ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 10 (October 2026)

Exploring the Acceptance and Integration of Generative Artificial Intelligence (AI) in Nursing Education: Perspectives of Nurse Educators

Ryan Joseph C. Filart[1*] and Joseph Michael Manlutac[2]
[1]*Wesleyan University-Philippines, Cabanatuan City, Nueva Ecija, Philippines*
[2]*Wesleyan University Philippines*
[*]*filartrj@gmail.com*

Date Submitted:
August 18, 2026

Date Accepted:
September 11, 2026

Date Published:
October 29, 2026

DOI:
10.5281/zenodo.23767179

ABSTRACT

This qualitative descriptive study explored how nurse educators at Olivarez College Tagaytay, Cavite, accepted and integrated generative artificial intelligence (GenAI) in nursing education and developed an evidence-informed action plan. Eight purposively selected nurse educators who had used GenAI in teaching participated in semi-structured, in-depth interviews during August 2026. The interview guide was expert-validated, and recordings were transcribed and examined through Braun and Clarke's six-phase thematic analysis. Data collection occurred in three waves; 125 codes were organized into six themes and 16 subthemes. The themes were unplanned entry into a necessary technology; conditional acceptance anchored in professional judgment; adapting under generational pressure; integration at the preparation stage; safeguarding learning through vigilance and assessment redesign; and enablement by leadership without written policy. Educators perceived GenAI as useful for preparing lessons, cases, questions, and simplified learning materials but insisted on verifying outputs and protecting clinical judgment, empathy, academic integrity, and patient safety. Integration remained largely preparatory and individualized, while participants described uneven digital confidence, assessment vulnerabilities, personal subscription costs, and the absence of consistent written rules despite administrative encouragement. The findings indicate a gap between conditional acceptance and systematic pedagogical integration. A five-component action plan addressing governance, differentiated faculty development, assessment integrity, student AI literacy, and technical access was proposed, not evaluated. The study contributes institution-specific evidence to responsible GenAI adoption in nursing education.

Keywords: *generative artificial intelligence; nursing education; nurse educators; technology acceptance; instructional integration; qualitative thematic analysis*

INTRODUCTION

Generative artificial intelligence (GenAI), including large language models capable of generating explanations, cases, questions, and other learning resources, has introduced new opportunities and risks for higher education. Nursing education faces particular challenges because educational content may shape learners' subsequent decisions about patient care. While GenAI can support the preparation of instructional materials and personalized guidance, the plausibility of inaccurate outputs, limited source transparency, privacy risks, and the potential weakening of independent reasoning require deliberate professional oversight (Kasneci et al., 2023; World Health Organization, 2024).

Acceptance and integration are distinct. Acceptance concerns how educators perceive and evaluate GenAI, the conditions under which they are willing to use it, and their readiness to do so. Integration concerns what educators actually do with the technology in lesson planning, teaching, assessment, and related instructional

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 10 (October 2026)

activities. Technology-acceptance research emphasizes perceived usefulness and ease of use (Davis, 1989), but a nurse educator must also determine whether a tool fits the responsibilities of an evidence-based, human-centered profession. Emerging nursing education literature has highlighted both faculty interest and the importance of guarding clinical reasoning and academic integrity (Buchanan et al., 2021; Lane et al., 2024).

The Philippine context adds questions about faculty capability, resource availability, and institutional governance. Guidance on GenAI in education and health emphasizes human accountability and the need for institutional frameworks (Miao & Holmes, 2023; World Health Organization, 2024). National higher-education policy also makes responsible AI governance an institutional responsibility through Commission on Higher Education (CHED) Memorandum Order No. 21, series of 2026. Yet technology may reach classrooms before educators have consistent written rules, training, or institutional access arrangements.

This study therefore focused on eight nurse educators at Olivarez College Tagaytay. Its gap was the limited close-to-practice qualitative evidence about how nursing faculty at a moderately resourced, single-institution setting experience the difference between accepting GenAI and integrating it. Specifically, it described their perceptions, attitudes, and readiness; explored instructional practices and contextual conditions; and formulated an action plan grounded in the resulting themes. As a qualitative descriptive inquiry, it sought understanding of educator accounts rather than estimates of prevalence, causal effects, or measured student outcomes.

Literature Review

Generative AI and the Changing Nursing Education Environment

Artificial intelligence is increasingly linked with clinical decision support, health informatics, and the production and communication of knowledge in health professions. Topol (2019) emphasized its capacity to transform medical work while preserving a central role for clinicians. In nursing, the importance of AI literacy extends from the operation of digital systems to the interpretation and evaluation of their outputs (Buchanan et al., 2021; McGonigle & Mastrian, 2021). Generative systems differ from conventional rule-based support by producing new texts and examples, which makes them immediately attractive for lesson and case preparation but also requires an explicit process for checking content accuracy.

Kasneci et al. (2023) identified promising uses of language models in educational feedback and preparation alongside risks of misleading information and inequity. Similarly, Lane et al. (2024) argued for both guiding and guarding GenAI use in nursing instruction. These perspectives suggest that classroom adoption is best analyzed not simply as technology uptake but as a negotiated relationship between useful functions and professional safeguards. This distinction informed the present study's separate attention to acceptance and actual integration.

Educator Acceptance, Readiness, and Professional Judgment

The Technology Acceptance Model explains adoption in terms of perceived usefulness and perceived ease of use (Davis, 1989). Holden and Rada (2011) found that teachers' technology self-efficacy also matters in educational settings. For nursing faculty, willingness is additionally filtered through expectations concerning clinical accuracy, accountability, and compassionate care. Conditional acceptance is therefore analytically different from blanket resistance: faculty may use GenAI while refusing to delegate professional judgment.

Educators' preparedness varies according to prior experience, roles, and available support. Mah and Groß (2024) documented differentiated faculty profiles and professional development needs in higher education; the UNESCO AI competency framework likewise identifies progressive competencies rather than assuming a uniform starting point (Miao & Cukurova, 2024). This literature supports examining readiness as shaped by opportunities to learn and institutional provision, rather than inferring technological competence from age or seniority alone.

Pedagogical Applications and Assessment Integrity

In nursing education, GenAI may assist with drafting case studies, lecture outlines, assessments, and explanations. These practices can reduce routine preparation work, but the educational value depends on faculty

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 10 (October 2026)

review, explicit learning objectives, and the integrity of the assessment process (Buchanan et al., 2021; Lane et al., 2024). The difference between constructing a question and establishing its validity becomes particularly important where the same publicly accessible tools can be used by both students and instructors.

Research on generative AI has challenged the reliability of assessment tasks that can be completed without demonstrating individual reasoning. Corbin et al. (2025) argued for structural changes to assessment rather than relying only on detection or prohibition. GenAI guidance from UNESCO stresses verification, transparent use, and protection of human agency (Miao & Holmes, 2023). For nursing education, these considerations acquire a patient-safety dimension: erroneous educational content and unsupported clinical explanations cannot safely be treated as authoritative.

Institutional Governance, Ethics, and Capacity Building

Institutional support can facilitate technology adoption through resources, peer learning, technical assistance, and a consistent statement of allowable practices. The UNESCO AI competency framework for teachers organizes learning into progressive levels of capability (Miao & Cukurova, 2024). Faculty development can therefore be designed as an ongoing, differentiated process rather than a single orientation. Institutional rules also clarify responsibility for disclosure, verification, privacy, and the assessment use of generated content.

In health-related applications, the World Health Organization (2024) highlights accountability, safeguards, and human supervision. Philippine higher education's emerging policy environment likewise supports contextual institutional standards rather than unregulated individual discretion (Commission on Higher Education, 2026). The literature collectively indicates that a leadership message encouraging innovation is not equivalent to a written and consistently applied governance framework. The present study examines that gap through educators' actual practices and perceptions.

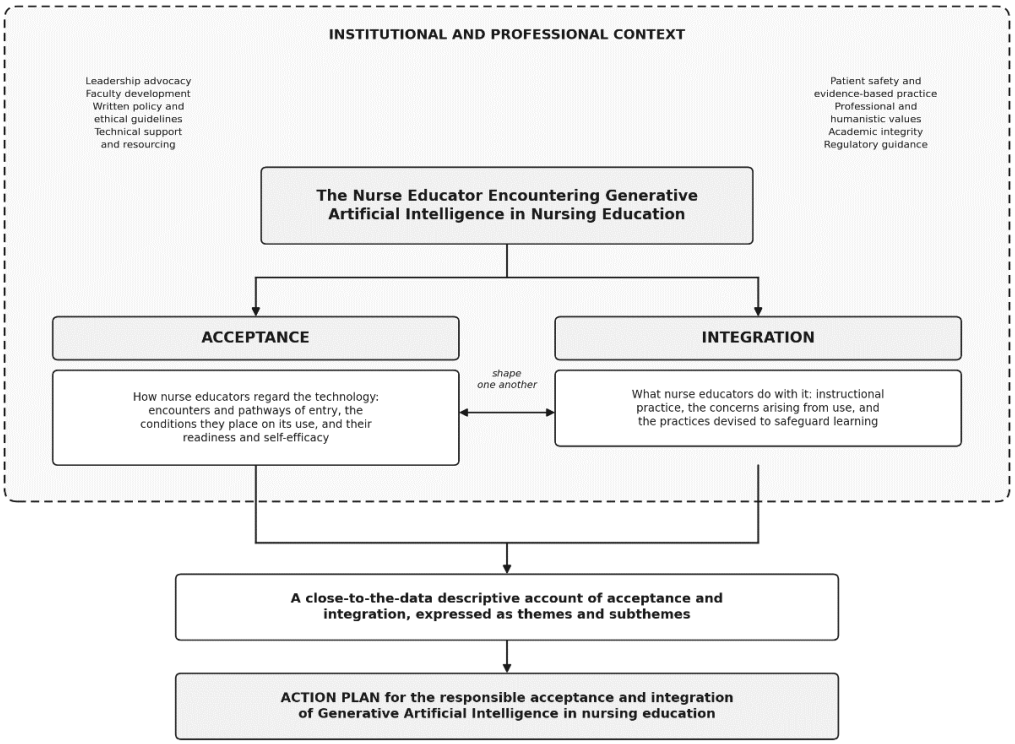
Synthesis and Conceptual Basis

The literature identifies substantial potential for GenAI in instructional preparation but consistently locates responsible implementation in human judgment, technological literacy, institutional support, and ethical oversight. Existing scholarship has more often emphasized capabilities, student experiences, or broad attitudes than the everyday ways a particular nursing faculty accommodates GenAI. The present qualitative study addressed this gap by investigating how acceptance and integration influence each other within a defined professional and organizational setting.

The original conceptual framework positions the nurse educator's encounter with GenAI as the central phenomenon. Acceptance (perceptions, attitudes, readiness) and integration (practices, experiences, contextual understanding) are reciprocal rather than successive stages; both operate within an institutional and professional context of leadership, policy, resources, patient safety, humanistic care, and academic integrity. The inquiry produces a close-to-data thematic account and an action plan drawn from that account. Figure 1 reproduces the dissertation's framework without substantive alteration.

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 10 (October 2026)

Figure 1. *Conceptual framework of the study*



METHODS

Research Design

The study used a qualitative descriptive design informed by a constructivist–interpretivist orientation. This approach was selected to provide a close-to-data account of nurse educators' perceptions and practices, without claiming to identify a universal essence of experience or to quantify the frequency of attitudes (Sandelowski, 2000; Bradshaw et al., 2017). The inquiry focused on GenAI as encountered and used by teachers and on the practical institutional decisions that followed from their accounts.

Research Locale

Data were collected at Olivarez College Tagaytay in Tagaytay City, Cavite, Philippines. The institution's undergraduate nursing program constituted the single setting of inquiry. The findings are tied to conditions experienced by its faculty during August 2026 and are not presented as representative of all Philippine nursing schools.

Participants and Sampling Technique

Eight nurse educators who were actively teaching undergraduate nursing courses and had used GenAI, particularly ChatGPT, in relation to their teaching were selected purposively from a faculty pool of 14. Participants included clinical instructors and level coordinators and were identified using the codes P1–P8. Non-teaching administrators, students, and educators who had not used GenAI for teaching were excluded. The interview-guide dry-run participant was also excluded from the study sample and its analysis.

Sample adequacy was considered through information power (Malterud et al., 2016). Interviews were gathered in three waves: four on August 15, two on August 24, and two on August 27, 2026. Initial analysis anchored 66, 36, and 23 codes in those respective waves (125 total). Although additional codes were found, later

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 10 (October 2026)

waves did not require adding or redefining a theme or subtheme. Four divergent accounts were deliberately retained. This qualitative sufficiency judgment did not imply statistical generalizability.

Table 1. *Data collection waves and development of the thematic structure*

Wave	Interviews	New anchored codes	Cumulative codes	Thematic development
August 15, 2026	4 (P1–P4)	66	66	Six themes and 16 subthemes identified
August 24, 2026	2 (P5–P6)	36	102	No additional theme or subtheme; divergent cases retained
August 27, 2026	2 (P7–P8)	23	125	No additional theme or subtheme; boundaries unchanged

Research Instrument

The researcher developed a semi-structured interview guide with five main open-ended questions and optional probes covering encounters with GenAI, effects on teaching and learning, concerns, existing instructional uses, and the institutional support needed for responsible adoption. Four experts reviewed the guide for relevance, clarity, sequencing, methodological fit, and non-leading phrasing. A separate dry run was conducted before study interviews, and revisions were made from the validation feedback.

Data Gathering Procedure

Following institutional permission, recruitment and consent procedures were carried out. Each participant completed one in-depth interview lasting approximately 45–60 minutes; the interviews were audio-recorded with permission and transcribed verbatim. Interviews occurred in three waves, with transcription and provisional coding between waves. Participants moved between Filipino and English, and original wording was retained in the transcripts. Relevant translated quotations were checked for fidelity. Participants later reviewed their own extracts, translations, proposed subtheme placements, and theme descriptions during member checking.

Data Analysis and Trustworthiness

Transcripts were analyzed using Braun and Clarke's (2006) six phases: familiarization, initial coding, searching for themes, reviewing themes against excerpts and the full corpus, defining and naming themes, and report production. A documented sequence moved from 125 anchored codes through 18 candidate groupings and nine analytic revision decisions to six final themes and 16 subthemes. The researcher maintained an audit trail, considered negative cases, and related interpretations to supporting excerpts. Lincoln and Guba's (1985) criteria of credibility, dependability, confirmability, and transferability were addressed through repeated transcript review, participant feedback, reflexive journaling, adviser debriefing, and detailed contextual description.

Ethical Consideration

Written informed consent and permission for recording were obtained; participation was voluntary, and respondents could decline questions or withdraw without professional consequences. Interview materials were stored under restricted access, pseudonyms were used, and potentially identifying details were withheld. Participants were informed that their roles might still permit deductive identification within a small faculty. Institutional authorization and ethics-review documentation accompanied the thesis; no approval identifier is asserted here because a definitive reference number was not established in the extracted narrative. The study did not involve patients or collect student outcome data.

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 10 (October 2026)

RESULTS AND DISCUSSION

The thematic analysis produced six themes, organized under the two research dimensions of acceptance and integration. The distinction proved central: educators often considered GenAI useful and worth engaging with, yet actual use remained concentrated in individual preparation activities, with safeguards developed locally rather than standardized by written policy. Table 2 reports the complete theme–subtheme structure drawn from the dissertation.

Table 2. *Themes and subthemes describing GenAI acceptance and integration*

Dimension	Theme	Subthemes
Acceptance	1. Unplanned Entry into a Necessary Technology	From unfamiliarity to routine use; necessity, disruption, and social influence as catalysts
Acceptance	2. Conditional Acceptance Anchored in Professional Judgment	GenAI as teaching assistant, not authority; verification and modification as a condition of use; protecting the human core of nursing
Acceptance	3. Adapting Under Generational Pressure	Fear of being overtaken by students and peers; uneven digital self-efficacy within the faculty
Integration	4. Integration at the Preparation Stage	Instructional design, assessment construction, content simplification; relief from time pressure and workload; expanding tool ecology beyond ChatGPT
Integration	5. Safeguarding Learning Through Vigilance and Assessment Redesign	Dependence and erosion of student reasoning; accuracy, sourcing, and patient safety; assessment leakage and compensatory redesign
Integration	6. Enabled by Leadership, Unguided by Policy	Administrative advocacy and development; absence of written policy and ethical guidelines; gaps in technical support, tooling, and cost sharing

Theme 1: Unplanned Entry into a Necessary Technology

Participants reported encountering GenAI through circumstances rather than a deliberate instructional adoption plan. Graduate study, disruptions to conventional routines, increasing preparation demands, colleagues, and students brought the technology into their work. What began as unfamiliar became routine: educators first tried the system and subsequently developed an assessment of where it helped. P8 summarized the initial novelty as “This is actually new for a professor like me,” while P2 recalled, “And actually I also learned more from AI from my students.” These accounts place students and professional requirements among the forces motivating uptake.

The first theme is consistent with the broader observation that technological adoption is shaped by immediate usefulness and social practice, not simply by prior positive attitudes (Davis, 1989). It also underlines the study’s central distinction: practice could precede acceptance. Educators learned what to trust and what to reject while already working with the technology.

Theme 2: Conditional Acceptance Anchored in Professional Judgment

Acceptance was contingent on GenAI remaining an assistant rather than the authority determining what students should learn. Participants emphasized reviewing, correcting, rewriting, and contextualizing generated material. P4 insisted, “You need to just take the ideas, then you have to modify it,” while P7 described reading the output and judging its applicability before giving it to students. Participants also established a nonnegotiable boundary around empathy, therapeutic presence, compassion, and clinical judgment.

This theme shows that reservations were not equivalent to rejection. Rather, faculty accepted practical assistance while preserving responsibility for content and the professional values being taught. Such safeguards correspond with recommendations on human oversight and the risks of unverified health information (World Health Organization, 2024; Lane et al., 2024). One account also acknowledged not routinely disclosing that explanatory content began as a GenAI output, a practice that raises a separate need for transparency guidance.

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 10 (October 2026)

Theme 3: Adapting Under Generational Pressure

Participants described anxiety about being overtaken by more technologically fluent students and colleagues. P1 associated the pressure with concern that students might expect instantaneous answers from GenAI; P5 and P4 similarly connected not using the technology with the risk of being left behind. Confidence was uneven within the eight-person sample, but the accounts did not justify treating age as its sole explanation.

Two divergent accounts refined this interpretation: one educator had developed confidence because an assigned Nursing Informatics role required use, while another connected readiness to training, policy, and institutional provision. Readiness therefore emerged as partially situational and teachable. This supports differentiated faculty development rather than assumptions based on age alone (Holden & Rada, 2011; Mah & Groß, 2024; Miao & Cukurova, 2024).

Theme 4: Integration at the Preparation Stage

Concrete use concentrated on planning rather than systematic transformation of classroom learning. Participants described preparing lecture slides, summarizing difficult content, generating scenarios and licensure-style questions, translating or simplifying explanations, and refining instructional materials. P2 reported using GenAI "to help me generate ideas for case studies or more, like NCLEX type questions." These applications were valued for reducing workload and accelerating preparation, especially under crowded teaching schedules.

Use was not limited to a single chatbot; participants mentioned related tools for slides, text, and instructional media. Nevertheless, widespread use at the preparation stage did not establish that students were being trained consistently to evaluate or apply GenAI in supervised, higher-order nursing tasks. The distinction between improved preparation efficiency and demonstrated learning improvement is essential, because this study measured neither teaching effectiveness nor student clinical competence.

Theme 5: Safeguarding Learning Through Vigilance and Assessment Redesign

Participants expressed concerns about students copying AI outputs without reasoning, the accuracy and sourcing of generated content, and downstream implications for patient safety. P2 described a concern that an AI response could be persuasive while wrong, emphasizing the importance of patient care and safety. P7 likewise noted the difficulty of checking unsourced responses. Educators developed compensatory practices including oral verification, handwritten tests, faculty rewriting of questions, rationalization of answer choices, and generating a large question pool from which to select revised items.

A distinctive issue was possible overlap between instructor-generated and student-accessible assessment questions. P2 recalled students saying they had encountered the exact questions in AI output. The findings suggest that protecting validity requires assessment redesign, not merely exhortations against dishonesty. Structural approaches emphasizing authentic demonstration of individual reasoning align with Corbin et al. (2025), while professional accuracy checking remains central to trustworthy nursing instruction (Buchanan et al., 2021).

Theme 6: Enabled by Leadership, Unguided by Policy

Participants described administrative encouragement and some faculty development activities, but were not operating under a consistently known written GenAI policy. P1 answered the question about ethical guidance with "Wala pa eh" [There are none yet], and P6 replied, "Nothing that I know of." Participants described oral expectations that were interpreted differently across instructors and called for specific guidance on acceptable use. Their accounts reflected a desire for governance rather than simple opposition to innovation.

Access and technical assistance also differed. Some faculty paid individually for subscriptions, and participants requested clearer support arrangements and practical, role-appropriate development. These accounts indicate that enthusiastic leadership alone cannot ensure consistent use. Explicit policy, shared assessment expectations, and equitable resources are necessary to move from private safeguards to a sustainable institutional framework (Miao & Holmes, 2023; Commission on Higher Education, 2026).

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 10 (October 2026)

Integrated Interpretation and Proposed Action Plan

The six themes describe a gap between broad, conditional acceptance and more limited instructional integration. Acceptance was constructed through use and moderated by professional judgment, while integration remained chiefly preparatory, with educators independently creating verification routines and protective assessment approaches. Within the single institution, the presence of leadership encouragement alongside absent written standards created variability in what faculty regarded as acceptable. This interpretation is grounded in participant accounts, not in direct observation of student learning or independently measured outcomes.

The dissertation translated these themes into a five-part action plan: (1) written policy and governance; (2) tiered faculty development; (3) assessment integrity and redesign; (4) student AI literacy and curricular integration; and (5) infrastructure, access, and support. The plan was proposed for adoption, rather than tested for implementation or effectiveness. Table 3 condenses its objectives, activities, and monitoring indicators while preserving its institutional focus.

Table 3. *Proposed institution-level action plan derived from study findings*

Priority	Proposed actions	Indicative implementation evidence
Policy and governance	Develop written permitted, conditional, and prohibited uses; consult faculty and students; review annually	Approved policy referenced across nursing syllabi
Tiered faculty development	Assess needs; provide foundational and advanced AI training; organize peer mentors	Baseline/endline skills assessment; differentiated tracks
Assessment integrity	Maintain reviewed item banks, oral verification, and appropriately supervised assessment formats	Item-bank records and course-level verification procedures
Student AI literacy	Teach prompting, source checks, hallucination, bias, privacy, and clinical limitations within nursing courses	AI literacy outcomes and evaluated learning activities in syllabi
Infrastructure and access	Appoint AI technical-support focal person; review shared subscriptions and access; run a faculty community of practice	Identified support officer; documented access decision; regular meetings

The study estimated PHP 285,000–430,000 for the first academic year, excluding connectivity and device provision included elsewhere in the institutional information-technology plan. This is a prospective indicative budget rather than expenditure evidence. Priorities, financing, and the implementation schedule would require institutional approval and subsequent evaluation.

CONCLUSION

The study shows that the eight participating nurse educators at Olivarez College Tagaytay accepted GenAI selectively, viewing it as useful in preparing teaching materials but not as a substitute for clinical judgment, evidence verification, academic integrity, or humanistic care. Their integration of the technology was largely informal and concentrated in preparatory work. Six themes and 16 subthemes revealed that adoption often preceded deliberate evaluation, confidence varied with experience and opportunity, and instructors independently devised protections against inaccurate clinical content and vulnerabilities in assessment. Although administrators encouraged use, a common written governance framework and consistent technical support were not established through participant accounts. The principal contribution is a context-specific qualitative explanation of why acceptance does not by itself amount to systematic integration, together with a grounded institutional action plan. These conclusions describe perceptions and practices rather than measured effects on nursing students or patient outcomes.

ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 10 (October 2026)

Recommendation

Olivarez College Tagaytay and its nursing administration should consider formally adopting and periodically reviewing a policy stating acceptable and prohibited GenAI uses, disclosure expectations, clinical-information verification requirements, privacy safeguards, and the respective accountability of faculty and students. Existing practices identified in the interviews should inform the policy so that rules support, rather than displace, educators' professional judgment.

Faculty development should be differentiated by digital confidence and instructional role, with practical mentoring and opportunities to evaluate sources, revise prompts, and create authentic learning activities. Curriculum committees should incorporate supervised student AI literacy and clinical verification tasks into Nursing Informatics and related courses. Assessment committees should trial reviewed question banks, oral defenses, handwritten or supervised demonstrations where appropriate, and assignments that require reasoning traceable to the learner.

Administrators should review equity of access, potential institutional subscriptions, connectivity, and dedicated technical support instead of relying on individual faculty expenditures. The proposed action plan and its budget require piloting, transparent monitoring, and evaluation before effectiveness claims can be made. Future research should extend across institutions, incorporate student and administrator perspectives, observe classroom practices, and assess measurable academic, clinical-reasoning, and longer-term outcomes; the assessment-question overlap identified here merits focused investigation.

References

Bradshaw, C., Atkinson, S., & Doody, O. (2017). Employing a qualitative description approach in health care research. Global Qualitative Nursing Research, 4, 1–8. https://doi.org/10.1177/2333393617742282

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Buchanan, C., Howitt, M. L., Wilson, R., Booth, R. G., Risling, T., & Bamford, M. (2021). Predicted influences of artificial intelligence on nursing education: Scoping review. JMIR Nursing, 4(1), e23933. https://doi.org/10.2196/23933

Commission on Higher Education. (2026). Policies, standards, and guidelines for the framework on artificial intelligence in higher education (CHED Memorandum Order No. 21, series of 2026). https://ched.gov.ph/

Corbin, T., Dawson, P., & Liu, D. (2025). Talk is cheap: Why structural assessment changes are needed for a time of GenAI. Assessment & Evaluation in Higher Education, 50(7), 1087–1097. https://doi.org/10.1080/02602938.2025.2503964

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

Holden, H., & Rada, R. (2011). Understanding the influence of perceived usability and technology self-efficacy on teachers' technology acceptance. Journal of Research on Technology in Education, 43(4), 343–367. https://doi.org/10.1080/15391523.2011.10782576

Kasneci, E., Seßler, K., Küchemann, S., Bannert, M., Dementieva, D., Fischer, F., Gasser, U., Groh, G., Günnemann, S., Hüllermeier, E., Krusche, S., Kutyniok, G., Michaeli, T., Nessler, C., Pfeffer, J., Poquet, O., Sailer, M., Schmidt, A., Seidel, T., ... Kasneci, G. (2023). ChatGPT for good? On opportunities and challenges of large language models for education. Learning and Individual Differences, 103, 102274. https://doi.org/10.1016/j.lindif.2023.102274

Lane, S. H., Haley, T., & Brackney, D. E. (2024). Tool or tyrant: Guiding and guarding generative artificial intelligence use in nursing education. Creative Nursing, 30(2), 125–132. https://doi.org/10.1177/10784535241247094

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. SAGE Publications. https://us.sagepub.com/en-us/nam/naturalistic-inquiry/book842

Mah, D.-K., & Groß, N. (2024). Artificial intelligence in higher education: Exploring faculty use, self-efficacy, distinct profiles, and professional development needs. International Journal of Educational Technology in Higher Education, 21, Article 58. https://doi.org/10.1186/s41239-024-00490-1

Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies: Guided by information power. Qualitative Health Research, 26(13), 1753–1760. https://doi.org/10.1177/1049732315617444

McGonigle, D., & Mastrian, K. G. (2021). Nursing informatics and the foundation of knowledge (5th ed.). Jones & Bartlett Learning. https://www.jblearning.com/catalog/productdetails/9781284220469

Miao, F., & Cukurova, M. (2024). AI competency framework for teachers. UNESCO. https://www.unesco.org/en/articles/ai-competency-framework-teachers

Miao, F., & Holmes, W. (2023). Guidance for generative AI in education and research. UNESCO. https://doi.org/10.54675/EWZM9535

Sandelowski, M. (2000). Whatever happened to qualitative description? Research in Nursing & Health, 23(4), 334–340. https://doi.org/10.1002/1098-240X(200008)23:4%3C334::AID-NUR9%3E3.0.CO;2-G

Topol, E. (2019). Deep medicine: How artificial intelligence can make healthcare human again. Basic Books. https://www.basicbooks.com/titles/eric-topol/deep-medicine/9781541644649/

World Health Organization. (2024). Ethics and governance of artificial intelligence for health: Guidance on large multi-modal models. https://www.who.int/publications/i/item/9789240084759