

Artificial Intelligence in Nursing Education and Clinical Practice: A Comprehensive Review

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Abstract

Artificial intelligence (AI) is rapidly transforming healthcare delivery and nursing education by supporting clinical decision-making, documentation, risk prediction, personalized learning, simulation, assessment, and administrative processes. The increasing availability of generative AI and large language models has further expanded opportunities for nurses and nursing students while introducing concerns related to accuracy, privacy, bias, academic integrity, accountability, and professional autonomy. This review examines contemporary applications of AI in nursing education and clinical practice, evaluates its potential benefits and limitations, and discusses ethical, educational, professional, and implementation considerations. A structured narrative literature search was undertaken using major biomedical and nursing databases and relevant authoritative sources, with emphasis on recent literature and evidence concerning nursing-specific applications. Current evidence indicates that AI can support learning, clinical reasoning, documentation, patient monitoring, decision support, workflow efficiency, and personalized education; however, evidence from real-world nursing settings remains less mature than technological development. Responsible integration requires AI literacy, faculty and workforce development, human oversight, transparent governance, protection of patient data, and continuous evaluation. AI should complement rather than replace nursing judgment, therapeutic relationships, and professional accountability.

Keywords: Artificial intelligence, clinical decision-making, generative artificial intelligence, nursing education, nursing informatics, nursing practice

INTRODUCTION

Artificial intelligence (AI) has emerged as an important component of contemporary healthcare, with applications extending from clinical decision support and risk prediction to education, documentation, research, and health-system management. The rapid development of generative AI and large language models has expanded the potential role of AI in nursing by providing interactive educational support, generating clinical scenarios, assisting documentation, and

facilitating access to health information. Recent evidence suggests that AI has considerable potential in nursing education, although the evidence base remains heterogeneous and important gaps remain regarding long-term outcomes, privacy, and implementation.^[1-4]

For nurses, the significance of AI extends beyond technological competence. Nurses must understand how AI-generated information is produced, recognize its limitations, critically evaluate outputs, protect patient confidentiality, and retain professional responsibility for clinical decisions. The World Health Organization (WHO) emphasizes human autonomy, safety, transparency, accountability, equity, and sustainability as fundamental principles for AI in health.^[5]

This review critically examines the current applications of AI in nursing education and clinical practice, identifies potential benefits and risks, and proposes practical directions for responsible integration into nursing curricula and healthcare settings.

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Objectives of the review

The objectives of this review were to:

1. Describe major applications of AI in nursing education
2. Examine current and emerging applications of AI in clinical nursing practice
3. Discuss the potential benefits of AI for nursing students, educators, nurses, and patients
4. Identify ethical, legal, educational, and professional challenges associated with AI adoption
5. Examine the requirements for AI literacy and workforce preparedness
6. Propose recommendations for responsible and evidence-based integration of AI into nursing education and practice.

MATERIALS AND METHODS

Review design

A structured narrative review approach was adopted to synthesize contemporary evidence concerning AI in nursing education and clinical practice. The approach was selected because the literature includes systematic reviews, scoping reviews, qualitative studies, educational interventions, discussion papers, clinical applications, and authoritative policy documents with substantial methodological heterogeneity.

Literature search

A literature search was undertaken using PubMed/MEDLINE, CINAHL, Scopus, Web of Science, and Google Scholar. Additional relevant evidence was identified from reference lists of key publications and authoritative documents from international health organizations.

The search strategy combined terms related to AI, nursing, education, clinical practice, generative AI, machine learning, clinical decision-making, nursing informatics, simulation, and ethics. Representative search terms included:

“artificial intelligence” AND nursing; “artificial intelligence” AND “nursing education”; “generative artificial intelligence” AND nursing; “AI” AND “clinical nursing practice”; “AI” AND “clinical decision support” AND nursing; “machine learning” AND nursing; “ChatGPT” AND nursing education; “AI literacy” AND nurses; and “artificial intelligence” AND nursing ethics.

Eligibility considerations

Literature was considered relevant when it addressed AI applications, implementation, educational use, clinical nursing practice, nursing workforce preparation, ethical considerations, or professional implications. Recent publications were prioritized because AI technologies are rapidly evolving. Seminal and authoritative publications were retained when they provided foundational ethical, conceptual, or governance guidance.

Publications unrelated to nursing, studies with insufficient relevance to education or clinical practice, duplicate records,

and materials without adequate relevance to the objectives of the review were excluded.

Evidence synthesis

Retrieved literature was critically examined and organized into the following thematic domains:

1. AI fundamentals and relevance to nursing
2. AI in nursing education
3. AI in clinical nursing practice
4. Generative AI and large language models
5. Benefits and opportunities
6. Ethical and professional challenges
7. AI literacy and workforce preparedness
8. Implementation considerations
9. Future directions for nursing.

Because the included literature was heterogeneous and the purpose was critical synthesis rather than estimation of a pooled treatment effect, meta-analysis and inferential statistical testing were not performed.

RESULTS AND DISCUSSION

AI and its relevance to nursing

AI refers broadly to computational systems capable of performing tasks that traditionally require human cognitive functions, including pattern recognition, prediction, language processing, classification, and decision support. Machine learning is a major component of AI in which algorithms identify patterns from data and use those patterns to generate predictions or classifications.

In healthcare, AI may analyze large volumes of clinical data, identify risk patterns, support diagnostic processes, predict clinical deterioration, and assist healthcare professionals in decision-making. For nurses, these capabilities may influence patient assessment, monitoring, documentation, care planning, resource management, and communication.

The role of nurses is particularly important because nursing care combines technological information with clinical judgment, communication, empathy, ethical reasoning, and continuous assessment. Consequently, AI should be viewed as an augmentation technology rather than an autonomous substitute for nursing professionals.

AI in nursing education

AI is increasingly being incorporated into nursing education through intelligent tutoring systems, adaptive learning platforms, virtual simulation, automated assessment, generative AI, clinical case generation, and personalized feedback.

A recent systematic review of AI in nursing education identified diverse applications and reported positive effects across learning attitudes, learning effectiveness, and clinical nursing competencies, while also identifying limitations related to study quality, population diversity, measurement validity, and the scarcity of longitudinal evidence.^[1]

Personalized and adaptive learning

AI-enabled learning systems can analyze students' performance and provide individualized educational materials. Students who demonstrate difficulty with a particular concept can receive additional explanations, questions, or practice activities, while students with stronger performance can progress to more advanced material.

Personalized learning may be particularly useful in nursing education because students enter programs with different educational backgrounds, clinical experiences, learning speeds, and levels of technological proficiency.

Intelligent tutoring and conversational learning

Generative AI can function as an interactive learning assistant by explaining concepts, generating practice questions, developing case scenarios, and facilitating question-and-answer interactions.

However, AI-generated educational content may contain inaccurate or fabricated information. Therefore, nursing students should be taught to verify AI-generated information against textbooks, peer-reviewed publications, clinical guidelines, institutional protocols, and other authoritative sources.

Simulation and virtual clinical learning

AI can enhance simulation by generating dynamic patient scenarios and adapting scenarios according to learner responses. Virtual patients may present changing symptoms, laboratory results, or clinical conditions that require students to prioritize assessment and intervention.

AI-supported simulation may provide opportunities for repeated practice without exposing real patients to unnecessary risk. It can also allow educators to create a broader range of clinical scenarios, including uncommon or complex situations.

Assessment and feedback

AI may support the generation of formative questions, case-based assessments, individualized feedback, and learning analytics. Automated systems can potentially identify areas of weakness and provide timely feedback.

Nevertheless, high-stakes assessment should remain under educator oversight. Overreliance on automated assessment may

fail to capture important dimensions of nursing competence, such as empathy, communication, clinical reasoning, psychomotor skills, ethical decision-making, and therapeutic interaction.

Generative AI in nursing education

Generative AI represents an important recent development because it can produce text, educational cases, questions, explanations, summaries, and other forms of content in response to natural-language prompts.

A recent review of generative AI in nursing education identified applications in educational content generation, administrative tasks, and student learning, while emphasizing concerns related to academic integrity, bias, equitable access, faculty readiness, and institutional policy.^[6]

Generative AI therefore creates a dual responsibility for nursing educators. Faculty members must teach students how to use these tools productively while simultaneously developing critical appraisal skills that prevent unquestioning acceptance of AI-generated information.

AI literacy in nursing education

AI literacy should become an important component of contemporary nursing education. AI literacy includes understanding basic AI concepts, recognizing appropriate and inappropriate applications, evaluating AI outputs, identifying bias, protecting privacy, understanding limitations, and maintaining accountability.

The growing use of generative AI has led to calls for explicit AI literacy education within nursing curricula [Table 1].^[7]

A curriculum incorporating AI literacy should include:

- Fundamentals of AI and machine learning
- Generative AI and large language models
- Clinical applications of AI
- Prompt formulation and responsible use
- Verification of AI-generated information
- Data privacy and confidentiality
- Algorithmic bias and health inequity
- Academic integrity
- Professional accountability
- Ethical and legal considerations
- Human oversight and clinical judgment.

Table 1: Major applications of artificial intelligence in nursing

Nursing domain	Potential AI application	Expected benefit	Important consideration
Nursing education	Adaptive learning	Personalized learning	Need for educator oversight
Simulation	AI-generated clinical scenarios	Repeated clinical practice	Accuracy of scenarios
Assessment	Automated formative feedback	Timely feedback	Risk of inappropriate evaluation
Clinical assessment	Risk prediction	Early identification of deterioration	False-positive/negative results
Documentation	Natural-language processing	Reduced documentation burden	Verification required
Patient monitoring	Pattern recognition	Early detection of clinical changes	Alarm fatigue
Medication safety	Decision support	Error prevention	Human verification
Chronic care	Remote monitoring	Continuity of care	Data privacy
Research	Literature and data assistance	Increased efficiency	Verification and methodological rigor
Administration	Workflow optimization	Time savings	Equity and workforce impact

AI: Artificial intelligence, GenAI: Generative artificial intelligence

AI in clinical nursing practice

AI has potential applications across almost every stage of nursing care. Contemporary applications include clinical decision support, early warning systems, patient monitoring, risk prediction, documentation assistance, workflow optimization, medication-related support, remote monitoring, and personalized care.

The emerging literature suggests considerable potential, but the evidence for routine real-world implementation remains less mature than the rapid development of AI technologies.^[8-10]

Clinical decision support

AI-based clinical decision-support systems can analyze patient data and provide alerts or recommendations. For example, algorithms may identify patients at increased risk of deterioration, falls, pressure injuries, or other adverse outcomes.

For nurses, such systems can provide an additional source of information during patient assessment. However, AI recommendations should never automatically override nursing assessment or clinical judgment.

Early detection of clinical deterioration

Machine-learning models can analyze vital signs, laboratory parameters, electronic health records, and other patient data to identify patterns associated with deterioration.

Early warning capabilities may help nurses prioritize patients and initiate timely assessment or escalation. However, false-positive alerts may contribute to alarm fatigue, whereas false-negative predictions may create a false sense of security. Clinical implementation therefore requires careful validation, monitoring, and adjustment.

Nursing documentation

Documentation represents a major component of nursing work. Generative AI and natural-language processing may assist nurses in organizing information, summarizing clinical records, drafting documentation, and reducing repetitive administrative tasks.

The use of AI for documentation should remain subject to professional review. Nurses must verify that generated documentation accurately represents the patient's condition and care provided. AI-generated text should not introduce information that was not assessed, observed, or documented.

Patient monitoring and remote care

AI can support continuous analysis of information generated by monitoring systems and remote health technologies. In home-based and telehealth environments, AI may assist in identifying patterns that require professional attention.

Such technologies may be especially relevant to chronic disease management, older adults, post-discharge monitoring, and populations requiring long-term follow-up.

Medication safety

AI may support medication-related safety by identifying potential interactions, dosage-related concerns, or patterns associated with medication errors. However, medication decisions remain dependent on accurate patient information, clinical context, institutional protocols, and professional verification.

Risk prediction

AI systems can potentially identify patients at risk of falls, pressure injuries, infection, readmission, or deterioration. Risk prediction may help nurses allocate attention and resources more efficiently.

However, prediction does not equal certainty. A high-risk score should initiate assessment rather than automatically determine care. Likewise, a low-risk score should not replace routine nursing surveillance.

Generative AI and large language models

Generative AI systems have introduced new possibilities for nursing education and clinical information management. Large language models can produce natural-language responses and may assist with educational explanations, patient education drafts, clinical documentation support, and research-related tasks.

However, these systems can generate plausible but incorrect information. WHO guidance on large multimodal models highlights potential benefits in areas including clinical care, patient care, teaching nursing students, research, and administrative work, while also identifying risks such as inaccurate outputs, biased training data, automation bias, affordability and accessibility issues, and cybersecurity concerns.^[11]

Therefore, generative AI should be used with a “verify before use” principle, particularly when information could influence patient care.

Benefits of AI for nursing

Improved efficiency

AI may automate or assist repetitive tasks, allowing nurses to devote more time to direct patient care. Documentation support, information retrieval, scheduling, data organization, and administrative functions are potential areas for efficiency improvement.

Enhanced clinical decision support

AI may identify patterns that are difficult to recognize manually across large datasets. When appropriately validated, such systems can supplement nursing assessment and support prioritization.

Personalized education

AI can provide individualized explanations, practice questions, simulations, and feedback based on learner needs.

Expanded access to learning

AI-based educational tools can provide learners with on-demand educational assistance and may support students outside conventional classroom hours.

Support for research

AI may assist researchers with literature organization, data management, language editing, coding support, and preliminary synthesis. Nevertheless, researchers remain responsible for methodological accuracy, source verification, authorship integrity, and reporting.

Potential reduction in administrative burden

Appropriately designed AI systems may reduce repetitive administrative work and improve workflow efficiency.

Ethical and professional challenges

Privacy and confidentiality

Healthcare AI systems may process highly sensitive patient information. Nurses must understand institutional requirements concerning data protection and should avoid entering identifiable patient information into unauthorized AI platforms [Table 2].

Protection of patient privacy is particularly important when generative AI tools are used for clinical documentation, case discussion, education, or research.

Algorithmic bias

AI systems may reproduce or amplify biases present in their training data. If datasets inadequately represent certain populations, AI outputs may be less accurate for those populations.

WHO identifies equity and inclusiveness as core principles for AI in health.^[5]

Nurses should therefore ask whether an AI system has been appropriately validated across diverse patient populations and healthcare settings.

Automation bias

Automation bias occurs when users place excessive trust in an automated recommendation. In nursing, this may result in insufficient independent assessment.

Nurses should interpret AI recommendations as decision-support information rather than unquestionable clinical instructions.

Transparency and explainability

Healthcare professionals need to understand, at an appropriate level, why an AI system generates a recommendation. Systems that provide predictions without meaningful explanation may be difficult to integrate safely into clinical practice.

Accountability

Responsibility for patient care cannot simply be transferred to an algorithm. AI systems do not replace professional accountability. Clear institutional policies should define who is responsible for reviewing, accepting, rejecting, and documenting AI-supported recommendations.

Academic integrity

Generative AI creates challenges related to plagiarism, inappropriate assistance, fabricated references, and undisclosed use of AI in academic work. Nursing programs should establish explicit policies describing acceptable and unacceptable uses.

Recent literature has emphasized the need for institutional guidance, student education, and responsible integration of generative AI into nursing education.^[12]

Digital inequity

Unequal access to high-quality AI tools may widen existing educational and healthcare disparities. Institutions should consider accessibility, affordability, infrastructure, digital literacy, and language when implementing AI.

The changing role of the nurse

AI is unlikely to eliminate the need for professional nursing care because many essential nursing activities depend on human relationships, communication, empathy, ethical judgment, physical assessment, advocacy, and contextual decision-making.

Instead, AI may change the distribution of nursing work. Nurses may increasingly become users, evaluators, interpreters, and co-designers of digital technologies [Table 3].

The future nurse may therefore require a combination of:

- Clinical competence
- Digital literacy
- AI literacy
- Data literacy
- Critical thinking
- Ethical reasoning
- Communication skills
- Informatics competence
- Interprofessional collaboration
- Continuous professional development.

Table 2: Major challenges and recommended nursing responses

Challenge	Potential consequence	Recommended response
Inaccurate AI output	Incorrect education or clinical decision	Independent verification
Patient-data exposure	Privacy breach	Use approved secure systems
Algorithmic bias	Inequitable care	Bias assessment and diverse validation
Automation bias	Reduced clinical judgment	Human-in-the-loop practice
Academic misconduct	Plagiarism or misrepresentation	Clear institutional AI policy
Poor explainability	Reduced trust	Prefer transparent systems
Overdependence	Reduced critical thinking	Maintain independent assessment
Digital inequity	Unequal access	Institutional support and training
Cybersecurity threats	Data compromise	Security controls and governance
Workforce anxiety	Resistance to adoption	Education and participatory implementation

AI: Artificial intelligence, GenAI: Generative artificial intelligence

Role of nurse educators

Nurse educators have a central role in preparing students for AI-enabled healthcare. Educators should move beyond simply demonstrating AI tools and instead teach students how to critically evaluate and safely use them [Figure 1].

A multimodal educational approach combining classroom teaching, simulation, clinical practice, case-based learning, and critical appraisal may be particularly useful. Evidence concerning AI applications in healthcare also emphasizes the importance of integrating AI education into nursing curricula and providing experiential learning opportunities.^[13]

Faculty development is equally important. Nurse educators need sufficient understanding of AI to recognize its capabilities and limitations, design appropriate learning

activities, evaluate AI-assisted student work, and model ethical use.

Future directions

The future of AI in nursing will likely involve increasing integration of predictive analytics, generative AI, clinical decision support, intelligent documentation, remote monitoring, virtual simulation, and personalized education [Figure 2].

Future research should move beyond descriptive reports of AI applications and evaluate clinically meaningful outcomes. Studies should examine whether AI improves patient safety, quality of care, nursing workload, documentation time, clinical reasoning, student competence, learning outcomes, and patient experience.

Research should also include diverse populations and healthcare settings. Current literature contains substantial technological innovation, but real-world implementation and rigorous comparative evidence remain limited.^[9,10]

Longitudinal research is particularly important. Short-term improvements in learning or efficiency do not necessarily demonstrate sustained improvements in professional competence or patient outcomes.

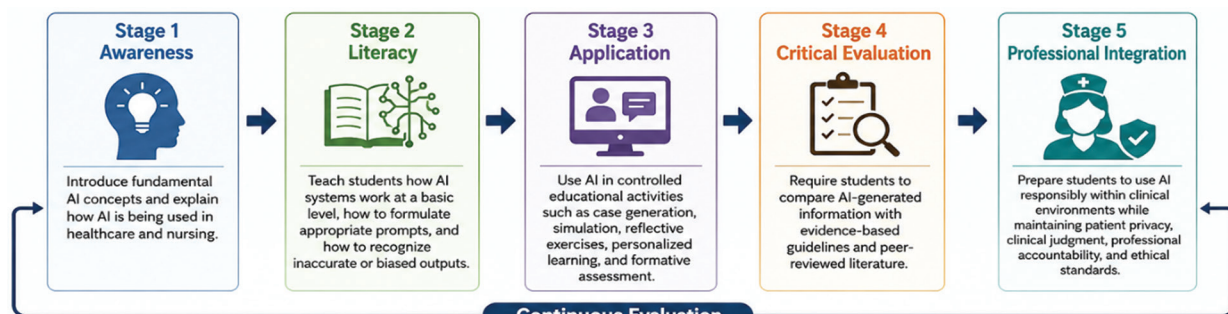
Research priorities

Future nursing research should focus on:

1. Long-term effects of AI-assisted nursing education
2. AI literacy among nursing students and practicing nurses
3. Clinical safety of AI-supported nursing decisions
4. Effects of AI on nursing workload and burnout

Table 3: Requirements for responsible AI implementation in nursing

Implementation area	Key requirement
Clinical validity	Evidence supporting intended use
Data quality	Accurate and representative data
Privacy	Protection of patient information
Security	Appropriate cybersecurity measures
Transparency	Understandable system purpose and limitations
Human oversight	Nurse/clinician remains responsible
Education	AI and digital literacy training
Equity	Evaluation across diverse populations
Usability	Integration with nursing workflow
Monitoring	Continuous evaluation after implementation
Governance	Clear institutional policies
Patient engagement	Appropriate communication and consent



AI Implementation in Clinical Nursing Practice

Successful implementation requires more than purchasing an AI system. Organizations should first identify a clearly defined clinical problem, assess whether AI is appropriate, validate the technology, involve nurses in implementation, train users, establish governance mechanisms, monitor outcomes, and revise the system when necessary.

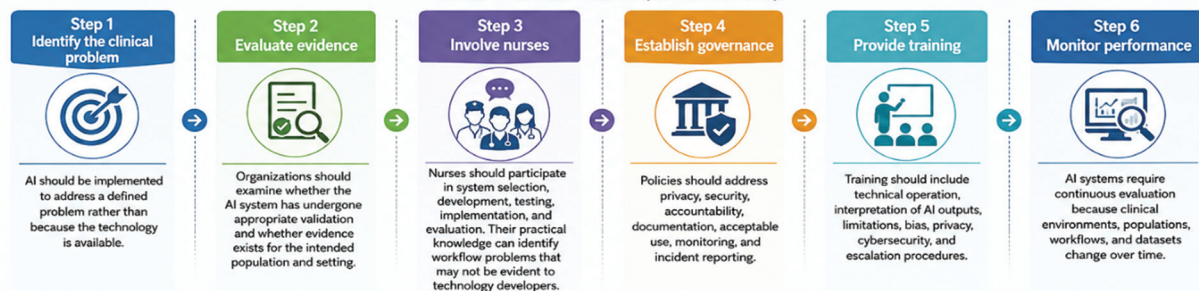


Figure 1: Proposed framework for artificial intelligence integration in nursing education

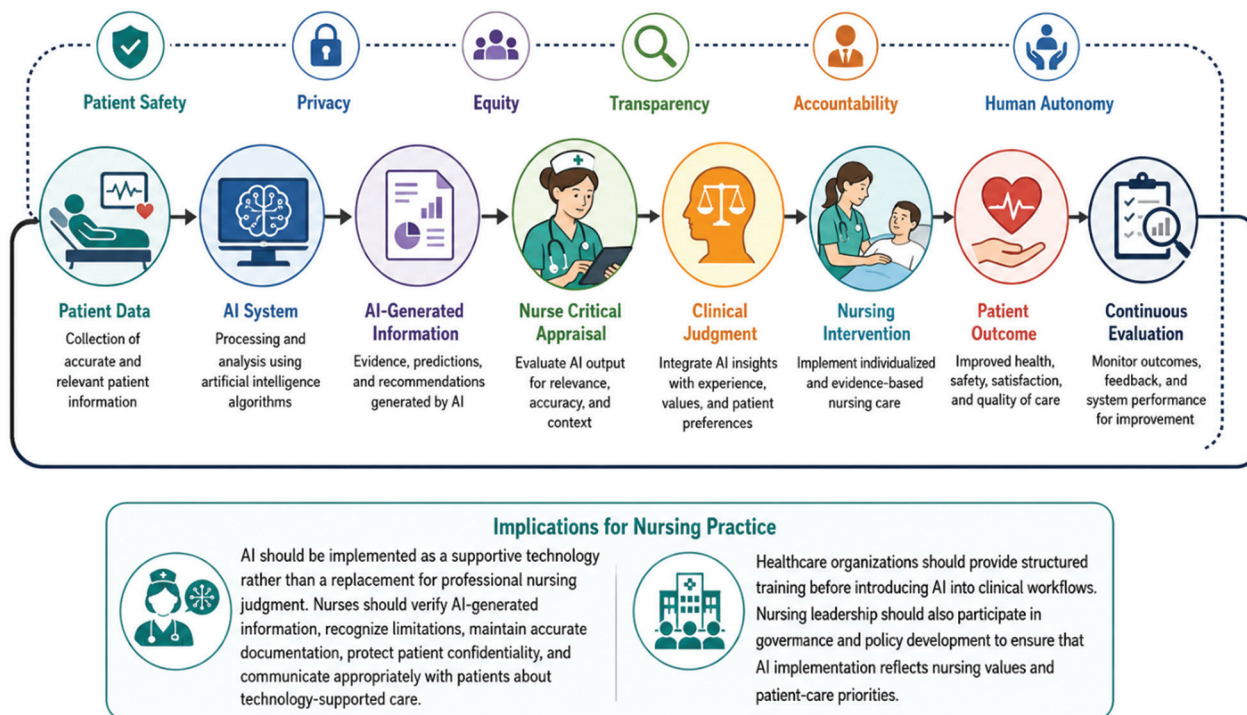


Figure 2: Human-centered model of artificial intelligence-supported nursing practice

5. AI-assisted documentation and time efficiency
6. Algorithmic bias and health equity
7. Privacy and cybersecurity in nursing applications
8. Patient perspectives regarding AI-supported nursing care
9. Nurse participation in AI design and implementation
10. Cost-effectiveness and sustainability of AI implementation
11. Standardized assessment tools for AI literacy
12. Regulatory and professional standards for AI-supported nursing practice.

Implications for nursing education

Nursing curricula should progressively incorporate AI literacy. Students should learn not only how to use AI but also how to question its outputs, identify bias, protect confidential information, and distinguish reliable evidence from generated content.

AI should complement rather than replace foundational nursing education. Clinical assessment, communication, physical examination, ethical reasoning, psychomotor skills, and therapeutic relationships remain essential components of nursing competence.

Implications for nursing research

Nurse researchers should actively participate in interdisciplinary AI research. Nursing perspectives are necessary to ensure that AI systems address meaningful clinical problems and function effectively within real-world nursing workflows.

Research should emphasize patient-centered outcomes rather than technology adoption alone. Mixed-methods, longitudinal, implementation, and comparative effectiveness studies may

provide stronger evidence regarding the value and safety of AI in nursing.

Limitations of the review

This review has several limitations. First, AI is a rapidly evolving field, and new applications and evidence continue to emerge. Second, the included literature is heterogeneous in design, population, intervention, and outcome measures, limiting direct comparison between studies. Third, some AI applications have been described more extensively in general healthcare than specifically in nursing. Fourth, evidence regarding long-term effects and real-world implementation remains limited. Finally, the rapid evolution of generative AI means that recommendations and capabilities may require periodic reassessment.

CONCLUSION

AI is becoming an important component of both nursing education and clinical practice. Its applications range from personalized learning, intelligent tutoring, simulation, and formative assessment to clinical decision support, risk prediction, patient monitoring, documentation assistance, and workflow optimization. The technology offers opportunities to improve efficiency, support learning, and augment clinical decision-making.

However, the benefits of AI cannot be separated from its risks. Inaccurate outputs, algorithmic bias, privacy concerns, cybersecurity threats, automation bias, academic integrity problems, and unclear accountability may compromise patient safety and professional standards if implementation is poorly governed.

The future of AI in nursing should therefore be human-centered. Nurses must remain active participants in technology selection, implementation, evaluation, and governance. Nursing education should develop AI literacy alongside clinical competence, while healthcare organizations should establish strong mechanisms for privacy, transparency, accountability, equity, and continuous monitoring.

AI should not replace the nurse's professional judgment or therapeutic relationship with the patient. Rather, when appropriately designed and responsibly implemented, AI can serve as a complementary tool that enables nurses to make informed decisions, support learners, reduce avoidable administrative burden, and deliver safer and more responsive patient-centered care.

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CONFLICTS OF INTEREST

The author declares no conflicts of interest.

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