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Attitude of Critical Care Nurses Regarding Artificial Intelligence

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ABSTRACT

Background: Technological changes are rapid and large compared to institutions. Healthcare providers must, therefore, participate in this transformation and play an active role in developing these technologies. Their participation in it will determine the impact of artificial intelligence (AI) adoption in their specialties.

Objective: This study aims to determine the attitude among critical care nurses. Methodology: A descriptive cross-sectional design was employed in the current study to determine the level of AI attitude among critical care nurses. The study was conducted from March 1st to June 23rd, 2025. A purposeful sample of 135 nurses was selected based on the inclusion criteria.

Results: The current study results indicate that overall, nurses' level of attitude about AI was balanced, with 80.8% of the answers balanced, with a mean score (MS) of 2.69.

Conclusion: the current study indicates that critical care nurses have an overall balanced attitude towards AI, especially those with previous uses with its technologies**.**

KEYWORDS: Artificial Intelligence, Nursing attitude, Critical Care Nurses.

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INTRODUCTION

Healthcare is currently undergoing a digital transition, which has the potential to reshape its various aspects. This shift has been driven by the enormous pressures placed on healthcare systems, infrastructure, supply chains, and staff during the global COVID-19 pandemic, as well as advances in biomedical science. Genomics, digital medicine, AI, and machine learning (ML)[1]. That is a vital factor in improving healthcare quality and delivering optimal patient care [2].

The possibility of AI relieving nurses of routine work is exciting, since it envisions a future in which professionals may focus their abilities on complex patient demands and create stronger connections. This vision reflects the nurses' dedication to delivering comprehensive care that goes beyond clinical procedures [3]. For AI to be effectively integrated into healthcare, future healthcare professionals must be prepared by possessing a positive attitude towards AI's role in clinical practice (Al Omari et al., 2024).

AI readiness can be interpreted as a link between attitudes towards AI and knowledge and skills for dealing with AI [4]. Because how well an AI user does it is related to confidence and attitude [5]. A critical care unit (CCUs), is especial department of a hospital to care for patient who suffer from life-threatening injuries and diseases such as heart attack, acute bleeding, kidney failure, serious infections, and serious injuries such as falls, car accidents, and shooting that requires continuous care and careful supervision from life support equipment to guarantee the body's natural functions [6].

Thus, AI refers to a computational system capable of learning from data and supporting human decision-making. In healthcare, AI enables clinicians to access evidence rapidly, recognize complex patterns, and standardize clinical pathways. By providing data-driven insight, AI has the potential to improve diagnostic accuracy, enhance treatment planning, and ultimately contribute to better patient outcomes [7]. Additionally, contributes to the efficiency of healthcare systems by predicting and identifying preventive interventions for potential risks. Supports medication adherence and information about possible side effects. It allows hospitals to improve administrative tasks and scheduling, which facilitates access to patient data electronically and its interpretation, thus reducing patient waiting times. Chatbots and virtual assistants provide instant access to information, advice, and answers to patient inquiries. It facilitates remote monitoring through wearable use, sensors, and machine learning (ML) to create rehabilitation exercises for patients recovering from surgery and injuries [8]. Its applications in the health field will become more widespread and efficient, for example: the use of drones to provide assistance to injured individuals, transfer medicines, or apply it to gene therapy, which in turn improves the recovery rates from diseases. Critical to emphasize that clinical nurses are the key drivers of research and practice of AI in their field. The Knowledge and attitudes that nurses possess, therefore, play a considerable role in the development and implementation of AI in their specialties. As ethical challenges exist in its use, they must collaborate with administrators, researchers, developers, and other healthcare professionals to continuously improve AI technology and create legal structures to encourage AI advancement in health [9].

For this, they need to develop their services to meet the critical needs of patients. A closed-loop communication network should be created so that nurses, as specialists in the clinical setting and process, should be key members of AI development teams [10]. Their understanding of the reality of patient care and workflow needs will ensure that AI solutions are not only scientifically documented but also practically applicable in the high-acuity setting. Involving critical care nurses in the design process ensures that these technologies are appropriate for their purpose, responsive to patient care needs, and capable of really assisting bedside care [11].

Continuous training programs and improving skills are necessary for the current nurses to effectively use and understand AI tools, requiring development in education programs as well as a cultural shift within healthcare institutions to prioritize technological competence alongside traditional nursing skills. This dedication to continual improvement improves patient outcomes and strengthens the nursing staff, creating a suitable environment for professional growth and development [12].

The current study emphasizes the need to integrate AI content into continuing nursing education programs and academic curricula. Research has emphasized the importance of comprehensive training programs that cover both technical competencies and ethical considerations. One nurse stated, "The training we received on the AI-assisted new fetal monitoring system was excellent." It increased my confidence in using technology and recognizing its benefits [13].

METHODOLOGY

Design of the Study

A descriptive cross-sectional design was employed in the current study to assess the level of AI attitude among critical care nurses. The study was conducted from March 1st to June 23rd, 2025. A purposive sample of the sample included 135 nurses was included based on the inclusion criteria.

The questionnaires taken from Alruwaili et al. (2024) [7], were developed based on the variables of our study and the health environment of our community. It consists of (2) parts filled by the nurses:

I. Self-administered questionnaire sheet related to the demographic characteristics of the nurses. This part is concerned with the collection of basic demographic data (Sex, Age, Work shift, Level of education, Years of experience in critical units, Hospital name, and unit type, first hearing about AI, formal training on AI applications in nursing, self-development around AI applications within the field of nursing work, use AI-powered tools in clinical practice, and their proficiency in using AI-based tools in Nursing care)

II. The General Attitudes towards Artificial Intelligence Scale (GAAIS): The questionnaire consists of 21 items, and the researcher used the Resistant, Balance, and Support in Attitudes Scales

The Pilot Study

was conducted in order to assess the questionnaire's applicability and clarity, the amount of time required, and any potential challenges that may arise throughout the project.

Validity and reliability were confirmed by pilot research (Cronbach's alpha: 0.81 for attitude) and content validity by expert evaluation (CVI = 0.857). Descriptive and inferential statistics (frequency, mean, SD, Percentages, cut-off point, and ANOVA) were used in the analysis of the data using SPSS v.26.

Ethical Consideration

To protect the values and dignity of the participants, one of the fundamental principles before data collection, the study was implemented with approval from the Scientific Research Ethics Committee and the Faculty of Nursing Council of the University of Kufa. Additionally, nurses gave their consent to participate in the study.

Statistical Analysis Data

was analyzed through the use of SPSS (Statistical Package for Social Science) version 26 application, Statistical Analysis System, and Excel application. Data was analyzed through the application of two statistical approaches. A descriptive data analysis includes A- Tables (Frequencies, Percentages, and Mean of scores), B- Cutoff point, C- Statistical figure, and D- Pearson's Correlation Coefficients (Reliability).

RESULTS

Table 1. Distribution of the observed frequencies and percent of Demographical Characteristics for the Study Sample

Variables	Categories	Frequency	Percent
Age	Mean + SD	29.34	5.83

Sex	Male	48	40.0
	Female	72	60.0
	Total	120	100.0
Work Shift	Day	74	61.7
	Night	46	38.3
	Total	120	100.0
Have you received any formal training on AI applications in nursing	Yes, with both theoretical and practical	9	7.5
	Yes, but only theoretical training.	5	4.2
	No, but I'm interested in learning.	87	72.5
	No, and I don't see its importance.	19	15.8
	Total	120	100.0
After employment, have you worked on your self-development around AI applications (within the field of nursing work)?	Yes	31	25.8
	No	89	74.2
	Total	120	100.0
Have you ever used AI-powered tools in your clinical practice	Yes, for diagnostic and patient monitoring purposes.	20	16.7
	Yes, but only for administrative reporting.	14	11.7
	No, AI is not used in nursing.	79	65.8
	No, AI is only for doctors.	7	5.8
	Total	120	100.0
How would you rate your proficiency in using AI-based tools in Nursing care?	I am highly skilled and use AI tools regularly.	5	4.2
	I have some knowledge but need more training.	29	24.2
	I have limited knowledge of AI.	35	29.2
	I have never used AI and have not received any training on it.	51	42.5
	Total	120	100.0

Table (1) showed the demographic characteristics of the study sample, the research sample's statistical distribution in each group. Regarding participant age, the average age of the participants is 29.34 years, with a standard deviation of 5.83. The study group participants are comprised of 60% Females and 40% males. Concerning work shifts, 61.7% of participant's work day shifts versus 38.3% for night shifts. The results show that 72.5% of the sample did not receive formal training but are interested in learning

AI. However, the percentage of those who receive theoretical and practical training is low, 7.5%. 74.2% of participant's report that they did not develop themselves in AI after being hired. The majority of participants (65.8%) stated that AI is not used in nursing, 16.7% for clinical purposes, 11.7% for administrative purposes, while 5.8% said it is only for physicians. As for AI proficiency, 42.5% of participant's report that they had never used AI and had not received any training on it, while only 4.2% showed high skills in using AI.

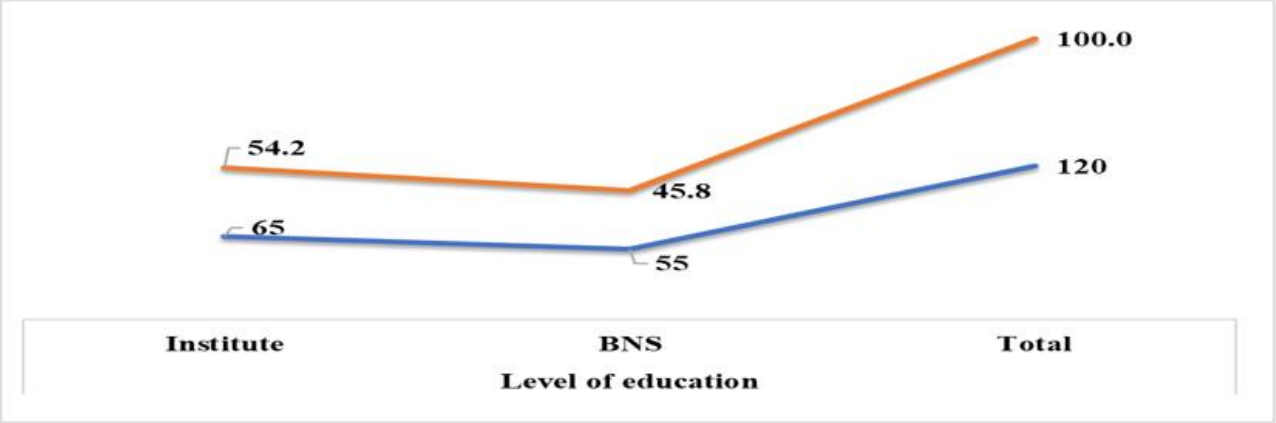

Figure 1. Distribution of the observed frequencies and percent of the Study Sample according to the level of education

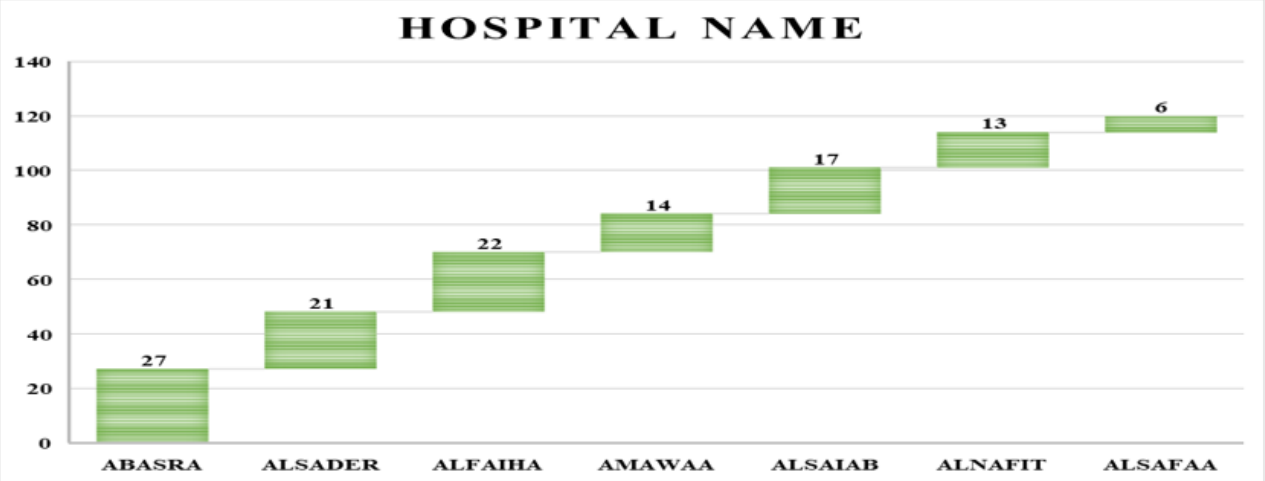

Figure 2. Distribution of the observed frequencies and percent of the Study Sample according to the Hospital name

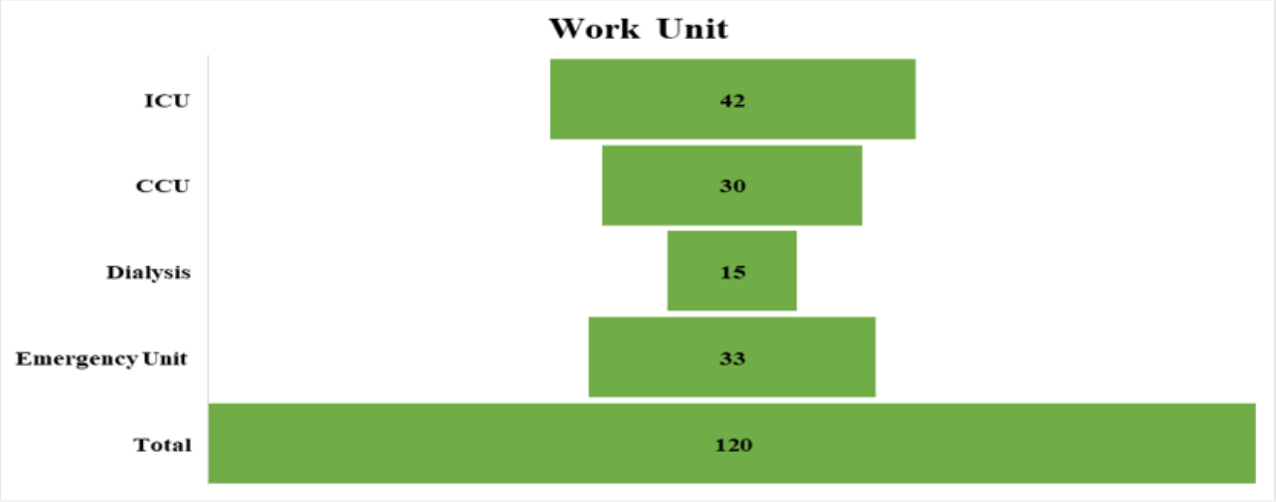

Figure 3. Distribution of the observed frequencies and percent of the Study Sample according to the critical care units' names

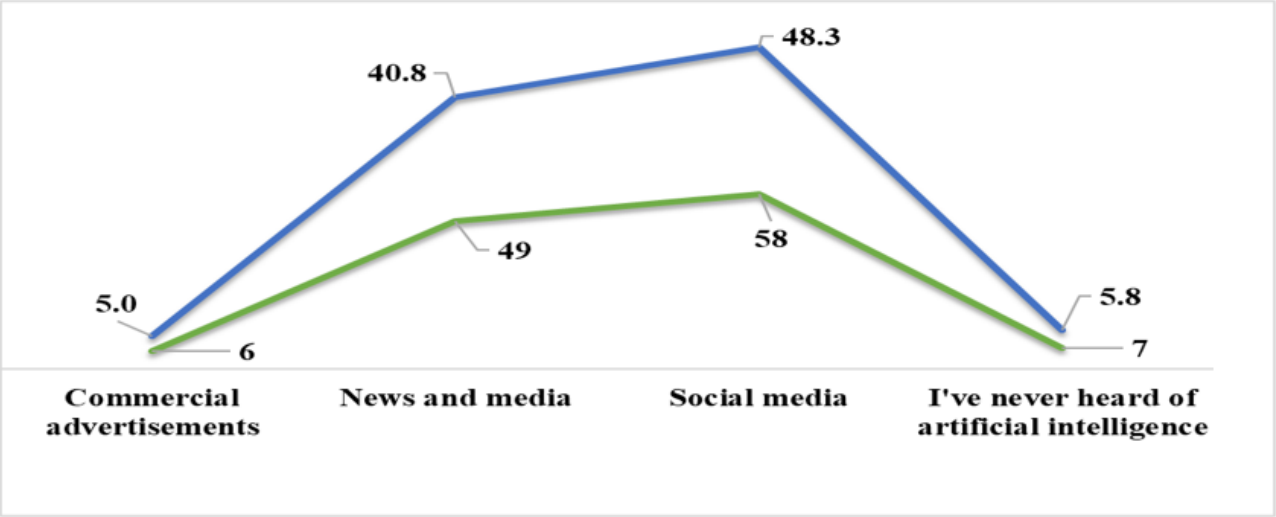

Figure 4. Distribution of the observed frequencies and percent of the Study Sample according to the first hearing about AI.

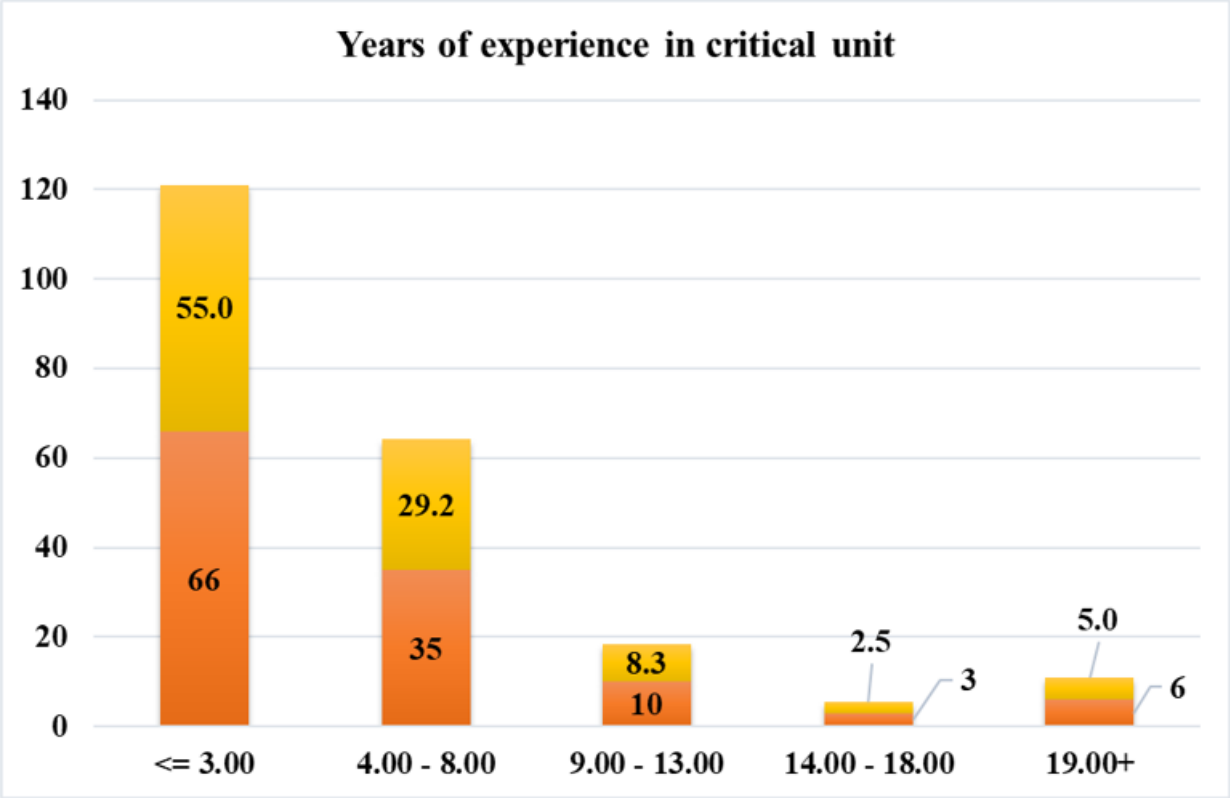

Figure 5. Distribution of the observed frequencies, and percent of the Study Sample according to the Years of experience in the critical unit

Table 2. Summary statistics for Nurses' Attitude regarding Artificial Intelligence

Questions	Responses	Frequency	Percent	MS	SD	Assess.
A1: Interaction with the AI system is better than routine human transactions.	Strongly Disagree	9	7.5	2.66	1.00	Balance
	Disagree	53	44.2			
	Neutral	35	29.2			
	Agree	16	13.3			
	Strongly agree	7	5.8			

	Total	120	100.0			
A2: Artificial intelligence provides new economic opportunities	Strongly Disagree	9	7.5	2.53	0.88	Balance
	Disagree	57	47.5			
	Neutral	38	31.7			
	Agree	13	10.8			
	Strongly agree	3	2.5			
	Total	120	100.0			
A3: AI systems can help people feel happier	Strongly Disagree	9	7.5	2.93	1.08	Balance
	Disagree	36	30.0			
	Neutral	40	33.3			
	Agree	24	20.0			
	Strongly agree	11	9.2			
	Total	120	100.0			
A4: Impressed with what AI can do	Strongly Disagree	17	14.2	2.47	1.05	Balance
	Disagree	55	45.8			
	Neutral	32	26.7			
	Agree	7	5.8			
	Strongly agree	9	7.5			
	Total	120	100.0			
A5: AI makes a lot of mistakes.	Strongly agree	6	5.0	2.94	1.04	Balance
	agree	40	33.3			
	Neutral	39	32.5			
	Disagree	25	20.8			
	Strongly Disagree	10	8.3			
	Total	120	100.0			
A6: Interested in using artificial intelligence systems in my daily life	Strongly Disagree	13	10.8	2.68	1.09	Balance
	Disagree	48	40.0			
	Neutral	34	28.3			
	Agree	15	12.5			
	Strongly agree	10	8.3			
	Total	120	100.0			
A7: Artificial intelligence may be able to control people	Strongly agree	17	14.2	2.77	1.09	Balance
	agree	31	25.8			
	Neutral	41	34.2			
	Disagree	25	20.8			
	Strongly Disagree	6	5.0			
	Total	120	100.0			
A8: I think AI is a threat to my job	Strongly agree	22	18.3	2.48	1.13	Balance
	agree	48	40.0			
	Neutral	29	24.2			
	Disagree	12	10.0			
	Strongly Disagree	9	7.5			

	Total	120	100.0			
A9: Do you think artificial intelligence could change your role in healthcare in the future?	Strongly Disagree	9	7.5	3.25	1.18	Balance
	Disagree	28	23.3			
	Neutral	24	20.0			
	Agree	42	35.0			
	Strongly agree	17	14.2			
	Total	120	100.0			
A10: AI can have positive impacts on people's well-being.	Strongly Disagree	11	9.2	2.63	0.97	Balance
	Disagree	47	39.2			
	Neutral	43	35.8			
	Agree	13	10.8			
	Strongly agree	6	5.0			
	Total	120	100.0			
A11: Artificial intelligence interests me.	Strongly Disagree	23	19.2	2.38	1.09	Balance
	Disagree	54	45.0			
	Neutral	27	22.5			
	Agree	7	5.8			
	Strongly agree	9	7.5			
	Total	120	100.0			
A12: An AI agent will be better than an employee in many routine jobs.	Strongly Disagree	3	2.5	3.37	1.11	Balance
	Disagree	29	24.2			
	Neutral	30	25.0			
	Agree	37	30.8			
	Strongly agree	21	17.5			
	Total	120	100.0			
A13: There are many beneficial applications of artificial intelligence such as heart rate and pulse measurement applications, walking, and medication alerts.	Strongly Disagree	26	21.7	2.17	0.96	Resist
	Disagree	64	53.3			
	Neutral	19	15.8			
	Agree	6	5.0			
	Strongly agree	5	4.2			
	Total	120	100.0			
A14: I feel discomfort when I think about the future uses of AI.	Strongly agree	15	12.5	2.86	1.14	Balance
	agree	30	25.0			
	Neutral	44	36.7			
	Disagree	19	15.8			
	Strongly Disagree	12	10.0			
	Total	120	100.0			
A15: AI systems perform better than humans	Strongly Disagree	5	4.2	3.17	1.02	Balance
	Disagree	25	20.8			
	Neutral	49	40.8			
	Agree	27	22.5			
	Strongly agree	14	11.7			

	Total	120	100.0			
A16: In the future, much of society will benefit from artificial intelligence.	Strongly Disagree	18	15.0	2.32	0.93	Resistant
	Disagree	62	51.7			
	Neutral	29	24.2			
	Agree	6	5.0			
	Strongly agree	5	4.2			
	Total	120	100.0			
A17: I would like to use Artificial Intelligence in my job.	Strongly Disagree	13	10.8	2.62	1.09	Balance
	Disagree	53	44.2			
	Neutral	31	25.8			
	Agree	13	10.8			
	Strongly agree	10	8.3			
	Total	120	100.0			
A18: People like me will suffer if AI is used more and more.	Strongly agree	17	14.2	2.73	1.15	Balance
	agree	39	32.5			
	Neutral	34	28.3			
	Disagree	20	16.7			
	Strongly Disagree	10	8.3			
	Total	120	100.0			
A19: Artificial intelligence is used to spy on people.	Strongly agree	15	12.5	2.89	1.21	Balance
	agree	36	30.0			
	Neutral	30	25.0			
	Disagree	25	20.8			
	Strongly Disagree	14	11.7			
	Total	120	100.0			
A20: Do you think that one day artificial intelligence will be able to be part of your job in healthcare?	Strongly Disagree	15	12.5	2.57	1.03	Balance
	Disagree	48	40.0			
	Neutral	38	31.7			
	Agree	12	10.0			
	Strongly agree	7	5.8			
	Total	120	100.0			
A21: Should AI training be included in nursing education curricula?	Strongly Disagree	33	27.5	2.16	1.03	Resistant
	Disagree	52	43.3			
	Neutral	23	19.2			
	Agree	7	5.8			
	Strongly agree	5	4.2			
	Total	120	100.0			

MS= mean of score, SD= standard deviation, MS less than 2.33 = Resistant, MS between 2.34-3.66 = Balance, 3.67 = Support
Table 2 showed the results of analyzing nurses' attitudes towards AI through 21 questions. The results indicate that most questions had a balanced attitude, with mean values (MS) in most items ranging between 2.34 and 3.66. In the three questions A13, A16, and A21, indicators of a resistant attitude emerged with MS values lower than 2.33, reflecting the presence of resistant attitudes of some participants towards these items. None of the items recorded a "Support" level.

Table 3. Summary of Overall Nurses' Attitude regarding Artificial Intelligence

	Responses	Frequency	Percent	MS	SD	Final Assess.
Mean of Nurses' Attitude	Unfavorable or resistant attitude toward AI	20	16.7	2.69	0.462	Balanced attitude
	Indifferent or balanced attitude	97	80.8			
	Favorable or supportive attitude toward AI	3	2.5			

MS= mean of score, SD= standard deviation, MS less than 2.33 = Resistant, MS between 2.34-3.66 = Balance, 3.67 = Support
Table 3 showed the standard deviation (SD = 0.462) that the responses were relatively close, indicating relative coherence in participants' attitudes. The majority of nurses (80.8%) have a balanced attitude towards AI, with a mean score (MS = 2.69) that supports this attitude. 16.7% are resistant, while only 2.5% are supportive.

Table 4. Relationship between The Overall Nurses' Attitude and Their Demographic Data by ANOVA

Variables	**Groping**	**df**	**F**	**Sig.**
Sex	Between Groups	36	0.748	0.833 NS
	Within Groups	83		
Age	Between Groups	36	0.769	0.808 NS
	Within Groups	83		
Level of education	Between Groups	36	1.176	0.269 NS
	Within Groups	83		
Years of experience in critical units	Between Groups	36	0.952	0.553 NS
	Within Groups	83		
Hospital name	Between Groups	36	1.165	0.280 NS
	Within Groups	83		
Hospital unit	Between Groups	36	0.829	0.730 NS
	Within Groups	83		
Where did you first hear about artificial intelligence	Between Groups	36	0.749	0.832 NS
	Within Groups	83		
Formal training on AI applications in nursing	Between Groups	36	1.166	0.279 NS
	Within Groups	83		
After you were hired, did you work on developing yourself in the area of	Between Groups	36	1.357	0.128 NS
	Within Groups	83		
Used AI-powered tools in clinical practice	Between Groups	36	1.836	0.012 S
	Within Groups	83		

Your proficiency in utilizing AI-based tools	Between Groups	36	0.921	0.598 NS
	Within Groups	83		

Table 4 the results showed that there is one statistically significant relationship between nurses' attitude towards AI and their actual use of AI-supported tools in clinical practice (Sig. = 0.012). while the rest of the variables show that there are no statistically significant differences between nurses in their attitudes towards AI based on most of the studied demographic variables, such as gender, age, educational level, years of experience, etc., where all statistical significance values (Sig.) were greater than 0.05.

DISCUSSION

The results of the current study indicate that critical care nurses' attitudes towards AI are balanced positively, with a mean of 2.69, reflecting an initial awareness of the potential of this technology, with some hesitation or uncertainty about its practical use. This finding is somewhat consistent with the results of the [14]. Study," Healthcare workers' knowledge and attitudes regarding artificial intelligence adoption in healthcare: A cross-sectional study". Participants' attitudes showed a mix of optimism, openness, and concerns about AI in healthcare. While the results of the study conducted by [15], the mean total attitude score was 3.06 on a scale of 1–5, indicating a mildly positive overall attitude towards AI in nursing among the participants.

The results of the current study showed a statistically significant relationship between attitudes and nurses' previous use of AI tools, highlighting the impact of direct practical experience in shaping professional attitudes. A survey conducted in Türkiye indicated that nurses who use AI are more positive about it since they are aware of its benefits. The event also demonstrates that participants are not terrified of AI technologies. In Muş, good attitudes have an effect size of 42%, while negative attitudes have an effect size of 30% [16].

This finding suggests that direct personal experience with AI tools may play a role in shaping positive or balanced attitudes towards these technologies. The more exposure a nurse has to AI tools on the job, the more comfortable or accepting they are, and the more confident they are in their ability to support healthcare. But in Table 1, in the current study, 72.5% of the sample have not received formal training but are interested in learning. this is consistent with [1], findings regarding training programs; the majority of the sample (58%) have not attended training courses. Thus, this reflects negatively on attitude.

CONCLUSION

The current study indicates that critical care nurses have an overall positive attitude towards AI, as the average attitude of 2.69 tends to be positive with increased practical exposure to AI tools, which are not only based on their theoretical convictions but are influenced by their previous practical experiences in the use of AI tools. This points to the importance of integrating AI technologies into the clinical training and professional development of critical care nurses, to ensure that positive attitudes are translated into effective practice.

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