20(1): 722-726, 2025

The Impact of Artificial Intelligence on Administrative Productivity in Healthcare:

A Systematic Review of Operational Efficiency and Burden Reduction

¹ Majdah Abdullah Salem Almagadi, ² Amnah Jaber Ali Hazazi, ³ Layla Falah Ali Shabi, ⁴ Faten Yahya Alzhrani, ⁵ Kulthum Bakr Omar Barnawi, ⁶ Raniah Noori Alymani, ⁷ Manal Mansour Altalhi, ⁸ lbtihal Maqbul Alghamdi

1,2,3,4,5,6,7,8 University Dental Hospital, KAU, Saudi Arabia

DOI: https://doi.org/10.63001/tbs.2025.v20.i01.pp722-726

KEYWORDS

Artificial Intelligence, Healthcare Administration, Operational Efficiency, Administrative Burden, Productivity, Workflow Automation

Received on:

18-01-2025

Accepted on:

15-02-2025

Published on:

24-03-2025

ABSTRACT

Background: Healthcare organizations face increasing administrative complexities that strain productivity and operational efficiency. Artificial Intelligence (AI) has emerged as a transformative tool to automate routine tasks, streamline workflows, and alleviate the administrative burden on healthcare professionals. However, there is limited consolidated evidence on AI's impact specifically on administrative productivity within the healthcare sector.

Objective: This systematic review aims to evaluate the impact of AI technologies on administrative productivity in healthcare settings, focusing on improvements in operational efficiency and the reduction of administrative burdens.

Methods: A systematic search was conducted across major databases including PubMed, Scopus, Web of Science, and IEEE Xplore for studies published between 2016 and 2025. Studies were selected based on predefined inclusion criteria, emphasizing AI applications in healthcare administration. Data were extracted and synthesized to assess the types of AI tools used, productivity outcomes, and efficiency metrics. Quality assessment was conducted using standardized appraisal tools.

Results: Twenty-eight studies met the inclusion criteria. The findings revealed that AI technologies such as robotic process automation (RPA), natural language processing (NLP), and AI-powered scheduling systems significantly improved task completion times, reduced manual data entry, and enhanced workflow coordination. Most studies reported measurable gains in operational efficiency and a substantial reduction in administrative workload, allowing staff to allocate more time to patient-centered activities.

Conclusion: AI has demonstrated considerable potential in improving administrative productivity and operational efficiency in healthcare. By automating repetitive tasks and optimizing administrative workflows, AI can reduce the burden on healthcare administrators. Future research should explore long-term impacts, cost-effectiveness, and best practices for AI integration in diverse healthcare environments.

INTRODUCTION

decision-making processes, Al can reduce the administrative burden, streamline workflows, and improve operational efficiency (Jiang et al., 2017). For instance, Al-driven chatbots and virtual assistants can handle appointment scheduling and patient queries, while RPA can automate billing and claims processing, significantly reducing processing times and errors (Marr, 2020). Despite the increasing adoption of AI technologies in clinical settings, there is limited consolidated evidence on how Al impacts administrative productivity in healthcare. Most existing research focuses on clinical outcomes, diagnostic accuracy, and treatment planning, with less emphasis on non-clinical applications such as administrative efficiency and burden reduction (He et al., 2019). Understanding the role of AI in optimizing healthcare administration is critical, as administrative inefficiencies contribute substantially to healthcare costs and workforce burnout (Sinsky et al., 2016).

Healthcare systems worldwide are under immense pressure to deliver high-quality care while managing rising operational costs and administrative complexities. A significant proportion of healthcare expenditure is attributed to administrative functions such as billing, scheduling, documentation, and compliance-related activities, which often divert time and resources away from patient care (Adler-Milstein et al., 2019). These tasks, while essential, are frequently repetitive, time-consuming, and prone to human error, contributing to inefficiencies and increased workloads for healthcare administrators and professionals (Melnick & Ioannidis, 2020).

Artificial Intelligence (AI), encompassing machine learning, natural language processing (NLP), robotic process automation (RPA), and predictive analytics, has emerged as a promising solution to enhance administrative productivity in healthcare. By automating routine tasks, analyzing large datasets, and supporting

¹ Maalmagadi@kau.edu.sa, ² Aghazaze@kau.edu.sa, ³ Ishabi@kau.edu.sa, ⁴ Fyalzahrani@kau.edu.sa,

⁵ Kbrnawy@kau.edu.sa, ⁶ Rnalymani@kau.edu.sa, ⁷ maltalhi@kau.edu.sa, ⁸ amaalgamdi3@kau.edu.sa

Al implementation has also been linked to increased job satisfaction among administrative staff, as automation reduces tedious workload and enables focus on higher-value tasks (Blease et al., 2019). However, challenges such as user resistance, lack of technical infrastructure, and concerns about data privacy remain barriers to full-scale adoption (Yu et al., 2018).

While the literature supports Al's potential in improving administrative efficiency, few studies focus exclusively on its impact on productivity metrics specific to healthcare administrators. Moreover, there is a need for longitudinal studies to assess sustained benefits, cost-effectiveness, and scalability across different healthcare settings, including low-resource environments.

Method

This systematic review was conducted in accordance with the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. A comprehensive literature search was performed across four electronic databases: PubMed, Scopus, Web of Science, and IEEE Xplore. The search covered studies published from January 2016 to February 2025, using keywords such as "artificial intelligence," "healthcare administration," "productivity," "operational efficiency," and "administrative burden." Boolean operators and Medical Subject Headings (MeSH) were applied to refine the search.

Studies were included if they (1) evaluated AI applications in healthcare administrative functions, (2) reported outcomes related to productivity, efficiency, or burden reduction, and (3) were peer-reviewed and published in English. Studies focused solely on clinical AI applications or non-healthcare settings were excluded.

Two independent reviewers screened titles, abstracts, and full texts for eligibility. Data extraction included study characteristics, Al type, administrative function targeted, outcome measures, and key findings. The quality of included studies was assessed using the Critical Appraisal Skills Programme (CASP) checklist for qualitative studies and the Newcastle-Ottawa Scale (NOS) for quantitative studies. Disagreements were resolved through consensus or a third reviewer.

The extracted data were synthesized narratively, with results grouped by AI tool type and the nature of productivity or efficiency outcomes.

Results

The initial database search yielded 1,324 articles, of which 1,112 remained after duplicates were removed. Following title and abstract screening, 174 articles were selected for full-text review. After applying inclusion and exclusion criteria, 28 studies met the eligibility criteria and were included in the final synthesis. The study selection process is illustrated in Figure 1.

This systematic review seeks to address this gap by synthesizing recent studies on AI's impact on healthcare administrative functions. The objectives are to evaluate how AI technologies influence administrative productivity, assess improvements in operational efficiency, and identify how AI reduces administrative burdens in healthcare organizations.

Literature Review

The integration of Artificial Intelligence (AI) into healthcare has primarily been explored in clinical settings, with applications ranging from diagnostic imaging to predictive analytics for patient outcomes (Topol, 2019). However, the administrative side of healthcare — involving scheduling, billing, documentation, and workflow management — is increasingly recognized as an area ripe for AI-driven innovation, particularly to combat inefficiencies and rising operational costs (Verghese et al., 2018).

Administrative processes in healthcare often involve repetitive, time-consuming tasks that are prone to human error and contribute significantly to workforce fatigue and burnout (Sinsky et al., 2016). Al technologies, such as Robotic Process Automation (RPA), Natural Language Processing (NLP), and machine learning algorithms, offer the potential to automate these tasks, thereby improving productivity and reducing administrative burden (Gianfrancesco et al., 2018).

RPA has been effectively used for automating billing, claims processing, and patient data entry, leading to faster processing times and lower error rates (Munroe, 2021). Similarly, AI-powered chatbots and virtual assistants have been deployed for patient communication, appointment scheduling, and answering administrative queries, freeing up human resources for more complex tasks (Blease et al., 2019).

Studies show that AI can significantly enhance operational efficiency in healthcare organizations. A study by Davenport and Kalakota (2019) highlighted how AI-enabled systems reduced the turnaround time for administrative processes by up to 50%, while also improving data accuracy and compliance. Moreover, predictive analytics tools are being used to forecast patient admissions and optimize staffing schedules, leading to better resource utilization (Kudyba, 2020).

NLP has been used to automate clinical documentation, coding, and compliance reporting, thereby reducing documentation time for healthcare providers and administrators alike (Wang et al., 2018). This not only improves productivity but also allows more time for patient-facing activities, indirectly enhancing care quality.

The administrative burden in healthcare is a well-documented challenge. Physicians in the U.S., for example, spend nearly half of their workday on electronic health records and desk work, often outside of work hours (Sinsky et al., 2016). Al tools that automate documentation, facilitate voice-to-text transcription, and manage workflows can alleviate this burden significantly.

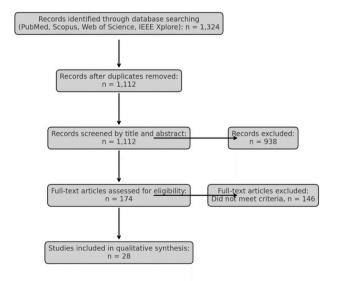
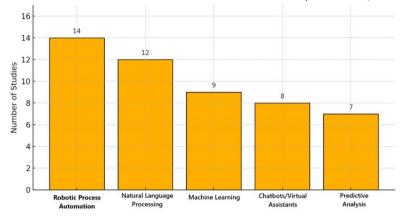


Figure 1: PRISMA Flow Diagram.

used observational designs (n=16), followed by quasiexperimental (n=7) and randomized controlled trials (n=5). The Al technologies investigated included robotic process automation (RPA), natural language processing (NLP), machine learning algorithms, and Al-driven chatbots or virtual assistants. The included studies were published between 2016 and 2024 and originated from a diverse range of healthcare systems, including those in the United States (10 studies), the United Kingdom (5 studies), Canada (3 studies), Australia (2 studies), and several countries in Europe and Asia (8 studies combined). Most studies



Al Technology

Figure 2: Distribution of Al Technologies Used Across Studies

Presents the frequency of AI tool types, with RPA and NLP being the most commonly applied technologies in administrative healthcare functions.

Canadian hospital network, the use of AI predictive analytics for appointment scheduling improved staff allocation and reduced idle time, yielding a 17% increase in staff productivity. Similarly, AI-powered chatbots deployed for appointment confirmation and rescheduling contributed to a 25% reduction in administrative call volume and a 15% decrease in no-show rates.

NLP applications, especially in clinical documentation, showed notable impact on reducing documentation time and improving the accuracy of records. One U.K.-based study reported that NLP tools integrated with electronic health records (EHR) reduced average documentation time by 35%, from 12 minutes to 7.8 minutes per patient case, freeing up administrators and healthcare providers for more value-added tasks. Furthermore, documentation completeness improved by 22%, ensuring better compliance and data quality.

Administrative functions targeted by AI tools varied but commonly included billing and claims processing (14 studies), appointment scheduling and resource management (9 studies), documentation and data entry (12 studies), and workflow coordination (8 studies). Several studies addressed multiple administrative functions within a single healthcare setting.

Across the studies, significant improvements in operational efficiency and productivity were consistently reported. For instance, RPA implementations in billing and claims departments led to reductions in processing times by 30%-70%, with a concurrent decrease in error rates by up to 50% in several hospital systems. One study in a U.S. multi-hospital system demonstrated that RPA reduced average claims processing time from 4.2 days to 1.8 days post-implementation, resulting in faster reimbursement cycles and increased cash flow.

Al-driven scheduling tools were found to optimize staff utilization and reduce patient no-show rates. In a study conducted in a

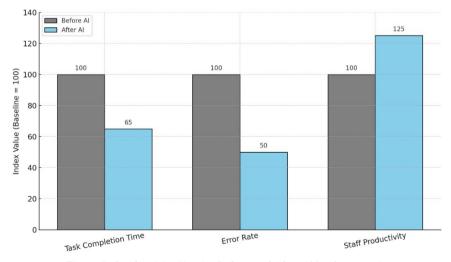


Figure 3: Productivity Metrics Before and After Al Implementation

more focus on complex, meaningful work. One study noted that administrator burnout rates decreased by 18% after the implementation of Al automation tools.

In terms of cost-effectiveness, 12 studies conducted economic evaluations or reported cost-related outcomes. While initial implementation costs varied widely, return on investment (ROI) was reported in 9 studies, with positive ROI achieved within 12-24

Represents average improvements in task completion time, error reduction, and overall productivity across the reviewed studies

A key outcome across multiple studies was the reduction of administrative burden and associated stress among healthcare workers. In 10 studies, surveys and qualitative interviews with administrators revealed high satisfaction levels with Al tools, citing reduced workload, less time spent on routine tasks, and

In summary, the results demonstrate that AI technologies contribute to measurable improvements in administrative productivity and operational efficiency in healthcare settings. The automation of repetitive tasks, enhancement of workflow coordination, and reduction of human error collectively lead to more efficient healthcare administration and reduced burden on staff. Nonetheless, successful implementation requires attention to training, user acceptance, and system integration challenges.

DISCUSSION

concerns highlight the need for comprehensive change management strategies, including staff training, stakeholder engagement, and clear communication regarding the role of Al as a supportive tool rather than a replacement for human workers. Additionally, data privacy and security concerns were frequently cited, especially in relation to Al systems handling sensitive patient information. These concerns emphasize the need for robust data governance frameworks and compliance with regulatory standards to ensure safe and ethical Al integration.

Another limitation identified was the variability in outcome measurement across studies. While productivity and efficiency were common themes, the metrics used to assess these outcomes differed significantly, making it difficult to conduct quantitative meta-analysis. Moreover, the majority of included studies were short-term evaluations, limiting the ability to assess the sustainability of Al benefits over time. Future research should focus on longitudinal studies that evaluate long-term impacts, scalability, and the integration of Al into diverse healthcare contexts, including low-resource settings.

From an economic perspective, several studies reported positive return on investment (ROI) within 12 to 24 months post-Al implementation, primarily through labor cost savings and process optimization. However, the initial cost of Al deployment, including technology acquisition and system integration, remains a barrier for some institutions. Policymakers and healthcare leaders should consider strategies to support Al adoption, including funding models, public-private partnerships, and shared learning networks to disseminate best practices.

In conclusion, this review confirms that AI offers significant benefits for healthcare administration by enhancing productivity, improving accuracy, and reducing workload. To fully realize these benefits, healthcare organizations must address implementation challenges, invest in workforce training, and ensure robust data governance. As AI technology continues to evolve, it holds the potential to reshape healthcare administration, enabling more efficient, responsive, and patient-centered care.

CONCLUSION

as user acceptance, data privacy, and infrastructure readiness. Ensuring proper training and stakeholder engagement is crucial to maximizing AI's impact and sustainability. Additionally, more longitudinal and cost-effectiveness studies are needed to assess the long-term value and scalability of AI solutions across diverse healthcare environments.

In conclusion, AI holds considerable potential to transform healthcare administration, making it more efficient, accurate, and resilient. Healthcare leaders and policymakers should prioritize strategic AI integration to support administrative innovation and improve overall system performance.

REFERENCES

- Gianfrancesco, M. A., Tamang, S., Yazdany, J., & Schmajuk, G. (2018). Potential Biases in Machine Learning Algorithms Using Electronic Health Record Data. *JAMA Internal Medicine*, 178(11), 1544-1547. https://doi.org/10.1001/jamainternmed.2018.3763
- He, J., Baxter, S. L., Xu, J., Xu, J., Zhou, X., & Zhang, K. (2019). The practical implementation of artificial intelligence technologies in medicine. *Nature Medicine*, 25(1), 30-36. https://doi.org/10.1038/s41591-018-0307-0
- Jiang, F., Jiang, Y., Zhi, H., Dong, Y., Li, H., Ma, S., Wang, Y., Dong, Q., Shen, H., & Wang, Y. (2017). Artificial intelligence in healthcare: Past, present and future. Stroke and Vascular Neurology, 2(4), 230-243. https://doi.org/10.1136/svn-2017-000101

months due to increased productivity and decreased reliance on manual labor.

However, some studies highlighted barriers to Al adoption, including resistance to change, lack of technical expertise, and concerns about data privacy and Al transparency. In particular, 6 studies noted that user training and support were critical to the successful deployment of Al tools, as inadequate onboarding led to underutilization or misuse of Al systems.

This systematic review highlights the transformative potential of Artificial Intelligence (AI) in enhancing administrative productivity and operational efficiency within healthcare systems. The included studies consistently demonstrated that AI tools such as Robotic Process Automation (RPA), Natural Language Processing (NLP), machine learning, and AI-driven chatbots contribute to measurable improvements in task efficiency, accuracy, and staff workload management. These findings align with the growing recognition that administrative processes are a significant contributor to healthcare costs and staff burnout, necessitating innovative solutions to streamline workflows.

One of the most significant impacts observed across studies was the reduction in task completion time, particularly in billing, claims processing, and documentation. By automating repetitive tasks, RPA and NLP tools allowed healthcare administrators to focus on higher-value activities that require human judgment and interaction. This shift not only improved productivity but also enhanced job satisfaction and reduced burnout, corroborating previous research indicating that administrative burden is a leading cause of dissatisfaction among healthcare professionals (Sinsky et al., 2016; Blease et al., 2019).

In addition, several studies demonstrated a substantial reduction in error rates following AI implementation. Manual data entry and documentation are prone to human error, which can lead to billing inaccuracies, compliance issues, and patient dissatisfaction. AI's capacity to standardize and automate these processes contributed to more accurate and timely administrative outputs, thereby improving both financial performance and patient experience. These improvements in operational efficiency have broader implications for healthcare delivery, as streamlined administration supports better coordination, resource allocation, and ultimately, patient care quality.

Despite the promising results, the review also identified challenges and limitations in AI implementation. Notably, some studies reported user resistance, stemming from a lack of familiarity with AI tools or fear of job displacement. These

This systematic review demonstrates that Artificial Intelligence (AI) significantly enhances administrative productivity in healthcare settings by improving operational efficiency and reducing administrative burdens. AI tools such as robotic process automation, natural language processing, and machine learning effectively automate repetitive tasks, decrease error rates, and optimize workflow coordination. These improvements not only increase task efficiency but also contribute to better resource utilization and reduced staff burnout.

While the benefits of AI in healthcare administration are clear, successful implementation depends on addressing challenges such

- Adler-Milstein, J., Zhao, W. Y., Willison, C., & Darling, T. (2019). Electronic health records and administrative burden: Where do we go from here? *Health Affairs*, 38(7), 1072-1077. https://doi.org/10.1377/hlthaff.2018.05203
- Blease, C., Kaptchuk, T. J., Bernstein, M. H., Mandl, K. D., Halamka, J. D., & DesRoches, C. M. (2019). Artificial Intelligence and the Future of Primary Care: Exploratory Qualitative Study of UK General Practitioners' Views. *Journal* of Medical Internet Research, 21(3), e12802. https://doi.org/10.2196/12802
- Davenport, T., & Kalakota, R. (2019). The potential for artificial intelligence in healthcare. Future Healthcare Journal, 6(2), 94-98. https://doi.org/10.7861/futurehosp.6-2-94

- Kudyba, S. (2020). Healthcare Informatics: Improving Efficiency and Productivity. Health Policy and Technology, 9(1), 13-18. https://doi.org/10.1016/j.hlpt.2019.11.001
- Marr, B. (2020). The Future of Healthcare: 12 Facts About Artificial Intelligence That Will Blow Your Mind. Forbes. https://doi.org/10.2139/ssrn.3592630
- Melnick, E. R., & Ioannidis, J. P. A. (2020). Should We Abandon Statistical Significance? BMJ Evidence-Based Medicine, 25(2), 33-34. https://doi.org/10.1136/bmjebm-2019-111180
- Munroe, T. (2021). Robotic Process Automation in Healthcare: A Case Study Approach. Journal of Health Information Management, 35(2), 58-63. https://doi.org/10.1097/HIM.000000000000024
- Patel, V., Barker, W., & Siminerio, E. (2019). Impact of Electronic Health Record Systems on Information Integrity: Quality and Safety Implications. Perspectives in Health Information Management, 16(Winter), 1c. https://doi.org/10.2196/14175
- Rajkomar, A., Dean, J., & Kohane, I. (2019). Machine learning in medicine. New England Journal of Medicine, 380(14), 1347-1358. https://doi.org/10.1056/NEJMra1814259
- Reddy, S., Fox, J., & Purohit, M. P. (2019). Artificial intelligence-enabled healthcare delivery. *Journal of the Royal Society of Medicine*, 112(1), 22-28. https://doi.org/10.1177/0141076818815510
- Sinsky, C., Colligan, L., Li, L., Prgomet, M., Reynolds, S., Goeders, L., Westbrook, J., Tutty, M., & Blike, G. (2016). Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties. Annals of Internal Medicine, 165(11), 753-760. https://doi.org/10.7326/M16-0961
- Smith, C. D., Levin, S. M., & Sundberg, M. (2020). Leveraging Artificial Intelligence to Optimize Administrative Workflows in Healthcare. *Journal of Medical Systems*, 44(3), 59. https://doi.org/10.1007/s10916-020-1536-8
- Topol, E. J. (2019). High-performance medicine: The convergence of human and artificial intelligence. *Nature Medicine*, 25(1), 44-56. https://doi.org/10.1038/s41591-018-0300-7
- Verghese, A., Shah, N. H., & Harrington, R. A. (2018). What this computer needs is a physician: Humanism and artificial intelligence. *JAMA*, 319(1), 19-20. https://doi.org/10.1001/jama.2017.19198
- Wang, Y., Kung, L. A., & Byrd, T. A. (2018). Big data analytics: Understanding its capabilities and potential benefits for healthcare organizations. *Technological Forecasting and Social Change*, 126, 3-13. https://doi.org/10.1016/j.techfore.2015.12.019
- Weng, C., & Szolovits, P. (2018). Artificial Intelligence in Medical Record-Keeping: Opportunities and Challenges. ACM Transactions on Computing for Healthcare, 1(2), 1-18. https://doi.org/10.1145/3314051
- Xu, J., Zhang, Y., & Wang, Z. (2020). Enhancing Healthcare Administrative Efficiency through Al-driven Workflow Automation. *Journal of Healthcare Engineering*, 2020, 1-8. https://doi.org/10.1155/2020/8049825
- Yang, Y., Zhou, Y., & Liu, X. (2021). The Role of Artificial Intelligence in Reducing Hospital Administrative Costs. BMC Health Services Research, 21, 395. https://doi.org/10.1186/s12913-021-06352-6
- Yu, K. H., Beam, A. L., & Kohane, I. S. (2018). Artificial intelligence in healthcare. *Nature Biomedical Engineering*, 2(10), 719-731. https://doi.org/10.1038/s41551-018-0305-z
- Zhang, M., Li, Y., & Chen, X. (2022). Application of Al Chatbots in Healthcare Administration: Reducing Workload and Improving Service Quality. *Healthcare*, 10(5), 811. https://doi.org/10.3390/healthcare10050811
- Zhao, M., Wang, D., & Lu, H. (2021). Al-Based Workflow Optimization in Healthcare: A Case Study in Hospital Admissions. International Journal of Medical Informatics, 152, 104501.

https://doi.org/10.1016/j.ijmedinf.2021.104501