



Advancing Nursing in the Age of AI: From Data to Knowledge, Toward Sustainable Impact

Connie White Delaney, PhD, RN, FAAN, FACMI, FNAP

Professor & Dean | University of Minnesota School of
Nursing, Minneapolis, MN USA



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1



Thank you

Core Aims:

- Advance nursing science through research and scholarship.
- Develop new nursing technologies and standards for professional education.
- Contribute to national health policy formulation and universal health coverage.
- Promote global and domestic academic exchanges.



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2

GREETINGS

Center for Nursing Equity and Excellence

UNIVERSITY OF MINNESOTA SCHOOL OF NURSING'S 10 ACADEMIC-PRACTICE PARTNERSHIPS

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3

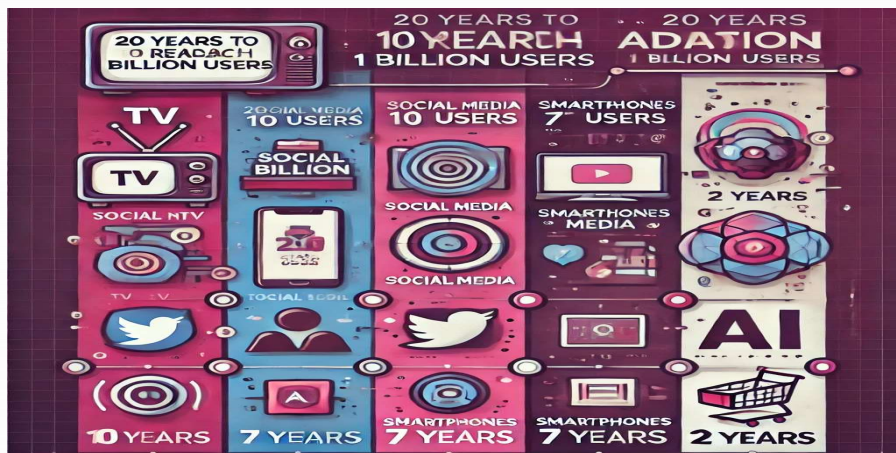
Advancing Nursing in the Age of AI: From Data to Knowledge, Toward Sustainable Impact

- **Disclosures – None**
- **Purpose: To explore how artificial intelligence and data science can drive equitable, human-centered health transformation.**
 - Nursing research - ensures evidenced-informed care delivery and management, education
 - Data, Information, Knowledge, Wisdom
 - Ethical & intentional impact of AI on individuals, families, communities, organizations, nursing
- **Objectives:**
 - Recognize the urgency of intentional AI engagement in nursing, health care, and society and nursing's historical foundation to address AI.
 - Distinguish nursing and interprofessional teams' capacity in advancing health transformation through person-centered ethical use of AI.
 - Review AI related exemplars for nursing scholarship/research, education, practice, and/or administration.
 - Imagine YOUR, and OUR, futures...

4

...ONE MOMENT IN TIME...

Artificial (augmented) Reality



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5

Korea - Toward an end-to-end K-AI nursing ecosystem: digital twins across the care continuum.

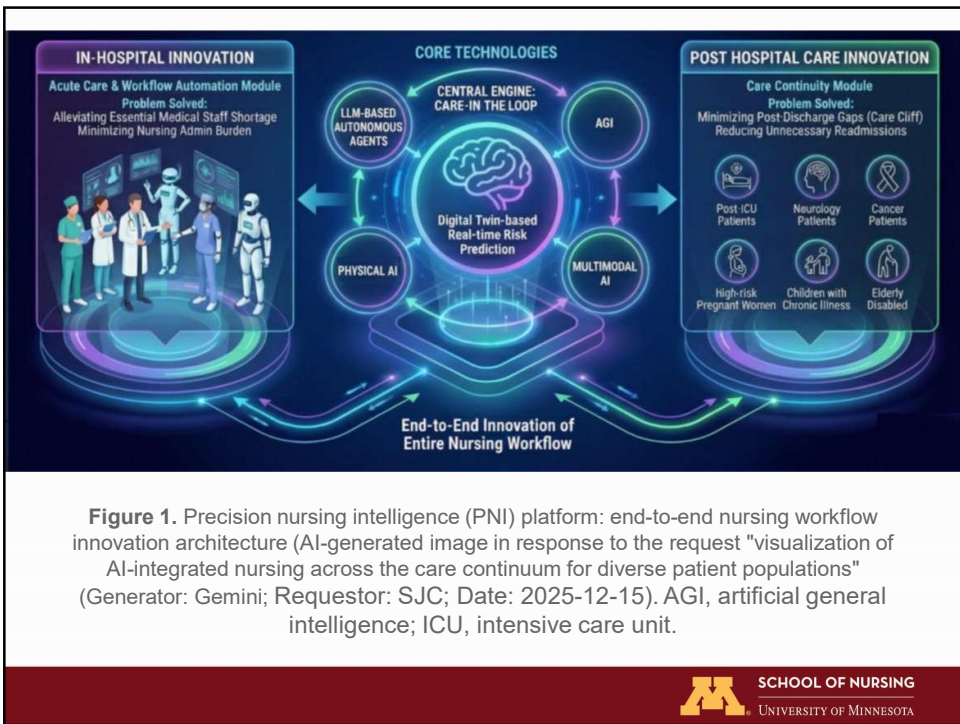
Jeung-Im Kim, Jiyeon Kang, YeoJin Im, Sung Reul Kim, Sun Ju Chang Journal of Korean Academy of Nursing 2026;56(2):123-125. DOI: <https://doi.org/10.4040/jkan.25180>, April 17, 2026

- Korean AI nurse (K-AI nurse) & digital twin framework – could address shared vulnerabilities
- Priority: Nursing-sensitive populations—high-risk pregnant women, children with chronic illness, critically ill patients, people with complex neurological conditions, and older adults with disabilities
- To realize this vision, Korean nursing science must lead in three critical areas:
 - (1) defining “vulnerability” and “K-AI nurse” in nursing terms;
 - (2) building robust Korean evidence through multicenter cohorts and digital nursing intervention studies so that algorithms truly reflect our people and practice contexts [9,10]; and
 - (3) embedding digital literacy, data interpretation, and AI ethics into education and policy so nurses can shape governance on privacy, bias, and humane care. *If we succeed, Korean nursing will co-create a K-AI nursing ecosystem that genuinely protects the dignity and safety of those most at risk*



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6



7

Korea - Seoul Welfare Foundation

Jhoo Dong-chan, May 8, 2026 12:42 pm KST

- Will deploy artificial intelligence and robotics across six nursing facilities, a move aimed at shoring up a senior care sector currently reeling from a labor shortage and Korea's rapid demographic shift.
- The program 2026 Care Service Digital Transformation Support

8

Nursing and Artificial Intelligence in the Republic of Korea

This working paper explores how artificial intelligence is being introduced into nursing work in the Republic of Korea and what this means in practice. It highlights the **gap between technological innovation and frontline needs**, pointing to the importance of aligning AI development with real working conditions.

21 April 2026

[PDF 1.34 MB](#) [EPUB 2.45 MB](#)



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Nursing and Artificial Intelligence in the Republic of Korea-2

- Examines gap between what nurses need and what actually gets built, through a three-month ethnographic study at Mirae Hospital (MH) in Seoul, South Korea
- Methods: combining interviews, ward observations, and participatory design workshops with hospital staff and union nurses.
- Findings: reveal three persistent patterns:
 - technologies that succeeded eliminated acknowledged problems through collaborative design;
 - technologies that failed attempted to model volitional human behavior or assumed laboratory conditions that clinical environments cannot provide; and
 - high-impact automations that nurses explicitly requested were never developed



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Nursing and Artificial Intelligence in the Republic of Korea-3

- Displaced by technically sophisticated investments aligned with institutional prestige rather than frontline need.
- AI adoption differs systematically between unionized and non-unionized hospitals; union representation playing a meaningful role in ensuring AI serves workers rather than institutions.
- Together, these findings point to a structural problem:
bedside nurses – those most directly affected by clinical AI – remain least likely to shape what gets built
- Addressing this requires not only better design methods, but institutional reform in how technology priorities are set and whose needs are treated as authoritative.



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11

USA AI initiatives

NAM, <https://nam.edu/our-work/key-issues/artificial-intelligence-and-emerging-technology/>

- The National Academy of Medicine (NAM) defines Artificial Intelligence (AI) in the context of health and medicine as a transformative, often machine-based, technology that can be applied to revolutionize health care delivery, enhance research, and improve patient outcomes.
- In *An Artificial Intelligence Code of Conduct for Health and Medicine* (2025), NAM emphasizes AI as a set of tools that should be developed and applied in a **trustworthy, human-centered, and ethical manner**.
- AI - Technology that enables computers and machines to simulate human learning, comprehension, problem solving, decision making, creativity and autonomy.



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12

USA AI initiatives



Position Statement - Artificial Intelligence in Health Care

March 16, 2026



July 2026

<https://aannet.org/page/AI-position-statement-2026>
<https://aannet.org/page/artificial-intelligence>



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13



AAN Position Statement – Artificial Intelligence in Health Care

- Supports the responsible and ethical use of artificial intelligence (AI) as a transformative force in health care to support, rather than supplant human wisdom and nursing clinical judgment.
- As a discipline grounded in the delivery of ethical, compassionate, holistic, and effective care, nursing has a vital role in shaping how AI is designed, governed, implemented, and evaluated.
- The rapid and expansive growth in AI technology presents a remarkable opportunity for advancing innovations in person-centered care and health care delivery.
- As AI rapidly impacts health care delivery, health professions education, and research, it is essential to strengthen and continue developing strong policies that safeguard individuals, clinicians, families, communities, and institutions, govern privacy, and uphold data protection.



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14



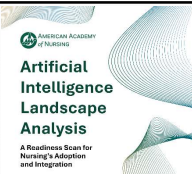
AAN Position Statement – Artificial Intelligence in Health Care 2

- Policies should also enhance AI literacy, ensure transparency and explainability, advance equitable access to safe, high-quality care, and promote nursing practice autonomy and continuous improvement.
- It is vital to ensure that the use of AI maximizes benefit to individual and societal outcomes and does not widen disparities or lead to potential adverse downstream effects on the individual, clinician, community, system, and environment.
- Given the rapid pace of AI advancement and implementation, policies must be consistently evaluated to verify they do not inadvertently stagnate innovation or deteriorate ethical standards



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15



Artificial Intelligence Landscape Analysis A Readiness Scan for Nursing's Adoption and Integration

- Findings demonstrate that the nursing profession is at an inflection point with respect to artificial intelligence.
- Today's nursing workforce preparation for the ethical and responsible use of AI is clearly incomplete.
- Evidence reviewed and the results of the frontline assessment clearly show urgency in strengthening nursing's readiness.
- AI is not a technical challenge to be solved; it is a professional imperative.



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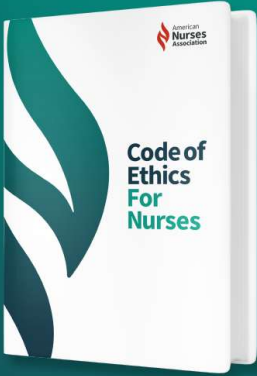
16



AVAILABLE NOW!

The gold standard for the future of nursing.

READ THE CODE



Code of Ethics For Nurses



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17

ANA Code of Ethics and AI

**Values and commitments
(Provisions 1-3)**

**Boundaries of duty and loyalty
(Provisions 4-6)**

**Responsibilities beyond
individual patient encounters
(Provisions 7-9).**

EXAMPLE PROVISIONS 1-3

- Respect for human dignity
- Relationships with patients
- Nature of health
- Right to self-determination
- Relationship with colleague
- Primacy of patient interests
- Conflict of interest for nurses
- Collaboration
- Professional boundaries
- Privacy & confidentiality
- Protection of human participants
- Performance standards
- Professional responsibility & culture of safety
- Patient protection and impaired practice



18

Code of Ethics for Nurses Provisions

<https://codeofethics.ana.org/provisions>

Provision 1

The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

Provision 2

A nurse's primary commitment is to the recipient(s) of nursing care, whether an individual, family, group, community, or population.

Provision 3

The nurse establishes a trusting relationship and advocates for the rights, health, and safety of recipient(s) of nursing care.

Provision 4

Nurses have authority over nursing practice and are responsible and accountable for their practice consistent with their obligations to promote health, prevent illness, and provide optimal care.

Provision 5

The nurse has moral duties to self as a person of inherent dignity and worth including an expectation of a safe place to work that fosters flourishing, authenticity of self at work, and self-respect through integrity and professional competence.

Provision 6

Nurses, through individual and collective effort, establish, maintain, and improve the ethical environment of the work setting that affects nursing care and the well-being of nurses.

Provision 7

Nurses advance the profession through multiple approaches to knowledge development, professional standards, and the generation of policies for nursing, health, and social concerns.

Provision 8

Nurses build collaborative relationships and networks with nurses, other healthcare and non-healthcare disciplines, and the public to achieve greater ends.

Provision 9

Nurses and their professional organizations work to enact and resource practices, policies, and legislation to promote social justice, eliminate health inequities, and facilitate human flourishing.

Provision 10

Nursing, through organizations and associations, participates in the global nursing and health community to promote human and environmental health, well-being, and flourishing.



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19

Artificial Intelligence and Robotics in Nursing: Ethics of Caring as a Guide to Dividing Tasks Between AI and Humans

Felicia Stokes JD, MA, RN, Director, American Nurses Association Center for Ethics and Human Rights¹  | Amitabha Palmer MA, ABD, Applied Philosophy, Research Assistant at Politics, Philosophy, and Economics Program at Bowling Green²

- Cannot transgress the core values of nursing nor the standard values and principles of bioethics
- Cannot usurp aspects of caring that can only meaningfully be carried out by human beings
- Must support, open or improve opportunities for nurses to provide the uniquely human aspects of care

Credits: Ian Wolfe, PhD, MA, RN
Director of Ethics, Childrens Minnesota



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20

The Ethical Use of Artificial Intelligence in Nursing Practice

Effective Date: 2022

Status: Position Statement

Written by: ANA Center for Ethics and Human Rights

Adopted by: ANA Board of Director



- Optimizing Health for All

Optimize health for all by addressing differences in distribution of health and disease

- Addressing the Conditions of Daily Life

Identify effective approaches to improve health and well-being by addressing the conditions in which people are born, grow, learn, work, play, live, and age.

- Addressing the Distribution of Health

Identify and address pressing health challenges within and across populations and communities.

- Preventing and Managing Disease

Intervene at multiple levels to prevent and manage chronic and other diseases to promote health.

- Advancing Systems to Optimize Care

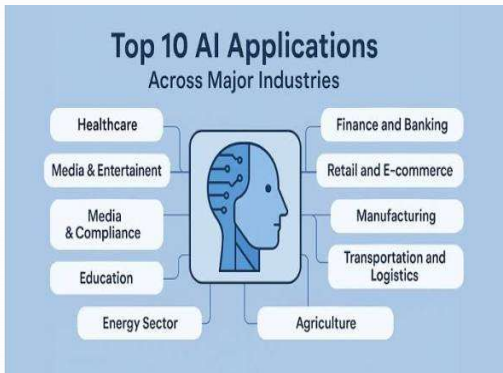
Address the holistic needs of individuals, families, and communities through effective clinical and organizational solutions that leverage nursing research to optimize care delivery.



<https://www.ninr.nih.gov/research/priority-areas>



USA AI initiatives



- 59% who use AI for health info are researching before doctor visits
- About 14 million adults report skipping a provider visit after using AI
- Only 4% who use AI for health info strongly trust its accuracy

• <https://news.gallup.com/poll/707789/america-ns-turning-supplement-healthcare-visits.aspx>, April 15, 2026



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23

Patients are going to ask nurses about AI

- #PatientsUseAI:
<https://patientsuseai.substack.com/>
 - Patient-led blog about ways AI can empower patients to understand their health and health data
- The Light Collective:
<https://lightcollective.org/mission/>
 - Patient AI rights initiative

Ann Wieben, PhD RN, NI-BC
Clinical Assistant Professor
University of Wisconsin-Madison School of Nursing



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24

USA Nursing

- **55.8% of nurses report high-level application** of AI in their work
- **70-75% have reported low or inadequate knowledge** of AI technologies
- **65.8% to 77.7% of nurses maintain a positive attitude** toward AI's potential to improve patient care and efficiency

<https://pmc.ncbi.nlm.nih.gov/articles/PMC12311186/>



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...ONE MOMENT IN TIME...

Q1 (Hopes: If AI could _____, I would be thrilled)

Q2 (Fears: I am concerned that AI will _____)



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U MN School of Nursing Faculty & Staff

Synthesists: Gemini & JM Professor
2025

- Ready for AI tools, but **protective of our values**.
- There is a distinct bifurcation in desires: want AI to be efficient with **bureaucracy** (Forms, Chrome River, Scheduling) so that we can protect the **humanity** of our work (Critical Thinking, Relational Awareness, Heart Intelligence).

The Desire for Operational Relief

The strongest signal is the desire for relief from administrative friction.

- Specific mentions of NIH forms, Chrome River work, and SONBO account balances indicate a desire to offload high-load, low-reward tasks.
- Repeated requests for Email triage, Drafting responses, and Calendar management suggest that individuals feel buried in communication and view AI as a help.
- The desire for AI to draft IRB protocols and format bio sketches suggests that the logistics of research are hindering the doing of research.
- There is a **fear** that AI will become a time suck where individuals spend hours reviewing AI-generated information to catch errors, or that administration will increase demands *because* "AI makes work easier."



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Synthesists: Gemini & JM Professor
2025

The Erosion of "Heart Intelligence"

There is a sentiment that AI must not replace the human, but instead must free up time for the human.

- The phrase "replace 'heart' intelligence" suggests nursing possesses a quality that algorithms cannot replicate.
- Individuals fear AI will cause students to lose situational awareness, tone, and behavior cues.
- There is a pervasive fear that individuals will become **unconsciously incompetent**, ceasing to spot-check information. The fear was not about sudden disaster, but **unintentional slow creep**. Fear is that taking AI at face value will slowly erode the skepticism required for science.
- Faculty want to know how students are doing without the labor of grading, yet they fear that removing the labor removes the insight.

Systemic Conscience

This group is aware of the externalities of AI. Their concerns are not just local but global.

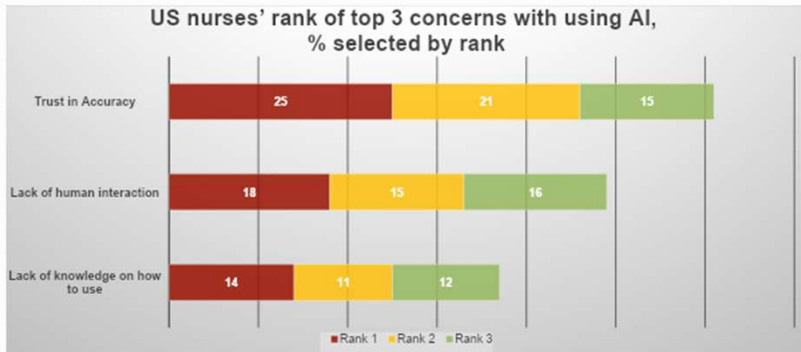
- Repeated, specific mentions of water usage, electricity, waste, and data centers linked to cancer.
- Significant concerns exist about the haves vs. have-nots, bias in data, and structural discrimination.
- There was a mention of the ability to change documents to be accessible, signaling a potential for equity *through* technology.



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Nurses report they need this knowledge

2024 McKinsey and the American Nurses Foundation jointly deployed a national survey to evaluate nurses' perceptions of AI (n=7200)



Courtesy: Ann Wieben, PhD RN, NI-BC
Clinical Assistant Professor
University of Wisconsin-Madison School of Nursing



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29

Nursing capacity in advancing health transformation through ethical use of AI

Nursing Is the Surefire New Path to American Prosperity

Plentiful jobs and potential six-figure incomes draw young people as other industries falter; 'modern middle-class jobs engine', Wallstreet Journal April 1, 2026

<https://www.wsj.com/economy/jobs/nursing-jobs-pay-prosperity-b2769391?st=3Z5iNS>



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30

Wallstreet Journal

April 1, 2026

Will AI replace nurses? No.



AI only sees...

- the past
- the pattern
- the data trail
- keyword matches
- what worked before
- what was done
- a digital shadow



Ann Wieben, PhD RN, NI-BC
Clinical Assistant Professor
University of Wisconsin-Madison School
of Nursing

Nurses see...

- possibilities for the future
- the purpose
- the human story
- the context
- what might work next
- why it was done
- the whole, real person



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31

Children's
MINNESOTA



Business Insider

Nvidia AI nurses take patient calls, colonoscopy screening, nutrition advice for \$9 an hour

Nvidia partnered with Hippocratic AI to offer \$9/hour AI nurses. 40 healthcare companies are already testing it.

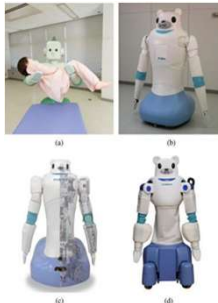


FORBES > INNOVATION > ENTERPRISE TECH

How Generative AI Will Change The Jobs Of Doctors And Healthcare Professionals

Bernard Marr Contributor @

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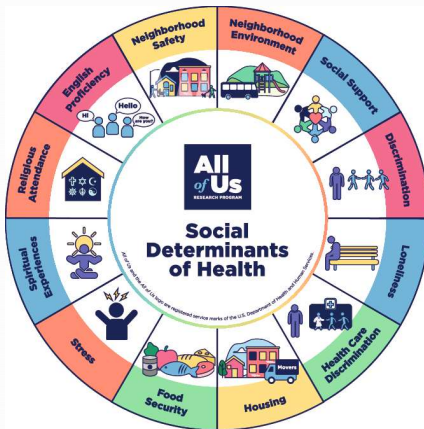
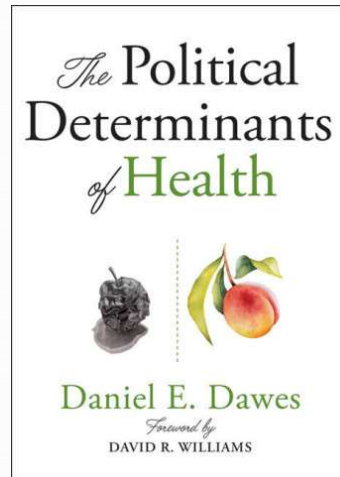


Credits: Ian Wolfe, PhD, MA, RN
Director of Ethics, Childrens
Minnesota



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32



Political Determinants create social drivers



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33

Types of Computational Models*

*C Friedman

AI - what are we really talking about?

- Deep learning and language models
- Predictive/explanatory models
- Computable phenotypes
- Causal/propositional networks
- Best practices (guidelines)
- Workflows/procedures (clinical and research)
- Decision Trees
- Theories
- Policies

Analytical Origin



Deliberative Origin

Models in green are initially in human readable form but can be made computable

Also note: Generalized linear model (GML) [flexible extension of classical LR]



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34

Research Empowerment

A Paradigm Shift Towards Care Across the Health Continuum



...but there are risks

- Massive job losses/re-skilling required (at graduate levels)
- Wealth inequity
- AI Bias:
 - reinforces trained patterns (e.g. sub-standard risk assessments)
 - Strengthens societal stereotypes and biases



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35

7 Deadly Sins of AI

Müller, H., Patel, V.L., Shortliffe, E.H. et al. Seven deadly sins in artificial intelligence for digital medicine. npj Digit. Med. (2026). <https://doi.org/10.1038/s41746-026-02607-4>

- The framework was developed through systematic synthesis of scientific literature, clinical guidelines, and regulatory frameworks prior to any empirical data collection.
- Validation of pre-established framework, conducted a global, cross-professional opinion poll of 914 stakeholders from 143 countries between July 2024 and March 2025.
- “Seven Deadly Sins of AI in Medicine”, a conceptual framework of recurring systemic failure modes:
 - (i) Blind Trust
 - (ii) Overregulation
 - (iii) Dehumanization
 - (iv) Misaligned Optimization
 - (v) Overinforming and False Forecasting
 - (vi) Misapplied Statistics, and
 - (vii) Self-Referential Evaluation

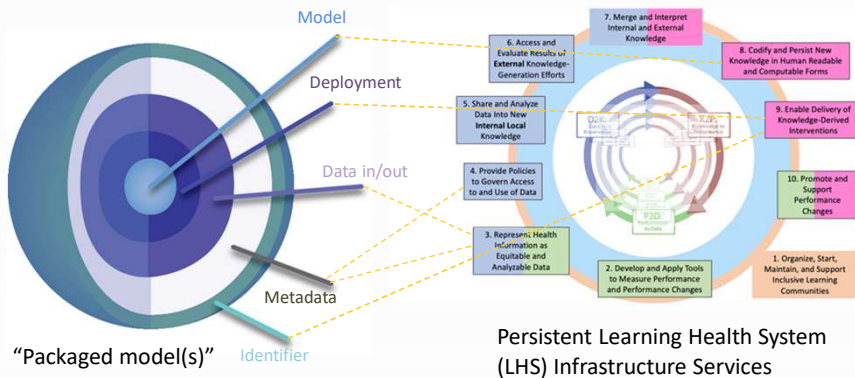


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36

Connecting the Packaged Models to Infrastructure Services to Create the “Instrument Landing System”

Credit: CFriedman



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37

Call for Education & Research

[Marquard, et al, 2026; Machalowski, et al, 2026]

EXAMPLES

- Comprehensive educational programs that integrate ethical considerations, practical applications, and critical assessments of AI
- Guidelines and policies are needed that clearly delineate the roles and responsibilities of AI developers, healthcare institutions, and nurses when using AI
- AI designed and evaluated to ensure they serve all patient demographics equitably, eliminate biases and inequities that may arise from AI algorithms
- Lack of a shared framework and terminology also hinders the development of targeted guidelines and education that are crucial for integrating AI into nursing practice ethically and effectively.

2026. Title: A Tripartite Framework for Nursing AI Ethics: A Scoping Review. Authors: Jenna Marquard, PhD, FACMI, School of Nursing, University of Minnesota, Minneapolis, USA Suzanne Fink, MSN, RN, NI-BC, Institute for Health Informatics, University of Minnesota, Minneapolis, USA Winnie Yip, MSN, APRN, PMHNP-BC, School of Nursing, University of Minnesota, Minneapolis, USA Aissa Feldmann, MS, BSN, RN, Blood Cancer Center, Duke Health, Durham, USA Chanhee Kim, MPH, BSN, CIC, PHIT, School of Nursing, University of Minnesota, Minneapolis, USA Malin Brit Lalich, BSN, RN, PHN, PHIT, School of Nursing, University of Minnesota, Minneapolis, USA Connie Delaney, PhD, RN



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38

Power of Big Data

foundation of all AI

- Nursing terminologies and standards, decades of engagement: ANA, AMIA, ANI, AAN, IMIA, IMIA-NI, ICN (& ICNP)
- Knowledge Discovery, Big Data
- Social media collects varied data in massive amounts; this data is attractive to “traditional” researchers at academic institutions but is also attractive to assorted commercial entities such as advertisers (Staccini et al., 2020)



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39



z.umn.edu/bigdata



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40

***AI related topics for nursing scholarship/research,
education, practice, and/or administration***

***Stewardship and the Ethical Multi-Lens of Nursing
“Ethics Mitigation”***

❖ **Early Involvement as a Mandate**

Nurses must be co-creators at the "design table," not just end-users at the "implementation table." **Our proximity to the patient/family is the ultimate safeguard for ethical AI**

❖ **Payment & Economic Impact**

Redefining the "Value of Nursing" in an AI-driven economy. Ensure that AI-driven acuity shifts lead to reinvestment in nursing presence and professional stewardship

❖ **Multi-Lens Strength**

Nursing brings a unique holistic perspective—combining clinical expertise, social advocacy, and ethical discernment—to mitigate algorithmic bias and ensure equity ANA Code of Ethics

5-Year Predictions

A shift toward "Invisible Informatics," where AI quietly handles complexity in the background, allowing the human-to-human connection to remain the center of the healthcare ecosystem



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***AI related topics for nursing scholarship/research,
education, practice, and/or administration***

“AI as a Catalyst for Professional Flourishing”

❖ **Uplifting Role**

Moving beyond task-saturation to "top of license" practice
AI as a supportive co-pilot that restores time for the nurse-patient relationship
AI is not a replacement but a "Co-Pilot" for nursing wisdom.
By automating administrative "noise," we empower nurses to return to their core identity, high-touch, high-judgment, whole-person care

❖ **Addressing the Ecosystem**

Strategically utilizing predictive tools to stabilize the workforce and address chronic shortages through data-informed wellness

❖ **The Whole-Person Paradigm**

Leveraging machine intelligence to better see the "Whole Person"—integrating biological, social, and spiritual data points that are often lost in traditional systems

❖ **The Path Forward**

Transitioning from "Efficiency-First" models to "Humanity-First" informatics, where technology serves as a bridge to presence, not a barrier



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***AI related topics for nursing scholarship/research,
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“Restoring Presence through Intelligent Innovation”

❖ **Addressing Shortages**

Beyond staffing numbers, we use AI to predict and prevent burnout. It serves the ecosystem by identifying stress patterns and redistributing cognitive load before it leads to professional exhaustion

❖ **Whole-Person Paradigm**

Moving informatics from "data entry" to "human discovery." AI helps us synthesize the biological, social, and spiritual dimensions of our patients, ensuring the "Whole Person" is visible in every clinical decision

❖ **Translation to Impact**

AI as the engine that returns "Time to Care" - bedside, home, classroom, office - allowing the nurse to be fully Present with the human being in front of them



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***AI related topics for nursing scholarship/research,
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“Burdens & Successes”

❖ **Success in Practice (Ambient Listening)**

Highlighting successes like the Mayo Clinic's use of ambient listening— technology that "fades into the background" so the nurse can look the patient in the eye instead of looking at a screen

❖ **Bridging the Physician-Nursing Divide**

AI offers a shared "Language of Care." By integrating fragmented data, we break down silos and create a unified, interprofessional view of the patient's journey

❖ **The Opportunity**

Shifting from reactive data entry to proactive, AI-supported clinical decision-making that honors nursing wisdom and interprofessional collaboration



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Practical Applications in Healthcare



Predictive Diagnostics
AI to monitor health
patient health



Digital Twins
AI to monitor patient health
a medical health



Preventive AI
AI to monitor health
a health coach



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45

What About AI as a mirror for humanity?

What Does Your Mirror Reflect?






Human-first. AI-enabled

<https://www.educatedc.com/>
<https://www.educatedc.com/leading-with-love>



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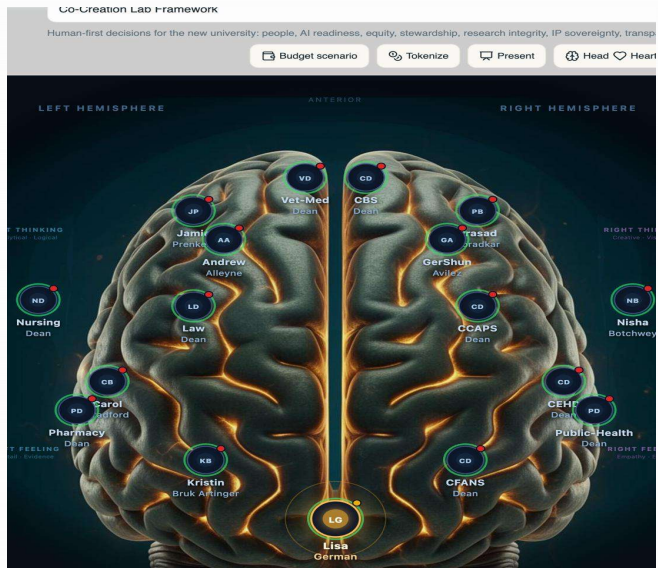
46

47



48





Summary

Individual, Team, Organization Engagement

- Gratitude – Korean Leadership, Nursing Leadership, Local-Global Collaboration
- **NOW** – unprecedented call for nursing leadership and Transformation of health care and what it means to be human
- Data, Information, Knowledge Wisdom
- Prioritize research of recurring systemic failure modes Framework):
 - (i) Blind Trust
 - (ii) Overregulation
 - (iii) Dehumanization
 - (iv) Misaligned Optimization
 - (v) Overinforming and False Forecasting
 - (vi) Misapplied Statistics, and
 - (vii) Self-Referential Evaluation



The Power to Shift a System

Jennie Winhall & Charles Leadbeater

- **Purpose:** The "master key". You cannot shift a system's purpose without changing who defines it and whose needs take priority.
- **Power:** Involves both hard (explicit instructions, laws) and soft (cultural norms) forms. Shifting power means challenging existing hierarchies and empowering marginalized voices.
- **Relationships:** Redrawing the boundaries of who participates and how they interact.
- **Resource Flows:** Changing how resources are allocated to support new outcomes rather than maintaining the status quo.

https://static1.squarespace.com/static/632b07749e5eec1fde3510bd/t/637a4e609f85d87b3880bcf6/1668959859893/SII_ThePowerToShiftASystem_2021.pdf



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51



Key AI-Related Initiatives and Stances

- **Global AI Governance & Summits:** President Tómasdóttir has joined international artificial intelligence committees and spoken at high-profile forums—including the AI for Good Global Summit and events reflecting on the legacy of the 1986 Reykjavik summit—to advocate for ethical AI standards and long-term global coordination.
- **Pro-Human Focus:** She emphasizes that "AI should serve humanity, not the other way around," calling for cautious development, human judgment, and safeguards against the rapid, uncontrolled scaling of automated systems.
- **Language and Cultural Preservation:** Iceland has leveraged AI partnerships (such as working with large language models to preserve the Icelandic language) to turn digital preservation challenges into national innovation opportunities.
- **Public Dialogue:** She regularly hosts and participates in cultural and civic events in Reykjavik—such as special talks at the Harpa concert hall—to engage the public, youth, and international leaders on the societal impacts of AI.

➤ RESOURCES

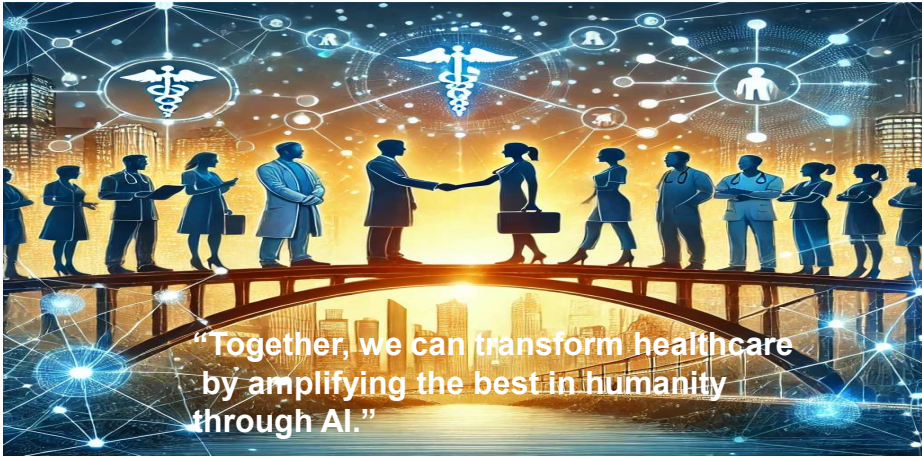
- <https://time.com/article/2026/10/16/human-judgement-is-the-most-powerful-technology-in-the-ai-age/>
- <https://www.ruv.is/english/2026-10-13-president-proposes-iceland-carve-out-ai-niche-489638>
- <https://centerforhumanetechnology.substack.com/p/an-historic-ai-summit-in-iceland>



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52

We Lead with Love
“AI has the power to amplify humanity,
and it’s up to us to ensure it reflects our
values of compassion, equity, and trust.”



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53

Open Q&A

Engaging Our Collective Wisdom

- **Our Dialogue**
 - *What do we do to move beyond technical specifications and toward evidence and shared understanding of AI's role in healing?*
- **Our Humanity**
 - *“As our tools become more ‘intelligent,’ how do we ensure our systems become more ‘human’?”*
- **Our Call to Partnership**
 - *How can we, as nursing and interprofessional leaders, ensure that AI remains a servant to nursing wisdom and patient flourishing?*



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54

THANK YOU



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55

Additional Resources

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- Cary, M. et al. 2023. Mitigating Racial & Ethnic Bias * & Advancing Health Equity in Clinical Algorithms: A Scoping Review. HealthAffairs.org.
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56