MEDICAL ARTIFICIAL INTELLIGENCE DEVELOPMENT AND STUDY (MAIDS) IN MIDDLE GEORGIA

by

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Medical Artificial Intelligence Development and Study (MAIDS) in Middle Georgia

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Abstract

This research thoroughly investigates viewpoints on Medical Artificial Intelligence (MAI) and its relationship with several demographic elements, including age and gender. Although extensively researched on these demographics, little is known about people's opinions about MAI before they saw its advantages for society. This study shows that, although men generally accept MAI more, gender variations are not statistically significant among Middle Georgia participants.
There is also a clear generational distinction regarding MAI acceptance: younger generations show more acceptance, while older generations stress more reluctance to accept MAI-assisting healthcare providers. However, these were also statistically insignificant in this research. Moreover, the tendency of human doctors over MAI for medical decisions highlights the significance of maintaining human features of the treatment. Though MAI offers apparent benefits, significant problems related to trust and responsibility and less personal interaction surround it. Underlining that MAI would not replace doctors but rather assist them in fulfilling their duties will help to increase their efficiency and capacity for decision-making.

Key Words
Medical, Georgia, Demographic, Influences, Technology

Introduction

Medical Artificial Intelligence Development and Study (MAIDS) represents the innovative application of AI within the healthcare sector to reduce reliance on paperwork. Artificial intelligence in hospitals, offices, and clinics assists physicians and medical personnel in daily tasks. Nevertheless, rural regions typically lag in the adoption of emerging technologies. Researchers at Middle Georgia State University have proposed research to assess the costs and benefits of implementing Medical AI in the rural regions of Middle Georgia. Rural Middle Georgia is historically a conservative region that may occasionally resist modernization. DonHee Lee and Seong No Yoon (2021) assert in their article, "Application of Artificial Intelligence-Based Technologies in the Healthcare Industry: Opportunities and Challenges," that hospitals and clinics globally are adopting AI, machine learning, smart sensors, robotics, data analytics, and Internet of Things (IoT) devices (Lee & Yoon, 2021). Three reasons necessitate the investigation:
(1) Increased accessibility of healthcare data and rapid advancement of analytical technologies are essential to establishing the foundation for precision medicine. However, whether rural inhabitants will respond favorably to these gadgets is uncertain (Lee & Yoon, 2021).
(2) Pathology and oncology detection improvements are necessary to avoid subjecting patients to invasive examinations (Houfani, Slatnia, & Kazar, 2022).
(3) The patient's requirements, surroundings, and lifestyle must be considered when formulating a diagnostic and treatment strategy (Houfani, Slatnia, & Kazar, 2022.)
Georgia's rural and intermediate regions require assistance with access to specialized care, a deficiency of medical personnel, inadequate infrastructure and resources, delays in medical diagnosis and treatment, disparities in healthcare, and patient education.
This study investigates the potential of artificial intelligence (AI) technologies to enhance rural healthcare systems in Middle Georgia. The study will examine how predictive AI might improve the quality of specialized care, expedite diagnostic processes, and bridge the accessibility gap in resource-limited settings. The research will focus on the applications of AI in telemedicine, remote monitoring, and predictive

analytics to enhance the accessibility, affordability, and quality of healthcare for rural patients in Middle Georgia. Several generations have traditionally perceived innovation in distinct ways. This study investigates the potential of artificial intelligence (AI) technologies to enhance healthcare systems in Middle Georgia. This study will examine how predictive AI might improve the quality of specialized care, expedite diagnostic processes, and bridge the accessibility gap in resource-limited settings. The research focuses on the applications of AI in telemedicine, remote monitoring, and predictive analytics to enhance the accessibility, affordability, and quality of healthcare for rural patients in Middle Georgia.

Nevertheless, several generations have traditionally perceived innovation in distinct ways. This research will show how participants react to the idea of Medical AI to process paperwork and assist physicians in diagnoses. This study will answer the following research question:

RQ1: *Is there an interaction effect of age and gender demographics on public perceptions of medical providers' use of AI to assist with treatments, diagnoses, and processing?*

Literature Review

It is essential to engage readers and academics in contemplating the impact of artificial intelligence on rural regions, particularly in developing nations such as China, India, Nigeria, and Ethiopia, to foster the advancement of innovative technology. Guo and Li (2018) emphasize that artificial intelligence will significantly advantage rural regions in these countries by decreasing the expenses associated with tailored medicine and addressing disparities in healthcare services in these locations. The researchers delineate contemporary artificial intelligence applications in rural China, including a portable all-in-one diagnostic station weighing approximately 11 pounds and conducting 11 tests such as blood pressure, electrocardiograms, and standard urine and blood analysis (Guo & Li, 2018). They elucidate the concept of medical AI technology across three tiers: Basic, Intermediate, and Advanced. Basic would concentrate on adverse economic conditions, offering cost-effective treatment decision support and addressing prevalent diseases. The intermediate tier would establish county and state hospitals to enhance health worker training and maintain, repair, update, and gather data from frontline medical AI systems. The highest tier would be the federal AI development center, which is responsible for coordinating development and enhancements (Guo & Li, 2018). This research indicates that AI will lower medical care expenses for providers and patients. Cost reduction enables the practice to flourish and attract new patients.

Medical artificial intelligence will support specialists, ranging from diagnosticians to oncologists. DonHee Lee and Seong No Yoon (2021) examined the impact of AI on healthcare. The researchers investigate real-world applications of AI in healthcare. Healthcare workers embraced artificial intelligence, presenting new potential and challenges (Lee & Yoon, 2021). Lee and Yoon assert that the primary rationale for employing AI in healthcare is that physicians cannot possess comprehensive knowledge of all medical conditions; they must concentrate on specific specialties such as cardiology, oncology, and neurology.

Misdiagnoses constitute 60% of all medical errors, resulting in an estimated 40,000 to 80,000 fatalities annually in the United States. AI's role is to enhance these practitioners' access to a more comprehensive database to meet their needs. The AI discussed by Lee and Yoon (2021) assists physicians with diagnosis and supports nursing and managerial personnel. Due to the overwhelming amount of paperwork faced by healthcare personnel, it is essential to enhance systematic approaches to streamline, automate, and optimize routine tasks for medical professionals. The authors proceed in their research to discuss the future of AI, encompassing the problems and opportunities for the sector. The prospects encompass enhanced illness treatment, increased patient participation, diminished malpractice rates, greater efficiency and cost-effectiveness, and heightened productivity and job development. Additional obstacles encompass a trust split, privacy and security concerns, diminished managerial control, job displacement, training requirements, and difficulties with transformation (Lee & Yoon, 2021).

Artificial intelligence successfully learned feature representations from sample images, matching and even exceeding human ability, proving highly beneficial for cancer patient diagnosis (Sebastian & Parker, 2022). Houfani et al. (2021) reviewed medical artificial intelligence from a clinical perspective. They identify three principal advantages associated with genomics, biotechnology, and wearable sensors. The authors elucidate

by delineating the objectives of predictive medicine. The objectives commence with acquiring patient data, then an analysis to forecast the patient's susceptibility to illness, and ultimately, determining the most efficacious treatment through tailored care plans. Houfani et al. (2021) assert that predictive medicine will enhance accuracy, efficiency, and public health while safeguarding patient privacy and security. The researchers examine the usage of AI in breast cancer. They assert that to support clinical practice, AI applies algorithms to a sizable amount of healthcare data. The algorithms enhance themselves by increasing accuracy through learning and self-correction. However, the researchers note challenges presented by artificial intelligence. The first issue the researchers mentioned was a computational and memory expenses limit. Secondly, there is a limit of fragmented, incomplete, or unstructured data that causes problems.
Furthermore, more complications arise when the model encounters difficulties in generalizing new data. Finally, studies must be reproducible for the results to cause valid algorithms, data, and methodology (Houfani et al., 2021). While AI can benefit doctors and save them valuable time, it is still vital for doctors not to fully trust AI's judgment and to know what to look for when diagnosing patients with cancer.
Numerous resolutions remain regarding the utilization of medical AI to support physicians. The advantages significantly surpass the possible obstacles associated with the utilization of medical AI. Research by Sebastian and Parker (2022) examines the benefits of employing Machine Learning and Deep Learning AI for diagnosing, managing, and treating breast and cervical cancer. They further underscore that "Big Data," aided by predictive AI, can assist pathologists in formulating personalized care strategies for patients. The main objective of this study is to examine and emphasize the advantages and obstacles associated with the application of AI in medical, pathological, and diagnostic contexts for cancer (Sebastian & Parker, 2022). The authors initially analyzed statistical data provided by the International Agency for Research on Cancer (IARC), the Centers for Disease Control (CDC), and the World Health Organization (WHO). Sebastian and Peter further examine conventional methods of cancer diagnosis and treatment. They emphasize that perpetually undertaking new clinical trials enhances research into the complete capabilities of machine learning and deep learning artificial intelligence. The authors assert that comparative analyses indicate that deep learning methodologies exhibit fewer errors and enhanced generalizability across various diseases and imaging modalities. (Sebastian and Parker, 2022)
Researchers examined the application of AI for adult males and females and determined that medical AI will significantly aid healthcare practitioners in their practice. Artificial intelligence (AI) and the Internet of Things (IoT) can reduce in-home healthcare expenses in rural America while improving elderly patient care (Turner-Lee, 2019). Innovative technology can enhance the autonomy of elders through autonomous vehicles, robots, voice-activated assistants, and remote patient monitoring utilizing IoT and AI. The national median cost of disruptive technology for senior patients is approximately $4,000 per month, as reported by Genworth in 2018. Advanced technologies such as AI and IoT can assist with diagnosis, enhance compliance with prescribed interventions and medications, facilitate appointment scheduling, manage insurance, monitor patients, and provide individualized treatment while reducing costs (Turner-Lee, 2019). Geriatric care is prohibitively costly for both low- and middle-income households. Implementing AI will enhance the affordability of aged care while increasing accessibility and fostering independence.

AI presents both advantages and obstacles in pediatric treatment. Singh et al. (2023) assert that AI can enhance the efficacy of virtual therapy. "Digital stethoscopes equipped with algorithms that can diagnose pediatric heart murmurs and abnormal breath sounds are set to enhance conventional examination methods." AI enhances the experience of both patients and practitioners by consistently monitoring and delivering notifications and automated insights. Historically, physicians allocated twice the amount of time to administrative duties compared to patient interactions. Concerns over patient privacy and data security persist. They indicated that practitioners must comprehend recommended practices while collaborating with third-party providers. Additional critical factors encompass generalizability, model validation, model maintenance, and tests of bias and equity (Singh et al., 2023). The authors assert that pediatric care would significantly benefit from AI by alleviating practitioner workload, facilitating expedited and responsive care, enhancing access in remote and rural regions, and elevating the quality of care provided (Singh et al., 2023).

Trust ought to be vested in accountable entities capable of reciprocating trust, such as individuals or institutions supervising AI systems (Al, 2023); therefore, physicians and other medical practitioners employing AI must exercise caution to prevent misdiagnosis. Even with the advantages of MAI, pervasive skepticism exists over its implementation in private practices across Europe. Research by Malešević et al. (2024) indicates that 59.1% of medical students believe digital technologies negatively affect physician-patient relationships. In a separate survey, hardly 40% of participants expressed comfort with a physician employing MAI as an aid (Ejdys et al., 2024). Placing unwarranted reliance on AI systems can be erroneous. Starke et al. (2022) advocate for the trustworthiness of MAI by addressing trust as a requisite, the intentions of AI, the establishment of trust, and ethical considerations in the application of AI within the healthcare sector. The researchers assert that confidence in medical AI can be established by synthesizing transparency, ethical considerations, and education, leading to enhanced outcomes.

Methodology

Sampling

A voluntary convenience sample of people from diverse origins, age demographics, and geographic regions around Middle Georgia, with participants ages 18 and over, took the survey. The survey took place from January 2025 to February 2025 and included an 18-question Likert scale survey ranging from one to five to assess participants' responses. The researcher phrased questions, which, according to the scale, a one represents reluctance, and a five represents acceptance of MAI. A total of 250 participants received the survey. The research recruited 158 participants from email and professional networks with a 92% response rate and recruited 92 participants from public solicitation. Convenience sampling was appropriate to ensure unbiased selection, increased generalizability, reliability of results, statistical validity, and simplification of analysis.

Data Analysis

A research goal was to categorize participants by generation. Generation was used because it is a static range that represents individuals born in specific years. The Silent Generation comprises people born between 1928 and 1945. Baby Boomers are individuals born between 1946 and 1964. Generation X comprises people born between 1965 and 1980. Generation Y, generally called Millennials, is defined as individuals born between 1981 and 1996. Generation Z comprises those born from 1997 to 2012. The analysis, which consisted of Likert Scale questions, resulted in a cost-to-benefit analysis through the scope of IBM's SBSS. The SPSS statistical package was used to analyze the data. A Two-Way ANOVA was used to test the interaction effect between Age and Gender on perceptions of AI used in medicine.

Results

The survey initially comprised 250 participants. However, 17 responses were removed due to incomplete or missing data, leaving 233 valid responses for analysis.

Table 1: Means for Attitude Toward AI (Grouped by Generation on a scale of 1-5)

	N	Mean
Generation Z	57	3.06
Millennial	102	3.02
Generation X	53	2.7
Baby Boomers	19	2.73
Silent Generation	2	2.05

From the data, observations note that males have a slightly higher mean score (3.11) compared to females (2.79), which indicates that, on average, males exhibit a more positive attitude towards AI than the other groups.

A single overall score represented a participant's reaction by averaging the scores. For this study, the statistical Dependent Variable (DV) is the average of the answered questions, and the Independent Variable is the age and gender of participants. The following tables represent a univariate test, testing age and gender, and their intersection with descriptive statistics, Levene's Test of Equality of Error Variances. A reliability analysis was conducted to test the reliability of the ten items that make up the DV. The Cronbach's alpha of .897 indicated a high level of reliability among the items.

Regarding the research question, a univariate ANOVA was conducted to examine the effect of age and gender and their interaction with the dependent variable AI Attitude, which is illustrated in **Table 4**. A major assumption of the ANOVA is the homogeneity of the variances. The results of Levene's Test indicated that there is no evidence that the variances are unequal across the groups and that analysis of variance (ANOVA) tests will be accurate.

The univariate ANOVA results showed a significant main effect of the overall model, $F(9,223)=2.75$, $p=.005$, $R^2=.1$ with an adjusted $R^2=.064$, indicating that the predictors explained 10% of the variance in AI attitude.

However, neither the main effect of age ($F(4,223)=1.81$, $p=.129$) nor gender ($F(1,223)=.50$, $p= 48$) was statistically significant. Similarly, the interaction between age and gender was not significant ($F(4,223)=2.03$, $p=.91$).

The findings suggest that while the overall model was significant, individual predictors and their interaction did not contribute significantly to explaining differences in AI Attitudes. The intercept ($F(1,223)=470.94$, $p<.001$ was statistically significant, capturing the grand mean effect.

Table 2 shows Levene's Test of Equality of Error Variances, which has a significance of .974. Since the significance of Levene's test is >.05, rejecting the null hypothesis failed.

Table 2: Levene's Test of Equality of Error Variances

		Levene Statistic	df1	df2	Sig.
AI_Attitude	Based on Mean	.244	7	223	.974
	Based on Median	.204	7	223	.984
	Based on Median and with adjusted df	.204	7	208.872	.984
	Based on trimmed mean	.240	7	223	.975

The attitudes towards MAI and the overall sentiment among the participants voted with a mean attitude score of 2.74 on the scale used, indicating that, on average, participants favored slightly reluctant toward MAI. The researcher conducted a post-hoc test using Tukey's method to analyze the data further. This test examined the significance of differences in attitudes towards MAI between each pair of generational groups while maintaining a total alpha level of less than 0.05 to control for Type I errors. The results of the Tukey test revealed no statistically significant differences in attitudes towards MAI between any of the generational groups, suggesting that, despite the variations in demographic backgrounds, the attitudes towards MAI remained broadly consistent.

Table 3: Descriptive Statistics for Attitude toward MAI

Descriptive Statistics

Dependent Variable: AI_Attitude

Age	Gender	Mean	Std. Deviation	N
Gen Z	Female	3.06	.855	29
	Male	3.08	.783	28
	Total	3.07	.813	57
Millennial	Female	2.87	.858	55
	Male	3.20	.756	47
	Total	3.02	.826	102
Gen X	Female	2.50	.746	33
	Male	3.14	.939	19
	Total	2.73	.871	52
Baby Boomer	Female	2.71	.697	13
	Male	2.81	.875	7
	Total	2.75	.742	20
Silent Gen	Female	3.00	.	1
	Male	1.00	.	1
	Total	2.00	1.414	2
Total	Female	2.80	.828	131
	Male	3.11	.825	102
	Total	2.94	.839	233

Table 4: Univariate Anova of Between Age and Gender

Tests of Between-Subjects Effects

Dependent Variable: AI_Attitude

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	16.324[a]	9	1.814	2.750	.005
Intercept	310.559	1	310.559	470.940	<.001
Age1	4.765	4	1.191	1.806	.129
Gender1	.328	1	.328	.498	.481
Age1 * Gender1	5.356	4	1.339	2.031	.091
Error	147.056	223	.659		
Total	2172.520	233			
Corrected Total	163.380	232			

a. R Squared = .100 (Adjusted R Squared = .064)

Discussion

This paper comprehensively investigated opinions on Medical Artificial Intelligence (MAI) and its interaction with age and gender. Though researchers have studied these groups in great detail, people's opinions toward medical artificial intelligence, before knowledge of its possible advantages for society, remain unknown.

Consistent with statistics from other sectors showing that men adopt technology more frequently, Rahman et al. (2025) found that men show a more extensive acceptance of MAI than women. This finding points to a general tendency to accept technological breakthroughs, presumably affected by gender roles and societal conventions suggesting more male interaction with technology. Nevertheless, even while this result is consistent with earlier research, the ANOVA tests carried out in this study revealed that gender has no statistically significant influence on people's opinions on MAI for participants in Middle Georgia, suggesting that although acceptance varies, these differences cannot be considered statistically significant. Despite not being statistically significant, males voted, showcasing more acceptance (3.11) than women (2.79) on average.

Rahman et al. (2025) showed a notable variation in the acceptance of MAI by age. Younger generations showed more acceptance of AI, likely based on confidence and technological acumen; these generations have grown alongside fast technological advancements and are more suited to include them in their daily lives. In contrast, in the research developed by Rahman et al. (2025), although the mean scores by participants show a clear difference in the acceptance following suit, there is no statistical significance of age groups and their acceptance of MAI. One often asked question from participants was, "If MAI makes an error on a prescription, who would be held responsible?" This inquiry emphasizes the leading cause of fear about medical artificial intelligence. It emphasizes the general problem of responsibility in artificial intelligence decision-making.

Moreover, Rojahn et al. (2023) found that people often preferred interacting with a human doctor for medical decisions over MAI. Although people may be more prone to culturally biased conclusions than artificial intelligence, this inclination emphasizes the confidence and comfort people have in human medical practitioners. The personal rapport and empathy inherent in human interactions define this confidence in human doctors. The tendency toward human decision-making emphasizes the need to keep a human element in healthcare even if artificial intelligence is becoming increasingly part of medical treatment.

According to a Funk (2023) poll, 60% of Americans would become uncomfortable if their doctor used artificial intelligence for sickness diagnosis and treatment recommendations. Just 38% of respondents believe that MAI would lead to better outcomes in health. This combination of promise and uncertainty presents different angles of view on applying artificial intelligence in the medical field. Although MAI is beneficial in enhancing medical therapy, its dependability, responsibility, and decreased personal involvement in healthcare remain unknown. This paradox underlines the need for a balanced approach to include MAI in healthcare to maximize advantages and solve public problems.

Notwithstanding the general acceptance of the MAI concept, the research results and related studies show that significant challenges regarding trust, responsibility, and the preservation of human elements in healthcare still exist. As artificial intelligence develops and its applications in healthcare multiply, it is imperative to address these problems by utilizing open communication and education and building thorough systems for ethical use and responsibility.

Implications

The thorough study of attitudes on MAI exposes important new perspectives on how age and gender affect impressions. Though researchers have already conducted studies on these demographic groups and their opinions on AI in great detail, the study reveals fresh angles on MAI before individuals fully know its benefits for society.

Other research has concluded that men often accept innovative technology more than women, which fits

the patterns of technology adoption. This study emphasizes that in Middle Georgia, gender and age variations are not statistically significant, implying the need for customized plans to improve MAI acceptance among all sexes and age groups. Moreover, although younger generations, on average, were more accepting, it was not statistically significant. On average, Millennials and Generation Z show higher acceptance depending on their technological competency, which suggests that healthcare professionals should concentrate more on teaching older generations about the advantages and safety of MAI to solve their issues.

Limitations

While this study provides valuable insights into the acceptance of MAI in Middle Georgia, it is important to acknowledge its limitations. The study's findings are specific to participants in Middle Georgia, which may limit the generalizability of the results to other regions or populations. Secondly, the reliance on self-reported data may introduce biases, and future research could benefit from incorporating more diverse data collection methods.

Future Research

Future studies should investigate cross-regional studies to compare and contrast demographic factors of MAI acceptability in order to expand upon the results. Moreover, as MAI increases often in healthcare environments, future studies should look at attitude changes. Research should also look at the success of focused educational programs in solving issues and improving the acceptability of MAI among several groups. Finally, further research could expand to demographics such as race, ethnicity, education level, political affiliation, and income level.

Conclusion

This study thoroughly examines attitudes on MAI among two demographic groups: age and gender. The results show that although the overall acceptability of MAI follows trends, these variations are not statistically significant, implying a more homogeneous attitude toward MAI among different demographic groups.

The research's practical consequences emphasize the need for focused educational measures to improve MAI acceptability and solve bias, discrimination, and responsibility issues. The generational difference in opinions on MAI emphasizes the need to teach older generations to develop their technological confidence. Though MAI is generally accepted, the study and research highlight continuous difficulties with respect, responsibility, and maintaining human elements in healthcare. Successful integration of MAI into medical practice depends on addressing these issues through honest communication, knowledge, and ethical frameworks.

This research provides an insightful analysis of the intricate dynamics of MAI acceptance. It provides a basis for the following projects, which aim to balance the integration of artificial intelligence in healthcare.

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