Academic Integrity and Ethical Accountability in the Use of Generative Artificial Intelligence in Nursing Education: A Narrative Review

Airul Azizan Zainudin*

Kulliyyah of Nursing, International Islamic University Malaysia, Kuantan, Pahang, Malaysia

***Corresponding Author**

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ABSTRACT

Generative artificial intelligence (GenAI), including ChatGPT, is increasingly used in nursing education for academic writing, research learning, reflection and care planning. Its use raises pressing concerns about academic integrity and ethical accountability, because written assignments, reflections, care plans and case-based assessments serve as evidence of students' own reasoning, ethical judgement and professional development. This narrative review aimed to critically examine and synthesise the literature on academic integrity and ethical accountability in the use of GenAI in nursing education. Guided by the Scale for the Assessment of Narrative Review Articles (SANRA), Scopus and the Web of Science Core Collection were searched for articles and reviews published from 2023 to 2026. Of 2,125 unique records, screened with AI assistance and verified by the author, 282 full texts were sought and 11 studies met a predefined rule requiring academic integrity or ethical accountability to be a primary focus or major finding. Studies were synthesised thematically, with the strength of evidence stated for each theme. Six themes were identified: GenAI as learning support and integrity risk; authorship, originality and disclosure; AI-generated care plans and assessment authenticity; overreliance, verification and professional judgement; educator and programme-level responsibility; and research integrity and postgraduate accountability. The review argues that academic integrity in GenAI-supported nursing education extends beyond plagiarism to the authenticity of learning evidence, and that ethical accountability is distributed across students, educators and programmes. A conceptual model of this distributed accountability and a tiered framework for permitted, restricted and prohibited GenAI use are proposed. Nursing programmes require clear guidance on permissible use, disclosure, verification, assessment redesign and ethical AI literacy, so that GenAI supports learning while preserving the reasoning, judgement and accountability expected of future nurses.

Keywords: academic integrity, ethical accountability, generative artificial intelligence, narrative review, nursing education

INTRODUCTION

Generative artificial intelligence (GenAI) has emerged as a consequential development in higher education. Tools such as ChatGPT, large language models, and AI-enabled writing assistants can generate explanations, summaries, academic-style responses, reflective writing, research ideas, and care-related outputs within seconds. In nursing education, this development carries particular significance because students are expected to integrate theoretical knowledge, clinical reasoning, communication, ethical judgement, and professional accountability across diverse learning contexts. The recent nursing-focused literature has characterised GenAI as relevant to content creation, personalised learning, tutoring, simulation, assessment, documentation support, and student learning support, while simultaneously identifying concerns related to plagiarism, misinformation, bias, privacy, transparency, and accountability (Hinsche et al., 2026; Topaz et al., 2024). GenAI may accordingly appear advantageous for concept clarification, writing support, reflective learning, case-based discussion, research preparation, and care-plan development.

The educational value of GenAI cannot, however, be evaluated independently of the integrity of learning. Nursing education is concerned not merely with whether students can produce correct or fluent written outputs, but with whether students can understand, justify, and take responsibility for the reasoning underlying their academic and clinical decisions. Written assignments, reflective journals, care plans, case studies, and clinical reasoning exercises are deployed to render students' thinking visible. These tasks function not as written products to be graded in isolation but as evidence of knowledge integration, ethical reflection, clinical judgement, and readiness for professional practice. This concern is consistent with nursing education reviews demonstrating that GenAI may support learning and clinical reasoning while simultaneously generating risks to academic integrity, ethical decision-making, professional judgement, and student accountability when used without adequate guidance (Cucci et al., 2025; Luque Loor et al., 2025; Şengül et al., 2025).

Academic integrity has consequently become a central concern in the use of GenAI in nursing education. Conventional academic integrity systems are predicated on the prevention of plagiarism, copying, collusion, and improper citation, and assume that misconduct can be detected by comparing submitted work with existing sources. GenAI complicates this assumption because AI-generated text may appear original while failing to represent the student's own thinking. In this context, academic integrity must be understood as extending beyond similarity reduction to encompass transparency, disclosure, authorship, verification, and accountability for the final submission (Cotton et al., 2024; Eaton, 2023; Perkins, 2023). A student may submit coherent, plagiarism-free work according to similarity detection software and yet the output may not reflect their own reasoning, language, or understanding, a condition that creates a genuinely difficult boundary between legitimate learning support and inappropriate academic outsourcing.

This issue is especially significant in nursing education because academic tasks carry direct professional implications. A care plan is not merely a writing exercise; it reflects how a student identifies patient needs, prioritises nursing care, applies evidence, and justifies interventions. A reflective assignment is not merely a personal narrative; it functions to assess self-awareness, ethical sensitivity, and professional growth. A case analysis is not merely an academic exercise; it demonstrates the student's capacity to interpret patient information, identify risks, and justify nursing actions. Studies evaluating AI-generated nursing care plans have established that such outputs require careful review for readability, reliability, content quality, reference accuracy, and expert oversight before they can be used meaningfully in nursing education or practice (Gokalp & Yucel, 2026; Gokalp et al., 2025; Gosak et al., 2024). Where GenAI produces these outputs without sufficient student engagement, assessment can no longer provide valid evidence of competence.

Beyond academic integrity, GenAI raises substantive questions of ethical accountability. Nursing students are preparing for a profession whose foundational values include honesty, transparency, responsibility, and accountability for judgement, values that are indispensable to safe nursing practice. Students who rely on AI-generated outputs without verification, critique, or reflection risk attenuating their capacity to defend their decisions. Ethical accountability therefore demands that students remain answerable for any AI-assisted work they submit or employ for learning purposes. Nursing ethics literature has similarly emphasised that AI integration in nursing education requires ethical awareness, problem-solving ability, critical judgement, privacy protection, bias recognition, and human oversight (Choi & Hong, 2025; Şengül et al., 2025; World Health Organization [WHO], 2021, 2024).

Ethical accountability extends equally to nurse educators and nursing programmes. Educators carry a responsibility to guide students on acceptable and unacceptable uses of GenAI, to design assessments that remain educationally meaningful in an AI-enabled environment, and to ensure that students are not rewarded for outputs they cannot explain or defend. Nursing programmes require consistent expectations regarding disclosure, authorship, responsible use, verification, and consequences for misuse. Without programme-level clarity, students risk receiving inconsistent guidance and educators may apply divergent standards across courses. Nursing AI literacy and governance literature supports this position, emphasising that responsible AI integration requires curriculum-level guidance, educator preparation, verification practices, faculty development, and governance structures rather than placing accountability solely with individual students (Amankwaa et al., 2025; Ibrahim et al., 2026).

Broader academic integrity scholarship suggests that GenAI challenges established assumptions about authorship, originality, assessment, and detection. Shishakly and Nachouki (2026) conceptualised ethical ChatGPT use through the dimensions of transparency, plagiarism avoidance, bias awareness, and responsible use. Sharma (2026) argued that GenAI-augmented assessment requires making judgement, responsibility, and transparency visible rather than relying predominantly on detection-based approaches. These arguments from the wider educational integrity literature are directly applicable to nursing education, where assessments aim to evaluate reasoning, judgement, and professional accountability rather than written performance alone. They also align with established assessment scholarship advocating designs that render learning processes, judgement, and authenticity more legible (Bearman et al., 2020; Dawson, 2020).

The current literature on AI in nursing education is expanding but remains uneven in its focus. Some studies examine AI readiness, attitudes, intention to use, or general perceptions, the areas that are relevant but do not fully address whether GenAI use preserves honesty, authorship transparency, originality, assessment authenticity, and ethical responsibility. Recent nursing-focused reviews indicate that although GenAI is increasingly used in nursing education, considerable work remains on governance, ethical use, transparency, accountability, academic integrity, and the long-term effects on student learning and professional formation (Choi et al., 2025; Hinsche et al., 2026). Other contributions address GenAI broadly within health professions education or higher education, but their findings may not fully capture the distinctive responsibilities of nursing education, which is closely coupled with professional judgement, safe practice, and accountability. A nursing-focused synthesis is therefore warranted.

A narrative review was considered the most appropriate approach for this purpose. The evidence base is recent, methodologically diverse and conceptually developing, and the relevant arguments are dispersed across nursing education research, the wider educational-integrity literature, and policy and publication-ethics guidance. The available literature includes qualitative studies, cross-sectional studies, reviews, conceptual frameworks, educational discussions and evaluative studies of AI-generated nursing outputs. Rather than quantifying the extent of this evidence, the review sought to interpret and integrate these perspectives into a coherent account of how academic integrity and ethical accountability intersect in GenAI-supported nursing education. Narrative reviews are well suited to this kind of interpretive and critical synthesis, particularly in fields that are changing quickly and where understanding depends on drawing together evidence of different types (Greenhalgh et al., 2018; Sukhera, 2022). This review accordingly examines how academic integrity and ethical accountability are addressed in the literature on GenAI use in nursing education and identifies gaps relevant to nursing-specific guidance.

Aim And Guiding Questions

This narrative review aimed to critically examine and synthesise the literature on academic integrity and ethical accountability in the use of GenAI in nursing education.

The review was guided by four questions:

1. How is GenAI or AI-supported learning discussed in relation to academic integrity in nursing education?
2. How is ethical accountability addressed in relation to GenAI or AI-supported learning in nursing education?
3. What educational responses are proposed to support responsible GenAI use among nursing students, educators, and programmes?
4. What gaps remain in nursing-specific guidance on academic integrity and ethical accountability in GenAI use?

METHODS

Review design

This study is a narrative review of the literature on academic integrity and ethical accountability in the use of GenAI in nursing education. A narrative approach was chosen because the topic is emerging, conceptually diverse and represented by evidence of varying forms and methodological traditions, and because the aim was to critically interpret and integrate this literature rather than to map its extent or evaluate intervention effectiveness. The conduct and reporting of the review were guided by the six criteria of the Scale for the Assessment of Narrative Review Articles (SANRA): justification of the article's importance for the readership, statement of concrete aims, description of the literature search, referencing, scientific reasoning, and appropriate presentation of evidence (Baethge et al., 2019).

The six SANRA criteria shaped the conduct of the review, not only its reporting (Supplementary Table S1). The Introduction sets out why the topic matters for nurse educators and the gap the review addresses. The aim and four guiding questions are stated explicitly. The search is described with its databases, full search strings, limits, screening procedure and selection counts (Figure 1). Claims are referenced to primary nursing studies where these exist, with wider higher-education and policy literature used only to interpret them. Scientific reasoning is made visible by recording the design and setting of each key study and stating the strength of evidence behind each theme. Finally, the evidence is presented in a key-studies table, a conceptual model and two practical frameworks.

Scope of the review

The review focused on nursing students, nurse educators, clinical instructors, academic staff engaged in nursing education, and nursing education programmes. Studies situated within broader health professions education were considered only where nursing relevance or clear implications for nursing education could be identified.

The phenomenon of interest was the use of GenAI or AI-supported learning in relation to academic integrity and ethical accountability. GenAI was defined as AI-based systems capable of generating text, explanations, summaries, academic writing, reflective responses, learning materials, case responses, research outputs, or care-related outputs from user prompts. Academic integrity referred to honesty, originality, authorship, disclosure, transparency, and fairness in student academic work. Ethical accountability referred to the responsibility of students, educators, and nursing programmes to ensure that AI-assisted work remains transparent, justified, verified, and aligned with professional nursing values.

The educational context was nursing education, encompassing classroom learning, online learning, clinical learning, simulation, academic writing, reflective writing, research learning, case-based learning, care-plan development, and assessment.

Literature search

A broad search strategy across the intersection of artificial intelligence and nursing education was used to maximise retrieval. This approach was adopted because relevant studies may address academic integrity, ethical responsibility, responsible use, or accountability without employing these precise terms in the title or abstract. GenAI-related integrity concerns may also be discussed under terms such as disclosure, authorship, plagiarism, credibility, transparency, verification, overreliance, misinformation, and ethical use (Cotton et al., 2024; Perkins, 2023; Shishakly & Nachouki, 2026). The broad search was therefore followed by purposive selection of sources in accordance with the guiding questions.

The Scopus search was:

TITLE-ABS-KEY(("generative artificial intelligence" OR "generative AI" OR GenAI OR ChatGPT OR "large language model" OR LLM* OR "AI chatbot*" OR chatbot* OR "artificial intelligence") AND nurs* AND (education OR educator* OR student* OR learner* OR curricul* OR teaching OR postgraduate OR "academic")) AND PUBYEAR > 2022 AND PUBYEAR < 2027 AND (LIMIT-TO(DOCTYPE,"ar") OR LIMIT-TO(DOCTYPE,"re"))*

The Web of Science Core Collection search used the same terms:

TS=(("generative artificial intelligence" OR "generative AI" OR GenAI OR ChatGPT OR "large language model" OR LLM* OR "AI chatbot*" OR chatbot* OR "artificial intelligence") AND nurs* AND (education OR educator* OR student* OR learner* OR curricul* OR teaching OR postgraduate OR academic)) AND PY=(2023-2026) AND DT=(Article OR Review)*

Searches were limited to articles and reviews published from 2023 to 2026, reflecting the public release of ChatGPT in November 2022; no language limit was applied. Both databases were last searched in October 2026. The searches identified 3,545 records (Scopus 1,945; Web of Science 1,600). After removal of 1,419 duplicates, 2,126 unique records remained. One further duplicate was identified during screening, leaving 2,125 records for title and abstract screening. The selection process is presented as a PRISMA 2020 flow diagram in Figure 1 (Page et al., 2021).

The database searches were supplemented by backward and forward citation tracking of key nursing reviews and by purposive retrieval of policy, guidance and publication-ethics documents on AI in education, health and scholarly publishing (COPE, 2023; ICMJE, 2024; UNESCO, 2021, 2023; WHO, 2021, 2024). Foundational academic-integrity and assessment scholarship from the wider higher-education literature was also drawn on to interpret the nursing-specific evidence.

Selection of literature

At the title and abstract stage, records were retained if they addressed nursing education, nursing students, nurse educators, or nursing-relevant health professions education; involved GenAI, ChatGPT, large language models, AI chatbots, AI writing tools, or AI-supported learning; and discussed academic integrity, ethical accountability, responsible use, disclosure, authorship, originality, transparency, verification, overreliance, student responsibility, educator responsibility, or professional judgement.

Records were excluded if they were unrelated to nursing education, did not involve GenAI or relevant AI-supported learning, addressed only clinical practice without educational implications, focused solely on general AI readiness or attitudes without integrity or accountability relevance, or could not be retrieved as standalone full texts.

All 2,125 records were screened with the assistance of a generative AI tool (Claude, Anthropic). The tool recorded a first-pass decision (include, uncertain or exclude) and a reason for exclusion for every record against the criteria above. For 796 records that concerned AI in general but contained no integrity- or ethics-related term in the title, abstract or keywords, the first-pass decision was based on title keywords. The author then checked every record the tool marked for inclusion or as uncertain (n = 282), the suspected duplicate, and a random 10% sample of the records it excluded (n = 184). The author's decision was final. The author agreed with all first-pass decisions in the checked records, including all 184 sampled exclusions. Records excluded by the tool outside the sample were not individually re-examined.

At the full-text stage, a study was included in the synthesis only if academic integrity or ethical accountability in GenAI-supported nursing education was its primary focus, stated in the title, aim or research questions, or a major finding, reported as a theme, key result or main conclusion. The study also had to be an empirical study, a review or a substantive conceptual paper. This rule was set before full texts were read. Studies that did not

meet it, together with the wider higher-education and policy literature, were cited only as supporting literature to interpret the nursing evidence. Of the 282 reports sought, 110 could not be retrieved, 172 were assessed in full, 161 were excluded because academic integrity or ethical accountability was not a primary focus or major finding, and 11 were included (Figure 1). No further studies meeting the rule were identified through citation tracking.

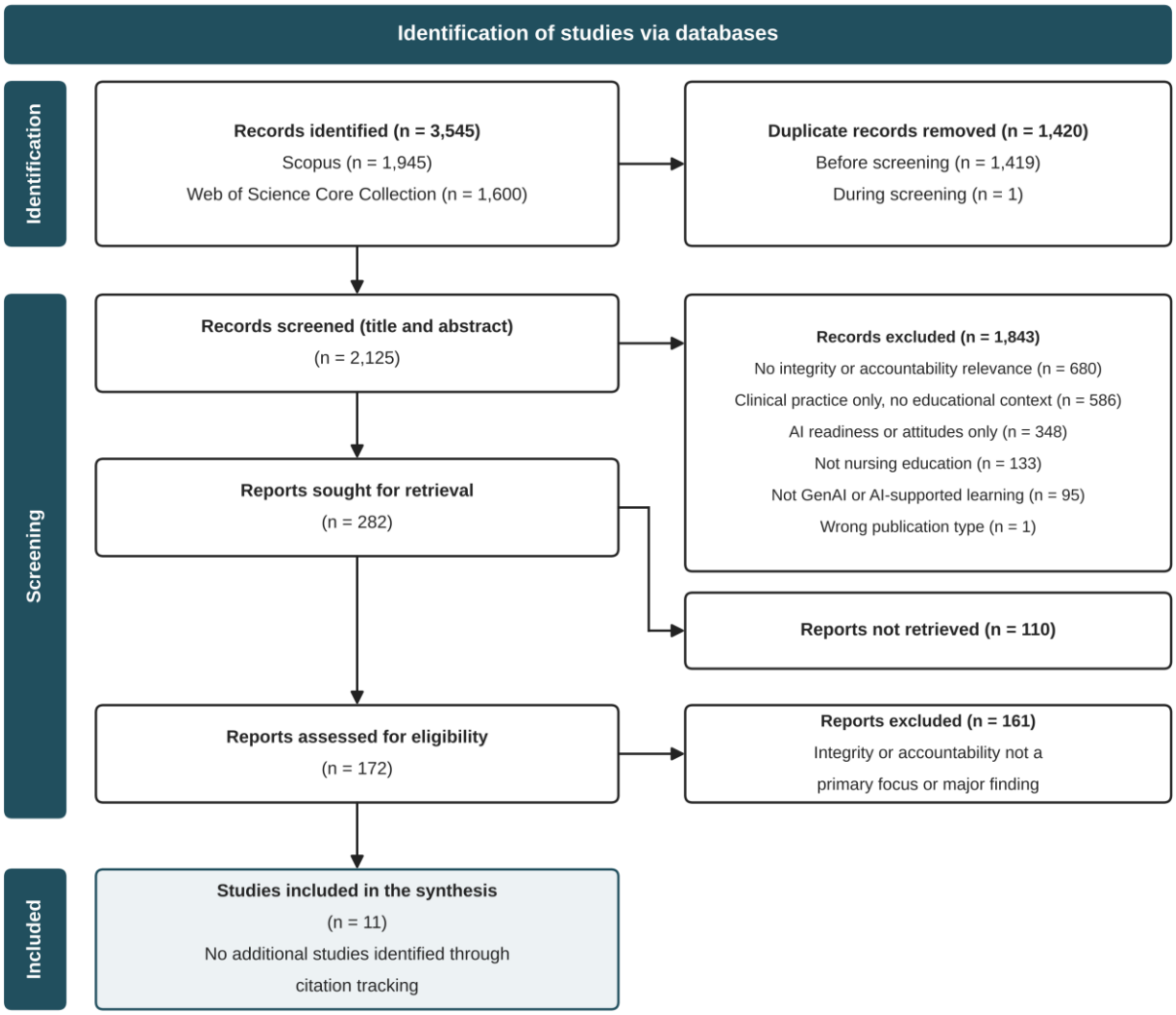


Figure 1: PRISMA 2020 flow diagram of the literature selection process

Data extraction

For each key nursing study, information was extracted on author and year, country or region, study design, population, educational context, type of GenAI or AI tool, purpose of AI use, academic integrity issue, ethical accountability issue, educational response, key findings, and identified gaps. The key nursing studies are summarised in Table 1.

Data synthesis

The literature was synthesised using a thematic narrative approach. Key nursing studies were read in full and examined for the academic integrity and ethical accountability issues they raised, the actors to whom responsibility was assigned, and the educational responses proposed. These issues were grouped iteratively into themes, which were then interpreted in relation to the wider educational-integrity, assessment and policy literature. General AI acceptance or readiness was not treated as a theme in its own right unless it contributed to the integrity or accountability focus, a decision taken to keep the review aligned with its aim rather than expanding into a broad AI adoption review. Six themes were developed: GenAI as learning support and integrity

risk; authorship, originality, and disclosure; AI-generated care plans and assessment authenticity; overreliance, verification, and professional judgement; educator and programme-level responsibility; and research integrity and postgraduate accountability. For each theme, the design, population and setting of the contributing studies were compared, and the strength and consistency of the evidence were summarised at the end of the theme. The relationships among the themes were then summarised in a conceptual model (Figure 2).

Appraisal of evidence

Consistent with narrative review methodology, no formal quality appraisal tool was applied, and appraisal was not used to exclude studies (Baethge et al., 2019; Sukhera, 2022). Instead, the evidence type, sample and setting of each key study were recorded (Table 1), and each theme closes with a statement on the designs that support it and the consistency of their findings. Themes resting mainly on single-site cross-sectional or qualitative studies, or on conceptual papers, are identified as such, and the conclusions drawn from them are framed as tentative.

Synthesis Of The Literature

Overview of the literature

The key nursing studies informing this review were published between 2025 and 2026. The evidence base comprised qualitative studies, cross-sectional studies, a quasi-experimental educational study, scoping review evidence, conceptual framework development, and evaluative studies of AI-generated nursing care-plan texts. These studies varied in their proximity to the review focus: some directly addressed academic integrity and ethical accountability in nursing education, while others contributed supporting evidence on AI literacy, clinical learning accountability, care-plan verification, or broader health professions GenAI policy. This diversity reflects the emerging nature of the evidence base and is the reason an interpretive, narrative synthesis was adopted. The key nursing studies are summarised in Table 1.

Read critically, the empirical base is narrow. Most nursing studies were single-site, used convenience or purposive samples of undergraduate students, and relied on self-report or interviews: 164 students at one university in South Korea (Choi & Hong, 2025), 360 at one university in Turkey (Bozkurt & Özdoğan, 2026), 267 master's students at one university in Saudi Arabia (Alenezi et al., 2026), and focus groups or interviews with 16 and 21 students (Lam et al., 2025; Lei et al., 2025). Only one study tested a teaching approach (Shi et al., 2025), and two evaluated AI-generated care plans rather than student learning (Gokalp & Yucel, 2026; Gokalp et al., 2025). None measured observed misconduct or disclosure behaviour. The remaining sources were reviews and a conceptual framework, whose conclusions inherit the largely descriptive character of the studies they draw on.

Theme 1: GenAI as learning support and integrity risk

The literature consistently shows that GenAI is used in nursing education for writing support, concept clarification, research learning, project-task completion, care-plan generation, clinical learning, and academic productivity. Nursing students perceived AI-enabled tools as helpful for generating ideas, clarifying content, improving writing quality, and supporting learning tasks. The same functional affordances, however, created risks associated with student authorship, overreliance, and the fidelity with which submitted work reflected students' own reasoning. This dual pattern is consistent with nursing-focused reviews demonstrating that GenAI can support personalised learning, simulation, tutoring, content creation, and assessment while also generating concerns about privacy, transparency, bias, accountability, academic integrity, and educational equity (Hinsche et al., 2026; Topaz et al., 2024).

Lam et al. (2025) reported that undergraduate nursing students recognised both the utility of AI tools and concerns about credibility, loss of foundational competency, and academic integrity. Lei et al. (2025) similarly identified academic ethics, content-related risks, overreliance, and the need to strengthen academic integrity measures. These findings indicate that GenAI should not be framed exclusively as either a learning resource or

a misconduct risk; it is more accurately understood as a tool whose educational value is contingent on the transparency and responsibility with which it is used. This interpretation is supported by broader health professions education literature recommending balanced integration, AI literacy development, and policy guidance rather than uncritical adoption or blanket prohibition (Archibald & Clark, 2023; Basil et al., 2026; UNESCO, 2023).

Table 1: Key nursing and nursing-relevant studies informing the review

Author/Year	Evidence Type	Population, sample and setting	Main Contribution	Theme
Alenezi et al. (2026)	Cross-sectional study	267 nursing and health-profession master's students; one university, Saudi Arabia	Research integrity, privacy, liability, hallucinated references, regulation	6
Amankwaa et al. (2025)	Scoping review	107 studies of GenAI in nursing education	GenAI patterns, academic integrity, verification, governance, faculty training	1, 5
Basil et al. (2026)	Scoping review	Health professions education literature, including nursing	Wider GenAI education context, policy, literacy, plagiarism, ethical misconduct	1
Bozkurt and Özdoğan (2026)	Cross-sectional study	360 undergraduate nursing students; one university, Turkey	Ethical-use modules, AI literacy, academic integrity, patient safety	4
Choi and Hong (2025)	Cross-sectional study	164 nursing students; one university, South Korea	AI ethical awareness, problem-solving ability, ethical decision-making	4
Gokalp et al. (2025)	Evaluative study	50 ChatGPT-generated care-plan texts (NANDA-I diagnoses)	Readability, reliability, quality, safe educational use	3
Gokalp and Yucel (2026)	Comparative evaluative study	90 care-plan texts from ChatGPT, Gemini and DeepSeek	Professional review, reference accuracy, expert oversight	3
Ibrahim et al. (2026)	Conceptual framework	Nursing AI literacy and governance scholarship (best-fit synthesis)	Disclosure, verification, ethics, professionalism, governance	2
Lam et al. (2025)	Qualitative study	16 undergraduate nursing students; focus groups	Academic integrity, foundational competency, responsible use, policy and training	1, 5

Lei et al. (2025)	Qualitative study	21 undergraduate nursing students; interviews	Academic ethics, overreliance, academic integrity measures	1
Shi et al. (2025)	Quasi-experimental study	108 undergraduate nursing students; one university, China	GenAI chatbots in nursing research coursework	6

This theme rests mainly on two small qualitative studies of undergraduate students (Lam et al., 2025; Lei et al., 2025) and on a scoping review whose included studies are themselves largely descriptive (Amankwaa et al., 2025). The dual pattern of benefit and integrity risk is consistent across these sources, but it describes perceptions rather than observed behaviour, and it comes from a small number of settings.

Theme 2: Authorship, originality, and disclosure

A central academic integrity concern was whether AI-assisted work could legitimately be regarded as the student's own. This question was particularly salient in relation to assignments, reflective writing, research tasks, and care plans. Studies indicate that GenAI can generate fluent and apparently original text, rendering it difficult to distinguish student reasoning from machine-generated output. In this context, academic integrity must be understood as encompassing more than similarity checking; it extends to transparent authorship, disclosure of AI assistance, verification of generated content, and accountability for the final submission (Cotton et al., 2024; Eaton, 2023; Perkins, 2023; Shishakly & Nachouki, 2026).

The literature indicates that disclosure should become a constitutive element of responsible GenAI use. Students require explicit guidance on whether GenAI may be used for brainstorming, grammatical refinement, summarisation, drafting, or content generation, and on when such use must be declared. Ibrahim et al. (2026) advanced this position through a nursing AI literacy and governance framework that centred on verification, disclosure, ethics, and professional accountability. This position aligns with publication ethics guidance establishing that AI tools cannot bear responsibility for scholarly work and that human authors retain accountability for accuracy, integrity, and transparency in AI-assisted writing (Committee on Publication Ethics [COPE], 2023; International Committee of Medical Journal Editors [ICMJE], 2024).

Evidence on authorship and disclosure in nursing education is mainly conceptual. The case for disclosure rests on a conceptual framework (Ibrahim et al., 2026), publication-ethics guidance and the wider higher-education literature, rather than on nursing studies of how students disclose AI use or how educators respond to it. The direction of the recommendations is consistent, but their effect in nursing programmes has not been tested.

Theme 3: AI-generated care plans and assessment authenticity

AI-generated nursing care plans constituted a distinctive area of concern. Care plans are commonly used in nursing education to assess students' capacity to identify patient needs, prioritise care, justify interventions, and apply evidence. When a care plan is generated by AI, the integrity concern extends beyond textual originality to whether the document reflects the student's own clinical reasoning.

Gokalp et al. (2025) evaluated the readability, reliability, and quality of ChatGPT-generated nursing care-plan texts. Gokalp and Yucel (2026) compared care plans produced by different AI models and underscored the importance of professional review, content clarity, reference accuracy, and expert oversight. These studies establish that AI-generated nursing outputs require careful verification before integration into learning or assessment contexts. They are further consistent with Gosak et al. (2024), who found that ChatGPT may support nursing documentation education but nonetheless requires human critical thinking and fact-checking, given that generated nursing diagnoses may be inaccurate or inconsistent with expected nursing classifications.

Both nursing studies evaluated AI-generated texts against reliability, quality and readability measures (Gokalp & Yucel, 2026; Gokalp et al., 2025); neither examined how students used such care plans or how educators assessed them. The need to verify the outputs themselves is therefore well supported, but the implications for assessment authenticity are inferred rather than directly observed.

Theme 4: Overreliance, verification, and professional judgement

Overreliance emerged as a recurring ethical accountability concern across the literature. Students may employ GenAI as a supplementary resource, but excessive reliance on AI-generated outputs can attenuate independent reasoning and reduce the quality of opportunities to develop professional judgement. This concern is particularly significant in nursing education, where students must learn to justify decisions, interpret patient information, and accept responsibility for their reasoning. Nursing education literature has consistently cautioned that GenAI should be treated as a learning support rather than a substitute for critical thinking, ethical reasoning, and human judgement (Archibald & Clark, 2023; Hinsche et al., 2026).

Choi and Hong (2025) found that problem-solving ability significantly predicted AI ethical awareness among nursing students, suggesting that AI ethics education should extend beyond knowledge provision to include problem-solving approaches that prepare students to analyse and resolve AI-related ethical issues. Bozkurt and Özdoğan (2026) similarly recommended ethical-use modules and AI literacy education for nursing students, linking responsible AI use to academic integrity and patient safety. These findings indicate that ethical accountability requires students to verify AI-generated content, interrogate its accuracy, and retain responsibility for decisions informed by AI-supported outputs.

The evidence here is the most mixed. The link between overreliance and weakened judgement is argued consistently in reviews and discussion papers. The nursing studies, however, are cross-sectional surveys at single universities: one measured AI ethical awareness in 164 students (Choi & Hong, 2025), and the other recommended ethical-use modules from a survey of 360 students (Bozkurt & Özdoğan, 2026). Neither observed how students actually used GenAI. Conclusions about overreliance should therefore be read as plausible rather than demonstrated.

Theme 5: Educator and programme-level responsibility

Responsible GenAI use cannot be left solely to individual students. The literature consistently indicates that nurse educators and nursing programmes must provide clear guidance, training, and governance. Lam et al. (2025) highlighted the need for institutional policies and targeted student education. Amankwaa et al. (2025) identified gaps in quality control, verification, faculty training, and governance in relation to ChatGPT use in nursing education.

Programme-level guidance is required to clarify acceptable use, prohibited use, disclosure requirements, verification expectations, and consequences for misuse. Without consistent guidance, students risk receiving contradictory messages and educators may apply divergent standards across courses and contexts. Official education and health guidance similarly supports the need for governance, transparency, human oversight, accountability, and AI literacy when GenAI is used in learning or health-related settings (UNESCO, 2021, 2023; WHO, 2021, 2024).

This theme draws on a qualitative study of students (Lam et al., 2025) and on a scoping review of 107 studies (Amankwaa et al., 2025). Both point to a lack of guidance and faculty development, but the review's source literature is largely descriptive, educators' own perspectives were not examined directly, and no study evaluated the effect of a programme-level policy.

Theme 6: Research integrity and postgraduate accountability

Research integrity emerged as a concern in relation to AI use for literature synthesis, data interpretation, code generation, and manuscript drafting. Alenezi et al. (2026) reported that postgraduate nursing and health

profession students employed AI tools in academic research while recognising associated risks related to privacy, mistrust, social bias, regulatory liability, hallucinated references, and research credibility.

This theme carries importance because nursing education encompasses both undergraduate and postgraduate research training. Where students use GenAI in research writing or scholarly production, they remain accountable for accuracy, source credibility, interpretation, and the validity of final claims. Publication ethics guidance reinforces this position by establishing that AI tools cannot be credited as authors because they cannot bear responsibility for the integrity, accuracy, and accountability of scholarly work (COPE, 2023; ICMJE, 2024). GenAI may therefore assist in research learning, but responsibility for evidence selection, interpretation, citation accuracy, and final scholarly claims must remain with the human author.

Nursing-specific evidence comes from one cross-sectional survey of 267 master's students at a single university in Saudi Arabia (Alenezi et al., 2026). One quasi-experimental study used GenAI chatbots in an undergraduate nursing research course but measured research ability and self-efficacy rather than integrity outcomes (Shi et al., 2025). The accountability principle itself is firmly established in publication-ethics guidance; what is thin is evidence on how nursing students actually use GenAI in research.

DISCUSSION

This narrative review examined nursing and nursing-relevant literature on academic integrity and ethical accountability in GenAI use. The literature reviewed does not characterise GenAI as inherently harmful; GenAI demonstrates educational value when used to support learning, writing, research, clinical preparation, and care planning. Its value is, however, contingent on whether students remain transparent, critical, and accountable in their use of it. This interpretation is consistent with recent nursing reviews showing that GenAI holds potential to support personalised learning, simulation, content creation, and assessment, but that its integration must be governed by ethical safeguards, policy, human oversight, and curriculum-level preparation (Hinsche et al., 2026; Topaz et al., 2024).

The limits of this evidence base shape how the arguments below should be read. The nursing studies were recent, small and mostly single-site, and they relied on self-report, interviews or evaluation of AI-generated texts. Undergraduate students were studied far more than educators or postgraduate students, and only one study tested a teaching approach (Shi et al., 2025). The five arguments are therefore offered as a reasoned interpretation of consistent but early evidence, and as propositions for testing, rather than as established findings.

The first key argument of this review is that academic integrity in GenAI-supported nursing education extends beyond plagiarism. Conventional integrity systems focus on copying and citation accuracy, but GenAI produces original-looking outputs that may not represent students' own reasoning. This distinction is of considerable importance in nursing education because assignments, reflections, case analyses, and care plans are used to evaluate clinical reasoning and professional judgement. Integrity must therefore be understood as the authenticity of learning evidence, not merely the absence of copied text, a position consistent with wider academic integrity scholarship arguing that GenAI necessitates renewed attention to authorship, originality, disclosure, and the learner's accountability for final submissions (Cotton et al., 2024; Eaton, 2023; Perkins, 2023; Sharma, 2026).

The second key argument is that ethical accountability is shared and distributed across multiple levels. Students bear responsibility for verifying, critiquing, and defending AI-assisted outputs. Educators bear responsibility for establishing clear boundaries and designing assessments that make student reasoning visible. Nursing programmes bear responsibility for establishing consistent expectations regarding disclosure, authorship, verification, and responsible use. This distributed accountability is consistent with official AI ethics guidance, which identifies transparency, human oversight, accountability, privacy, fairness, and safety as core requirements for responsible AI use in health and education contexts (UNESCO, 2021, 2023; WHO, 2021, 2024).

The third argument concerns assessment design. Broader educational integrity scholarship has argued that detection-based approaches are insufficient in GenAI-augmented assessment because human and AI

contributions may be deeply entangled in the submitted product (Sharma, 2026). For nursing education, this means that assessments should not rely primarily on whether AI use can be detected. Assessments should instead require students to articulate their reasoning, justify clinical decisions, document AI use, verify outputs, and demonstrate accountability for final submissions. This approach is consistent with assessment scholarship advocating authentic, process-oriented, and judgement-focused assessment in digital learning environments (Bearman et al., 2020; Dawson, 2020).

The fourth argument is that AI literacy in nursing education must incorporate ethical and integrity literacy alongside technical proficiency. Technical AI skills are insufficient if students lack understanding of bias, hallucinated references, privacy risks, inaccurate content, overreliance, and accountability for AI-generated outputs. Nursing AI literacy should therefore encompass disclosure, verification, critical judgement, professional responsibility, and safe practice. This broader framing is supported by nursing AI literacy and ethics literature, which emphasises that both students and educators require technical competence and ethical capacity to use AI responsibly (Choi & Hong, 2025; Ibrahim et al., 2026; Şengül et al., 2025).

The fifth argument is that responsible GenAI use should be understood as a programme-level curriculum concern. Individual students may lack sufficient guidance to determine when AI use is acceptable, restricted, or prohibited. Individual educators may similarly vary in how they interpret AI-assisted submissions. Without consistent programme-level policy, identical conduct may be treated as acceptable support in one course and as misconduct in another, an inconsistency that undermines fairness, erodes student trust, and compromises assessment validity. Nursing programmes accordingly require shared policies that articulate permitted uses, disclosure expectations, verification requirements, assessment consequences, and educator responsibilities (Amankwaa et al., 2025; Lam et al., 2025).

Taken together, these arguments suggest that academic integrity and ethical accountability should be treated as closely connected and mutually reinforcing dimensions of responsible GenAI use. Academic integrity concerns whether AI-assisted work is honest, original, disclosed, and reflective of student reasoning. Ethical accountability extends this concern by asking whether students, educators, and programmes remain answerable for the accuracy, appropriateness, and consequences of AI-assisted outputs. In nursing education, this connection is especially significant because academic learning is directly linked to professional formation and future patient safety. Figure 2 summarises these relationships as a model of distributed accountability, in which students, educators and programmes each hold distinct responsibilities that together sustain both academic integrity and ethical accountability, and through them the authenticity of the evidence on which nursing programmes judge student learning.

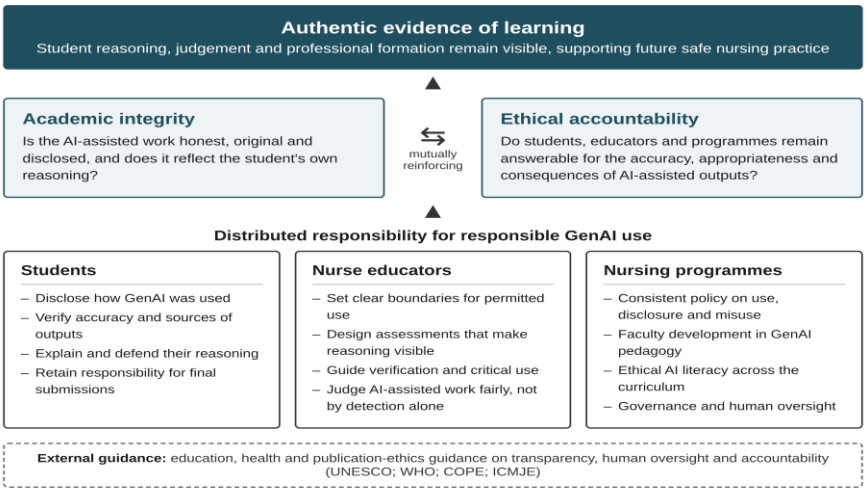


Figure 2: Distributed accountability model for responsible GenAI use in nursing education

Figure 2 is read from the bottom up. Students, nurse educators and nursing programmes each hold distinct responsibilities (lower row). Together these sustain two linked conditions (middle row): academic integrity,

which concerns whether AI-assisted work is honest, original, disclosed and the student's own reasoning, and ethical accountability, which concerns whether each actor remains answerable for the accuracy and consequences of AI-assisted outputs. When both conditions hold, assessed work remains authentic evidence of learning, on which programmes rely to judge readiness for safe practice (top). A gap at any level weakens the whole. A clear course policy cannot protect authenticity if assessments do not ask students to show their reasoning, and a well-designed assessment cannot do so if students have not been taught to verify AI output. External education, health and publication-ethics guidance frames all three levels. Table 3, in the next section, gives examples of how each level can be put into practice in a nursing programme.

Implications For Nursing Education

Nursing programmes should develop explicit guidance on acceptable and unacceptable GenAI use that distinguishes between AI as a learning support and AI as a substitute for student reasoning in assessable work. A tiered approach may offer practical utility (Table 2): permitted uses could include concept clarification, brainstorming, language polishing, and formative feedback; restricted uses, requiring disclosure and verification, could include drafting sections of assessable work, generating care plans, or supporting research writing; and prohibited uses could include submitting AI-generated work as one's own, fabricating references, or using AI during restricted assessments (Perkins, 2023; UNESCO, 2023).

Table 2: Tiered framework for GenAI use in nursing assessment

Tier	Examples of GenAI Use in Nursing Education	Expectations of Students
Permitted	Concept clarification; brainstorming; language polishing; formative feedback	Student remains responsible for accuracy; disclosure according to course guidance
Restricted	Drafting sections of assessable work; generating care plans; supporting research writing	Allowed only where the course permits; requires disclosure of how GenAI was used and evidence of verification
Prohibited	Submitting AI-generated work as one's own; fabricating references; using GenAI during restricted assessments	Treated as academic misconduct under programme policy

Table 3: Applying the distributed accountability model in a nursing programme

Level	Responsibility	Practical examples
Students	Disclose, verify and explain their reasoning	Attach a short AI-use statement to each assignment and care plan (tool, purpose, what was changed). Check AI-suggested diagnoses and interventions against course texts and current guidelines, and cite the sources used. Be ready to explain a submitted care plan in a brief oral check.
Nurse educators	Set boundaries, design for visible reasoning and guide critical use	State the permitted tier of GenAI use for each assessment in its brief (Table 2). Add a reasoning or reflection component, or a short viva, to care-plan and case-analysis tasks. Run a class exercise in which students critique an AI-generated care plan. Judge suspected misuse through dialogue and evidence of reasoning, not detector scores alone.
Nursing programmes	Provide consistent policy, faculty development and curriculum-wide AI literacy	Adopt one AI-use and disclosure policy across all courses and include it in every course outline. Provide faculty development on AI-aware assessment design. Map ethical AI literacy outcomes across the curriculum, from first-year writing to final-year research. Review the policy each year as tools change.

AI-use disclosure should be integrated into academic integrity practice as a substantive expectation rather than a procedural compliance requirement. Students should be taught to declare how GenAI was used, which parts of their work were AI-assisted, how outputs were verified, and how final decisions were reached. Disclosure should function pedagogically to render student judgement, verification, and responsibility visible (Eaton, 2023; Ibrahim et al., 2026; Sharma, 2026).

Assessment design should be oriented toward making reasoning visible. Written assignments, care plans, case analyses, and research tasks can be strengthened through oral verification, reflective justification, staged submissions, annotated care plans, and process-based assessment. These strategies are particularly apposite in nursing education because they enable educators to determine whether students can explain and defend their clinical reasoning rather than merely submit a polished written product (Bearman et al., 2020; Dawson, 2020; Gokalp et al., 2025).

Nurse educators require structured support and training to design AI-aware assessments, guide responsible GenAI use, interpret AI-assisted submissions with fairness, and avoid over-reliance on AI detection tools. Faculty development should encompass responsible GenAI pedagogy, prompt literacy, privacy and data protection, verification strategies, assessment redesign, and communication with students about acceptable use (Amankwaa et al., 2025; Basil et al., 2026).

AI literacy should be embedded throughout nursing curricula as both technical and ethical literacy. Students require an understanding of GenAI's capabilities, limitations, risks, and accountability implications. Ethical AI literacy should address bias, hallucination, fabricated references, privacy, transparency, disclosure, overreliance, and responsibility for final outputs, ensuring that students can engage with AI tools critically and professionally (Choi & Hong, 2025; Ibrahim et al., 2026; WHO, 2021, 2024).

Strengths And Limitations

This review is strengthened by its focused attention to academic integrity and ethical accountability rather than to general AI readiness or technology acceptance. This focus enabled the synthesis to address authorship, originality, disclosure, assessment authenticity, verification, overreliance, professional judgement, and programme-level governance in a coherent and targeted manner.

A further strength is that the literature search is reported in full, including the databases, full search strings, limits, screening procedure, selection counts and a flow diagram, and that the review was structured using the SANRA criteria. This supports transparency and allows readers to judge how the evidence base was assembled (Baethge et al., 2019). The wider academic integrity, assessment and health professions education literature was also valuable for situating the nursing-specific evidence within a broader GenAI governance context.

A primary limitation is the emergent character of the literature base. Many available reports are exploratory, conceptual, or discursive in nature. A total of 110 reports could not be retrieved in full and were therefore not assessed. Some key studies addressed health professions education or postgraduate health-profession research more broadly and were incorporated only where nursing relevance was clearly identifiable.

Screening was carried out by a single author with AI assistance. The author checked all records the AI tool marked as relevant or uncertain and a random 10% sample of its exclusions, but the remaining exclusions were not individually re-examined, and for 796 records the first-pass decision was based on title keywords. Some relevant studies may therefore have been missed. No formal quality appraisal tool was used; instead, the strength and consistency of the evidence were stated for each theme, and conclusions resting on weaker evidence are framed as tentative. The selection and interpretation of sources reflect one author's judgement, and the findings should be read as an interpretive synthesis and conceptual contribution rather than as a comprehensive account of all available evidence (Greenhalgh et al., 2018; Sukhera, 2022).

A further limitation is the rapid pace of change in both GenAI tools and institutional policy. As new AI models, writing tools, detection systems, and institutional policies continue to emerge, the findings of this review may

require updating within a relatively short period (UNESCO, 2023; WHO, 2024). Few studies evaluated interventions specifically designed to improve responsible GenAI use, meaning that many of the recommendations identified in the literature remain proposed rather than empirically tested.

CONCLUSION

GenAI is increasingly relevant to nursing education, but its responsible integration depends on more than access, readiness, or positive attitudes. The available evidence indicates that GenAI creates a productive but demanding tension between learning support and academic or professional accountability. It can advance writing, research learning, care-plan development, and clinical preparation while simultaneously generating concerns about authorship, originality, disclosure, overreliance, accuracy, verification, and professional judgement.

This review argues that academic integrity and ethical accountability are closely and necessarily connected in GenAI-supported nursing education. Nursing programmes require explicit guidance, AI-use disclosure practices, assessment designs that render reasoning visible, and AI literacy education that encompasses ethical responsibility. With appropriate governance and pedagogical support, GenAI can contribute meaningfully to learning while preserving the reasoning, judgement, and accountability expected of future nurses.

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None

Conflict Of Interest

The author declares no conflict of interest.

Ethical Approval

Ethical approval was not required for this study because it is a review of published literature and did not involve human participants or animals.

Data Availability Statement

The screening records supporting this review are available from the corresponding author on reasonable request. All sources reviewed are cited in the reference list.

Declaration Of Generative Ai Use

During the preparation of this manuscript, the author used Claude (Anthropic) to make a first-pass title and abstract screening decision on all records, as described in the Methods, and to assist with restructuring the manuscript as a narrative review, drafting and editing text, and formatting. The author checked the screening decisions as described, reviewed, verified and edited all content, checked all sources against the original publications, and takes full responsibility for the final manuscript.

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Supplementary Material

Supplementary Table S1: How the SANRA criteria were addressed

SANRA criterion	How it was addressed	Where
1. Justification of the article's importance for the readership	Problem framed for nurse educators: GenAI challenges whether assessed work reflects students' own reasoning; the gap is nursing-specific guidance on integrity and accountability.	Introduction
2. Statement of concrete aims or formulation of questions	One aim and four guiding questions, used to frame selection and synthesis.	Aim and guiding questions
3. Description of the literature search	Databases, full search strings, limits, supplementary sources, AI-assisted screening with author check, a predefined full-text rule and selection counts.	Methods; Figure 1
4. Referencing	Key claims referenced to primary nursing studies where available; wider literature used to interpret, and identified as such; references checked against the original publications.	Throughout; References
5. Scientific reasoning	Evidence type, sample and setting recorded for each key study; strength and consistency of evidence stated for each theme; weaker evidence framed as tentative.	Synthesis; Discussion
6. Appropriate presentation of relevant endpoint data	Key-studies table, conceptual model with explanation, tiered framework and practice examples.	Table 1; Figure 2; Tables 2 and 3