# Article information:

Full article: Why do Family Members Reject AI in Health Care? Competing Effects of Emotions
<https://www.tandfonline.com/doi/full/10.1080/07421222.2022.2096550>

# Article summary:

1. Family members may reject AI in healthcare due to emotions triggered by situation-specific factors, such as the perceived risk of adverse outcomes.

2. The controllability of AI monitoring systems is an important design factor that interacts with emotions in shaping rejection.

3. Two scenario-based experiments were conducted to investigate family members' decisions on AI monitoring with environmental and individual factors as sources of risk.

# Article rating:

Appears moderately imbalanced: The article provides some useful information, but is missing several important points or pieces of evidence that would be required to present the discussed topics in a balanced and reliable way. You are encouraged to seek a more balanced perspective on the presented issues by exploring the provided research topics and looking at different information sources.

# Article analysis:

The article "Why do Family Members Reject AI in Health Care? Competing Effects of Emotions" provides an interesting perspective on the factors that influence family members' rejection of AI monitoring in healthcare. The authors highlight the importance of emotions triggered by situation-specific factors, such as the perceived risk of adverse health outcomes, and technology-specific factors, such as surveillance anxiety and delegation anxiety.

The article is well-structured and provides a clear overview of the research questions and theoretical background. The authors draw on relevant literature to support their arguments and provide a comprehensive analysis of the competing effects of emotions on AI monitoring rejection. They also highlight the role of controllability as a design factor that interacts with emotions in shaping rejection.

However, there are some potential biases and limitations in the article that need to be considered. Firstly, the study only focuses on family members' decisions for others, which may not fully capture individual decision-making processes. Secondly, the study only investigates two sources of risk (COVID-19 and dementia), which may not be representative of all situations where AI monitoring is used. Thirdly, while the authors acknowledge that prior studies have suggested technology-specific factors as barriers to innovation adoption, they do not fully explore these factors in their analysis.

Additionally, while the authors provide evidence to support their claims about emotions triggering rejection behavior, they do not fully explore counterarguments or alternative explanations for this behavior. For example, it is possible that family members reject AI monitoring because they prefer more traditional forms of care or because they do not trust technology-based solutions.

Furthermore, while the authors highlight potential benefits of AI monitoring in healthcare (such as improved quality of care and cost savings), they do not fully address possible risks associated with this technology. For example, there may be concerns about data privacy or ethical issues related to delegating certain healthcare tasks to machines.

Overall, while "Why do Family Members Reject AI in Health Care? Competing Effects of Emotions" provides valuable insights into the factors influencing rejection behavior towards AI monitoring in healthcare settings, it is important to consider its potential biases and limitations when interpreting its findings.

# Topics for further research:

* Ethical issues related to AI monitoring in healthcare
* Trust in technology-based solutions in healthcare
* Data privacy concerns in AI monitoring
* Benefits and risks of AI in healthcare
* Technology-specific factors influencing innovation adoption
* Individual decision-making processes in healthcare technology adoption

# Report location:

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