

Artificial Intelligence in Healthcare: A study on the Implications of AI in Clinical Decision Support Systems

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Abstract

Artificial Intelligence (AI) is rapidly transforming healthcare, particularly through its application in Clinical Decision Support Systems (CDSS). The research here examines how AI enhances healthcare provision by considering three aspects: effectiveness, efficiency, and trust. We employed a quantitative research design and collected responses from 50 healthcare workers across different hospital setups in India. Our statistical tests, such as t-tests, correlation, and ANOVA, revealed that AI highly increases the efficiency of healthcare provision. It also reflects a moderate positive relationship with clinical decision-making speed and efficiency. Concurrently, the perceptions and trust of healthcare professionals towards AI-based CDSS were also consistent, showing generalized acceptance without significant variation. Overall, these results indicate that the implementation of AI makes healthcare outcomes robust through enhanced diagnostic accuracy and operational efficiency with sustained professional trust. The findings highlight the potential of AI not just as a useful resource but also as a disruptive factor through which it can make healthcare more responsive, reliable, and sustainable.

Keywords: Artificial Intelligence, Healthcare, Clinical Decision Support Systems, Effectiveness, Efficiency, Trust, Healthcare Professionals, Technology Adoption.

Introduction

The AI Healthcare market in 2024 was valued at \$32.34 billion and is likely to grow over 13 times by the year 2032. AI is leaving its footprint in every sector, and its influence on the healthcare sector is growing steadily.

While AI is revolutionizing the world, it also has its disadvantages. The medical field is incorporating AI into different applications through the improvement of its design. This research seeks to examine the application of AI in medicine and its particular effect on improving Clinical Decision Support Systems. It also analyzes how efficient AI is within healthcare and considers the influence of AI implementation on the speed and efficiency of clinical decision-making. Moreover, it examines the perceptions and confidence of healthcare professionals in AI-driven CDSS. Artificial Intelligence is a new field of computer science.

Though healthcare is a field by itself, the strong synergy between artificial intelligence and healthcare yields numerous enhancements, particularly in diagnosing and treating patients. Healthcare workers worldwide are confronted with challenges, ranging from admin tasks to intricate diagnoses. In this regard, technologies such as artificial intelligence are wonderful tools that facilitate processes and make diagnosis more accurate and improve outcomes for patients. CDSS software is used in hospitals across the globe to support patient care and diagnosis. CDSS has been entering both urban and rural healthcare systems in India slowly over the last couple of years. Clinical Decision Support Systems (CDSS) assist in making evidence-based decisions in clinical scenarios. Currently, AI-supported CDSS plays an important role in healthcare. Physicians dealing with diagnostic challenges find AI's role in CDSS valuable for interpreting lab results, medical images, and documentation, leading to impressive diagnoses (Jiang et al., 2017).

Review of Literature

Artificial intelligence (AI) is gradually changing healthcare, not just in theory but in practice. One of the most promising areas is diagnostics. AI algorithms, particularly deep learning-based algorithms, are beginning to rival expert radiologists' performances. The algorithms are capable of rapidly processing vast amounts of medical imaging with high accuracy. They therefore enable clinicians to detect tumors, diagnose cancer types, and track disease progression with greater dependability. This has minimized human error and enhanced the speed and accuracy of decision-making in high-stakes situations (Jiang et al., 2017). Aside from diagnosis, AI has immense potential for anticipating health outcomes. Predictive analytics, via the utilization of information from electronic health records, wearables, and diagnostic systems, can predict patient deterioration prior to criticality. This anticipatory intervention provides for timely intervention, personalized treatments, and fewer unnecessary hospital readmissions. The application of these systems has resulted in significant reductions in readmissions and inpatient visits, taking pressure off hospital resources and enhancing patient outcomes (Bohr & Memarzadeh, 2020). Corroborating these findings, Carrasco Ramírez (2024) reported that operational expenses for hospitals employing AI-based predictive models declined by as much as 25%, and readmission rates were reduced by 15 to 20%. These enhancements largely resulted from more efficient use of staff, enhanced management of supplies and beds, and fewer unnecessary procedures. These gains in operations also translated into improved patient experiences, demonstrating that AI can be of value for both organizational efficiency and clinical care. But to have a real impact, AI must be infused in the day-to-day activities of healthcare practitioners. Wright and Simmons (2021) emphasize that possessing advanced tools is insufficient; physicians, nurses, and support staff must be equipped with the knowledge to utilize them with confidence. If they do not receive adequate digital tool training and data literacy, AI systems risk being underutilized, misread, or bypassed. They posit that the convergence of clinicians and data scientists and continuous education is key to unleashing the full value of AI. Trust is also a major driver of successful adoption. It's not merely a question of the correctness of AI, but whether patients and practitioners feel they can trust it. Roman Lukyanenko and colleagues (2022) created a framework to help us understand better what fosters such trust. They highlight that factors such as transparency, ethical design, and explainability are as crucial as performance. Tjoa and Guan (2020) echoed this, highlighting that people need to believe AI aligns with human values and medical ethics to accept its role in healthcare. Interestingly, the way people form opinions about AI in medical roles has also been studied in psychology. Georgiana Juravle and her team (2020) conducted online experiments to explore this. They discovered that individuals are more likely to criticize AI than human physicians and have greater expectations from AI to achieve the same level of trust. Yet when members of this group were informed about the superiority of AI over human physicians or were encouraged positively to look at AI diagnoses, they proved more willing and trusting. This indicates that attitudes can be altered with proper information and reassurance. Nevertheless, AI has boundaries. For domains such as sepsis identification, which involve high-risk contexts, standard AI solutions tend to fail since they are merely concerned with issuing final conclusions, not assisting the overall diagnosis process. Zhang et al. (2024) mitigated this by creating SepsisLab as a more human-friendly framework for clinicians. It does not replace physicians but assists them by predicting disease progression, displaying uncertainty, and suggesting interventions. Their research points out that AI needs to be developed to enhance human reasoning, not substitute it. Lastly, the practical experience of healthcare providers has some important points to contribute. Abimbola Ayorinde et.al (2024) explored what professionals think about applying non-knowledge-based AI tools in their everyday work. The findings were ambiguous. AI was either perceived by some clinicians as a beneficial second opinion or as a tool that complimented their decision-making. Some were less than certain and raised doubts over the accuracy of the system and saw little utility in using it. These views exemplify the need for AI systems that doctors trust and find actually useful in their busy, complex working environments.

Research Methodology

This research adopts a quantitative research methodology to learn about Artificial Intelligence (AI) in healthcare and its usage within Clinical Decision Support Systems (CDSS). The research design was intended to gather both the quantifiable effect of AI and opinions of medical professionals working with these systems. The research employs descriptive and analytical design, complemented by a structured questionnaire that investigates three dimensions: effectiveness, speed and efficiency, and confidence in AI-based CDSS. Questions were offered on a five-point Likert scale so that the

respondents could indicate the degree of their agreement while the statistical analysis was feasible. This method served to make the research systematic and evidence based.

Sample

The sample was 50 healthcare professionals from government, private, and teaching hospitals in Chennai, India. The participants were doctors, nurses, technicians, and administrators, giving a wide range of views from various professional groups. Purposive sampling was applied, focusing on persons familiar with or exposed to AI-based systems, so that answers are based on actual experience and not ideals.

Data Collection

Information was gathered using a formatted questionnaire survey administered both personally and via the internet for ease and greater coverage.

A pilot group of experts pretested the questionnaire before the main survey to determine whether the questionnaire was understandable and dependable. We operated ethically: subjects were informed of the study's purpose, provided consent, and we did not identify or keep them on record. To validate the findings, we also analyzed secondary data from literature and industry reports and cross-checked against the survey findings.

Data Analysis

Data was analyzed and processed using SPSS software. Various statistical tests were used based on the objectives:

- A one-sample t-test was used to determine if AI significantly impacted the effectiveness of healthcare service.
- Pearson's correlation assessed the co-relation between AI adoption and speed/effectiveness in clinical decision-making.
- A one-way ANOVA was utilized to determine whether healthcare professionals varied in their perceptions and trust towards AI-based CDSS, by role, experience, or organizational context.

Reliability and Validity

To provide validity, the items for the questionnaire were derived from previous research and examined by scholarly experts. Reliability was established through Cronbach's Alpha, which validated good internal consistency in all dimensions.

Ethical Considerations

The research followed research ethics by providing voluntary participation, informed consent, and confidential treatment of responses. The collected data was used for only academic purposes, and with the utmost respect towards the privacy and dignity of the participants.

Conceptual Framework

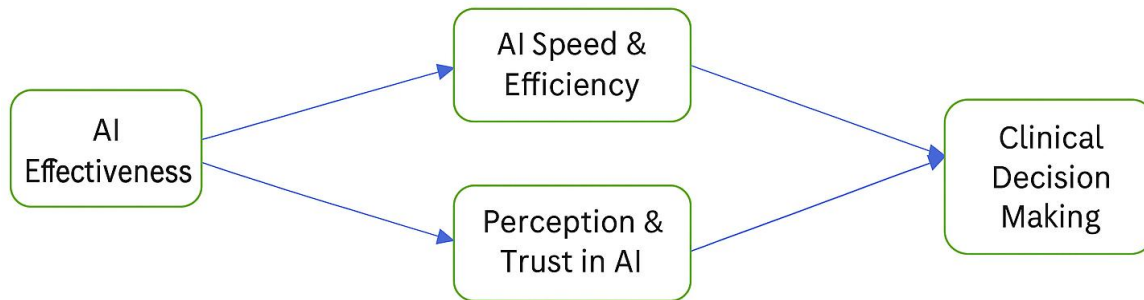


Figure. Conceptual Framework

Figure 1: Conceptual framework of AI's impact on effectiveness, speed, efficiency, and trust in clinical decision-making.

Results and Analysis

This study employed statistical techniques such as t-tests, correlation analysis, and ANOVA using SPSS to evaluate the role of Artificial Intelligence (AI) in healthcare. The hypotheses tested provided insights into AI's influence on effectiveness, efficiency, and trust in clinical decision-making processes.

Hypothesis 1: AI and Effectiveness

H0: Implementation of Artificial Intelligence (AI) doesn't impact effectiveness of healthcare delivery.

H1: Implementation of Artificial Intelligence (AI) impact effectiveness of healthcare delivery.

One-Sample Test

	Test Value = 0					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Incorporating AI	26.000	49	.000	3.120	2.88	3.36

A one-sample t-test was conducted to assess whether AI adoption significantly impacts the effectiveness of healthcare delivery.

- **Result:** $t = 26.000, p = 0.000 (< 0.05)$.

- **Inference:** The null hypothesis was rejected, confirming that AI has a substantial impact on healthcare effectiveness. The integration of AI improves diagnostic accuracy, enhances clinical decision-making, and contributes to better patient outcomes.

Hypothesis 2: AI and Speed/Efficiency

To examine how AI integration affects the speed and efficiency of clinical decision-making

- H_0 : AI integration does not significantly affect the speed and efficiency of clinical decision-making.
- H_1 : AI integration significantly affects the speed and efficiency of clinical decision-making.

Correlations

	AI Integration	Speed and Efficiency
AI Integration	Pearson Correlation = 1 Sig. (2-tailed) = .497 N = 50	(p = .000) N = 50
Speed and Efficiency	.497 (p = .000) N = 50	1 Sig. (2-tailed) = .497 N = 50

To explore the association between AI implementation and operational efficiency, a Pearson correlation test was performed.

- Result: $r = 0.497$, $p = 0.000$ (< 0.05)
- **Inference:** Since $p < 0.05$, the null hypothesis (H_0) is rejected. A moderate positive correlation exists between AI integration and speed/efficiency.

This indicates that AI integration meaningfully enhances clinical efficiency. Specifically, AI-enabled systems facilitate faster diagnoses, reduce decision-making delays, and streamline clinical workflows, thereby improving overall operational performance.

Hypothesis 3: Perceptions and Trust

To analyze healthcare professionals' perceptions and trust in AI-powered CDSS

- H_0 : There is no significant difference in healthcare professionals' perceptions and trust in AI-powered CDSS.
- H_1 : There is a significant difference in healthcare professionals' perceptions and trust in AI-powered CDSS.

ANOVA Results

Source	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2.220	2	1.110	1.999	0.147
Within Groups	26.100	47	0.555		
Total	28.320	49			

An ANOVA test was applied to examine variations in perceptions and trust levels among healthcare professionals regarding AI-driven Clinical Decision Support Systems (CDSS).

- **Result:** $F = 1.999$, $p = 0.147$ (> 0.05)
- **Inference:** Since $p > 0.05$, the null hypothesis (H_0) is accepted. This means there are no statistically significant differences in perceptions and trust levels across groups.

In other words, healthcare professionals generally show consistent levels of trust and perceptions toward AI-powered CDSS, regardless of group classification (e.g., by experience, department, or role).

The results collectively demonstrate that AI plays a vital role in enhancing healthcare delivery. While its greatest strengths lie in improving effectiveness and operational efficiency, the perception and trust of healthcare professionals remain steady across different groups. These findings suggest that AI integration is both impactful and well-accepted, laying the foundation for its broader adoption in clinical settings.

Findings

The research indicates that AI has a strong impact on healthcare by enhancing effectiveness, enhancing efficiency, and sustaining trust. When applied in the clinical environment, AI facilitates physicians and healthcare professionals to make faster and more precise decisions, which has a direct impact on improving the quality-of-care patients experience. AI also automates workflows, accelerating diagnosis and minimizing delays in treatment. No less significantly, the report discloses that medical practitioners continue to have faith in decision-support systems based on artificial intelligence steadily, with no hesitation or loss of confidence on their part. Combined, these results indicate that AI is not merely supporting clinicians but transforming healthcare into a system that is faster, more dependable, and capable of responding effectively to patient demand.

Conclusion and Recommendations

Based on this research, the conclusion is that AI in healthcare holds a disruptive function of augmenting effectiveness as well as efficiency, and there is evident proof in support of this from Indian healthcare professionals. The findings are in agreement with the perception that AI does not substitute physicians but is an adjunct to human knowledge. The statistical proof of enhanced effectiveness is consistent with global research, and the modest correlation with efficiency suggests potential areas for enhancement, especially system integration and training the users.

Trust continues to be a key consideration. While group differences were nonsignificant, the overall impression is one of guarded optimism. Healthcare providers are open to using AI but continue to be concerned with transparency, liability,

and ethics. Policymakers and hospital administrators must address building supportive infrastructures, offer ongoing education, and implement ethical standards. On the practical front, this research indicates that AI adoption plans need to emphasize a balanced strategy utilizing technology to enhance performance while managing human fears regarding trust and control. Future studies can increase the sample size, add qualitative interviews, and compare outcomes across cities or nations for more generalizability.

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