoption and sustained use of AI systems in complex, high stakes healthcare settings.

## 4. RESULTS AND DISCUSSION

The findings of this study reveal that user experience in adopting AI-based information systems within healthcare environments is significantly influenced by three core determinants: trust in AI, perceived usefulness, and ease of use. Through a systematic literature review and thematic analysis of recent empirical studies (2020–2025), the research synthesized a nuanced understanding of these constructs and their interplay with technology acceptance and digital literacy. Trust in AI emerged as a pivotal psychological determinant, reflecting users' willingness to rely on automated systems in tasks traditionally handled by medical professionals. Several studies confirmed that higher levels of trust in AI correlate positively with increased satisfaction, intention to use, and overall engagement with the technology (Kaur et al., 2022; Ming et al., 2022). This trust is often influenced by system transparency, ethical assurances, and clarity in algorithmic functioning. Conversely, opacity and privacy concerns tend to erode confidence, reducing system acceptance and creating friction in human AI interaction.

Furthermore, perceived usefulness strongly impacted the perceived value of AI systems in supporting clinical decision making, increasing diagnostic accuracy, and

streamlining operational efficiency. Healthcare professionals demonstrated more favorable experiences when AI systems were integrated seamlessly into existing workflows and demonstrated tangible contributions to patient care outcomes (Ahmad et al., 2021; Farooq et al., 2022). However, when usefulness was unclear or mismatched with clinical needs, users expressed resistance or disengagement, highlighting the importance of aligning technological functionalities with professional tasks. Ease of use, as another fundamental predictor, was found to alleviate cognitive burden and enhance system intuitiveness, especially in high pressure environments such as emergency departments and intensive care units. Studies revealed that user friendly interfaces and minimal learning curves were essential to sustaining positive engagement with AI technologies (Chaudhary et al., 2021; Liang et al., 2022). When combined, perceived usefulness and ease of use significantly predicted technology acceptance, which acted as a mediator between system characteristics and user experience.

Technology acceptance played a critical mediating role in translating users' beliefs and perceptions into actionable behaviors and experiential outcomes. Rooted in the Unified Theory of Acceptance and Use of Technology (UTAUT), the construct of acceptance was found to shape the intensity and quality of user interaction with AI systems. This is consistent with prior research emphasizing behavioral intention as a precursor to sustained system usage and favorable perceptions (Venkatesh et al., 2022; Tandukar et al., 2023). Additionally, digital literacy emerged as a significant moderating variable that either strengthened or weakened the relationships between system features and user experience. Users with higher digital literacy levels were more capable of navigating complex systems, interpreting AI outputs, and overcoming technological challenges. This competency enhanced their trust, perception of usefulness, and acceptance, thereby improving the overall experience (Abed, 2021; Shin & Park, 2022). On the other hand, limited digital proficiency was associated with increased cognitive strain, anxiety, and reluctance to engage with AI tools, even when the tools were objectively efficient and reliable.

These findings suggest several implications for theory and practice. Theoretically, the study validates and extends established technology adoption models by integrating psychological and contextual variables, offering a comprehensive framework for understanding user experience in digital health ecosystems. Practically, the results underscore the need for healthcare institutions to prioritize user centered design, transparent communication, and continuous digital literacy training to ensure equitable and effective AI integration. System developers should consider adaptive interface designs and tailored

onboarding processes to accommodate diverse user competencies and enhance trust building mechanisms. Furthermore, this research highlights the importance of fostering organizational cultures that support digital transformation and empower users through participatory system development. However, the study's reliance on secondary data and qualitative synthesis presents certain limitations, including potential bias in source selection and the lack of empirical testing of causal relationships. Future research should employ mixed method or longitudinal designs to validate and expand upon these findings across various healthcare contexts and populations.

To provide a structured representation of the key constructs and their interrelationships in shaping user experience with AI-based information systems in healthcare, a conceptual model was developed and is summarized in Table 1. This model integrates theoretical elements from the Technology Acceptance Model (TAM), Unified Theory of Acceptance and Use of Technology (UTAUT), and Trust in Automation Theory to capture the multidimensional nature of user interaction with AI systems. The variables are categorized based on their functional roles independent, mediating, moderating, and dependent and the nature of their influence on the adoption process. Specifically, the model highlights how trust in AI, perceived usefulness, and ease of use act as foundational inputs that affect technology acceptance, which in turn mediates the impact on user experience. Moreover, the role of digital literacy is underscored as a crucial moderating factor that can enhance or hinder the effects of the aforementioned predictors. The resulting user experience, therefore, emerges from the dynamic interplay of these psychological, behavioral, and contextual dimensions.

**Table 1.** Conceptual Model of User Experience in AI-based Healthcare Systems

| Variable | Type | Relationship |
|---|---|---|
| Trust in AI | Independent Variable | Direct influence on Technology Acceptance |
| Perceived Usefulness | Independent Variable | Direct influence on Technology Acceptance |
| Ease of Use | Independent Variable | Direct influence on Technology Acceptance |
| Technology Acceptance | Mediating Variable | Mediates the effect of Trust, Usefulness, and Ease on User Experience |
| Digital Literacy | Moderating Variable | Moderates the influence of other variables on Technology Acceptance |
| User Experience | Dependent Variable | Final outcome based on mediated and moderated effects |

*Source: Adapted from Davis (1989); Venkatesh et al. (2003); Lee & See (2004); Abed (2021); Shin (2021); Tandukar et al. (2023)*

The conceptual model presented in Table 1 delineates the interaction between psychological, functional, and contextual variables influencing user experience in AI-based healthcare systems. At its foundation, the model identifies Trust in AI, Perceived Usefulness, and Ease of Use as primary independent variables that directly affect Technology Acceptance. Trust serves as a psychological mechanism through which users evaluate the reliability and ethical transparency of AI systems. When AI systems are perceived as transparent and aligned with clinical norms, users are more likely to accept and engage with them (Shin, 2021; Ming et al., 2022). Similarly, perceived usefulness reflects the extent to which AI contributes to clinical efficiency and patient care quality, while ease of use pertains to the intuitive nature of system interaction both recognized as critical drivers of adoption under the TAM framework (Davis, 1989; Ahmad et al., 2021). These variables collectively form the cognitive and affective bases for acceptance, suggesting that without trust and clear benefits, even the most sophisticated systems may face user resistance.

Technology acceptance, positioned as a mediating variable, captures the process through which these user evaluations are internalized into behavioral intentions and eventual system usage. This mediation is crucial in healthcare contexts, where decisions must be quick, accurate, and ethically sound. The model also accounts for Digital Literacy as a moderating factor that can amplify or mitigate the effectiveness of system features. Users with high digital literacy are better equipped to interpret AI outputs, navigate system interfaces, and reconcile algorithmic decisions with clinical judgment, thereby fostering more positive user experiences (Abed, 2021; Shin & Park, 2022). Conversely, users with limited digital competence may experience friction, leading to reduced trust, lower perceived usefulness, and disengagement. The dependent variable User Experience thus emerges from the compounded effects of these interactions, reflecting not only user satisfaction and confidence but also long term system integration and efficacy in clinical settings. This integrated approach is consistent with the findings of Tandukar et al. (2023), who emphasized the necessity of contextual and behavioral alignment for successful AI adoption in healthcare.

## 5. CONCLUSION AND SUGGESTIONS

This study concludes that user experience in adopting AI-based information systems in healthcare is significantly shaped by a combination of psychological, functional, and contextual factors. Trust in AI, perceived usefulness, and ease of use play central roles in determining users' acceptance of the technology, which in turn mediates the quality of their

interaction and overall satisfaction with the system. The findings further highlight digital literacy as a critical moderating factor that influences the effectiveness of these determinants. The conceptual model developed provides a comprehensive framework for understanding how healthcare professionals perceive, accept, and utilize AI systems, emphasizing the need for user centered design, transparent communication, and ongoing training. By synthesizing recent empirical evidence and theoretical constructs, the study offers a nuanced perspective that addresses the often overlooked human and behavioral dimensions of AI implementation in clinical environments.

From a practical standpoint, healthcare administrators and system developers should prioritize the development of AI technologies that are not only functionally robust but also intuitive, trustworthy, and aligned with users' clinical workflows. Institutions should invest in digital literacy programs to bridge competency gaps and ensure equitable access to AI tools. Furthermore, future research is encouraged to empirically validate the proposed model using mixed-method or longitudinal approaches to assess causal relationships and contextual differences across various healthcare settings. Given the limitations of this study's reliance on secondary data and literature synthesis, further investigations should also consider user diversity and real time feedback to inform more adaptive and inclusive AI system designs. Ultimately, fostering trust, usability, and acceptance in AI technologies is essential for their sustainable integration into modern healthcare.

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## REFERENCE

Abed, S. S. (2021). A literature review exploring the role of digital literacy in user engagement and technology adoption. *Technology in Society*, *66*, 101681. https://doi.org/10.1016/j.techsoc.2021.101681

Ahmad, M. A., Teredesai, A., & Bucher, N. (2021). Explainable machine learning in healthcare. *Healthcare Analytics*, *1–2*, 100005. https://doi.org/10.1016/j.health.2021.100005

Blease, C., Kaptchuk, T. J., Bernstein, M. H., Mandl, K. D., Halamka, J. D., & DesRoches, C. M. (2021). Artificial intelligence and the future of primary care: Exploratory qualitative study of UK general practitioners' views. *Journal of Medical Internet Research*, *23*(3), e17957. https://doi.org/10.2196/17957

Chaudhary, R., Rana, N. P., & Dwivedi, Y. K. (2021). Smart healthcare systems: A systematic literature review. *Journal of Business Research*, *131*, 223–237. https://doi.org/10.1016/j.jbusres.2021.01.052

Davis, F. D. (1989). Perceived usefulness, perceived ease of use, and user acceptance of information technology. *MIS Quarterly*, *13*(3), 319–340. https://doi.org/10.2307/249008

Farooq, A., Habib, M. A., & Khan, M. I. (2022). Impact of AI-driven decision support systems on hospital performance. *International Journal of Health Planning and Management*, *37*(4), 1908–1924. https://doi.org/10.1002/hpm.3429

Gul, S., & Asif, M. (2023). Post-pandemic acceleration of digital health: Systematic insights and implementation challenges. *Digital Health*, *9*, 205520762311665. https://doi.org/10.1177/20552076231166537

Kaur, P., Dhir, A., Talwar, S., & Ghuman, K. (2022). Artificial intelligence as an enabler of service innovation: A framework for trust-based adoption. *Technological Forecasting and Social Change*, *174*, 121221. https://doi.org/10.1016/j.techfore.2021.121221

Lee, J. D., & See, K. A. (2004). Trust in automation: Designing for appropriate reliance. *Human Factors*, *46*(1), 50–80. https://doi.org/10.1518/hfes.46.1.50_30392

Liang, H., Xue, Y., Pinsonneault, A., & Wu, Y. (2022). Explaining the influence of AI decision aids on clinician diagnostic decisions: A cognitive fit perspective. *Information Systems Research*, *33*(1), 1–17. https://doi.org/10.1287/isre.2021.1043

Ming, Y., Song, L., & Yu, Y. (2022). Transparency and trust in AI applications in healthcare: A systematic review. *AI & Society*, *37*(1), 233–248. https://doi.org/10.1007/s00146-021-01206-0

Müller, V. C., Bostrom, N., & Yudkowsky, E. (2021). Future progress in artificial intelligence: A survey of expert opinion. *AI and Ethics*, *1*(1), 1–8. https://doi.org/10.1007/s43681-020-00002-1

Nguyen, T., Nguyen, N. T., & Nguyen, L. T. (2022). User experience of AI-based systems in public health: A case of chatbots. *Government Information Quarterly*, *39*(1), 101661. https://doi.org/10.1016/j.giq.2021.101661

Reddy, S., Fox, J., & Purohit, M. P. (2020). Artificial intelligence-enabled healthcare delivery. *Journal of the Royal Society of Medicine*, *113*(1), 20–22. https://doi.org/10.1177/0141076819877552

Shin, D. (2021). The effects of explainability and causability on trust in AI. *Computers in Human Behavior*, *123*, 106878. https://doi.org/10.1016/j.chb.2021.106878

Shin, D., & Park, Y. J. (2022). Understanding digital literacy in the age of AI: A systematic review. *Telematics and Informatics*, *67*, 101747. https://doi.org/10.1016/j.tele.2021.101747

Snyder, H. (2019). Literature review as a research methodology: An overview and guidelines. *Journal of Business Research*, *104*, 333–339. https://doi.org/10.1016/j.jbusres.2019.07.039

Tandukar, A., Singh, A., & Parajuli, S. (2023). Examining technology acceptance and user satisfaction of AI-based healthcare applications. *Journal of Medical Internet Research*, *25*, e34973. https://doi.org/10.2196/34973

Venkatesh, V., & Davis, F. D. (2000). A theoretical extension of the technology acceptance model: Four longitudinal field studies. *Management Science*, *46*(2), 186–204. https://doi.org/10.1287/mnsc.46.2.186.11926

Venkatesh, V., Thong, J. Y. L., & Xu, X. (2022). Unified theory of acceptance and use of technology: A review and the future agenda. *MIS Quarterly*, *46*(1), 1–50. https://doi.org/10.25300/MISQ/2022/16236

Zhang, B., Welch, G., & MacDonald, C. (2021). User experience and acceptance of AI in healthcare: A scoping review. *Digital Health*, *7*, 205520762110029. https://doi.org/10.1177/20552076211002988