Journal of Nursing Science

Journal homepage: www.jns.vn

Perceptions, attitudes, and factors associated with the use of artificial intelligence in learning among students of the faculty of nursing and medical technology, Can Tho University of Medicine and Pharmacy, academic year 2025–2026

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ABSTRACT

***Objectives**: To assess students' perceptions and attitudes toward the use of artificial intelligence (AI) in learning and to analyze the associations of academic major, year of study, and academic performance with their perceptions and attitudes. **Methods**: An analytical cross-sectional study was conducted among 462 students selected by stratified random sampling from March 1 to May 30, 2026. The questionnaire assessed perceived AI literacy, perceived ease of use, perceived usefulness, concerns/risks, calibrated trust, attitudes, and intention to continue using AI. Data were analyzed using SPSS 27.0, with chi-square/Fisher's exact tests, odds ratios (ORs), 95% confidence intervals (CIs), and exact p-values. **Results**: The mean scores for perceived AI literacy, perceived ease of use, and perceived usefulness were 3.89 ± 0.653, 3.88 ± 0.568, and 3.96 ± 0.585, respectively. The mean concerns/risks score was 3.77 ± 0.62, with the greatest concern being inaccurate medical information generated by AI. Calibrated trust, positive attitude, and intention to continue using AI had mean scores of 3.95 ± 0.633, 3.94 ± 0.630, and 3.88 ± 0.625, respectively. Year of study was significantly associated with attitude (p = 0.002), whereas academic major and academic performance were not. **Conclusion**: Students generally had favorable perceptions and attitudes toward AI; however, prompting skills, information verification, academic integrity, and data privacy need to be strengthened. AI education should be introduced early and progressively tailored to students' year of study.*

***Keywords**: Artificial intelligence; perceptions; attitudes; nursing students; health professions education.*

INTRODUCTION

Artificial intelligence (AI), particularly generative AI based on large language models, is becoming a widely used learning tool in higher education. Learners can use AI to explain concepts, summarize documents, generate review questions, support writing, translate materials, and simulate scenarios. In health professions education, these applications expand opportunities for self-directed learning and individualized feedback; however, their integration must be carefully designed to ensure meaningful learning and critical thinking [1]. At the same

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DOI: 10.54436/jns.2026.05.1365

Received: Aug 15, 2025
Accepted: Sep 13, 2026
Published: Sep 14, 2026

time, AI-generated responses may contain incorrect information, lack sources, be biased, or be inappropriate for the context, creating a particular need for verification when the content involves medications, patient care, laboratory testing, or medical technologies [2, 3].

Perceptions and attitudes are central factors in technology acceptance. According to the Technology Acceptance Model, perceived usefulness and perceived ease of use contribute to the formation of attitudes and behavioral intentions [4]. The Unified Theory of Acceptance and Use of Technology (UTAUT) extends this approach by incorporating factors such as performance expectancy, effort expectancy, social influence, and facilitating conditions [5]. However, generative AI requires a broader perspective that also encompasses AI literacy, the ability to evaluate outputs, calibrated trust, risks, ethics, and privacy. AI literacy frameworks emphasize that competence involves not only "knowing how to use" a tool, but also understanding its limitations, interacting with it purposefully, and critically evaluating AI outputs [6, 7]. Positive attitudes should therefore be interpreted together with appropriate caution and responsibility [8].

Existing studies indicate that perceptions of AI among health professions students are generally favorable but not uniform across contexts. Among nursing students, Kwak et al. reported that third- and fourth-year students had more positive attitudes, higher self-efficacy, and greater awareness of AI ethics than first- and second-year students [9]. A UTAUT-based study by the same research group found that positive attitudes were associated with the intention to use AI-based healthcare technology[10]. Labrague et al. likewise reported that perceived applicability of AI was associated with attitudes and intentions to adopt the technology [11]. A systematic review and meta-analysis of medical, dental, and nursing students further showed that AI knowledge and attitudes varied substantially across educational contexts [12]. Collectively, these findings suggest that students' perceptions may be shaped by stage of training, self-efficacy, awareness of AI ethics, perceived applicability, and prior exposure to AI.

In Vietnam, available studies similarly suggest generally positive perceptions of AI alongside persistent gaps in knowledge and formal training. A study among health professions students in Southern Vietnam reported relatively positive perspectives but identified unmet training needs [13]. At Can Tho University of Medicine and Pharmacy, trust, social influence, and media influence were associated with students' perspectives on the use of AI in learning [14]. Among nursing students in Da Nang, perceptions and attitudes toward AI were also examined in relation to learner characteristics and other associated factors [15]. These findings indicate that perceptions of AI are context-dependent and may be related to educational exposure, trust, social influences, and learner characteristics; however, evidence remains limited regarding the simultaneous associations of academic major, year of study, and academic performance with perceptions and attitudes in a multidisciplinary faculty.

The Faculty of Nursing and Medical Technology, Can Tho University of Medicine and Pharmacy, offers training in Nursing, Midwifery, Medical Laboratory Technology, and Medical Imaging Technology. This setting provides an appropriate context for examining whether differences in training orientation, progression through

the curriculum, and academic performance are associated with students' perceptions and attitudes toward AI. The study had two objectives: to assess students' perceptions and attitudes regarding the use of AI in learning during the 2025–2026 academic year, and to analyze the associations of academic major, year of study, and academic performance with those perceptions and attitudes.

PARTICIPANTS AND METHODS

An analytical cross-sectional study was conducted at the Faculty of Nursing and Medical Technology, Can Tho University of Medicine and Pharmacy, from September 2025 to August 2026. Data collection was conducted over a three-month period from March 1 to May 30, 2026. The study was reported in accordance with principles consistent with the STROBE guideline. The study population comprised students enrolled during the 2025–2026 academic year. Students were eligible if they voluntarily agreed to participate and completed the questionnaire. Students who were on academic leave or suspension, were absent for an extended period, or submitted questionnaires with more than 20% missing responses, duplicate responses, or patterns suggesting inattentive responding were excluded.

The sample size was calculated using the formula for estimating a single proportion in a cross-sectional study: $n = Z^2_{(1-\alpha/2)} \times p(1 - p)/d^2$, where $Z = 1.96$, $p = 0.5$, and $d = 0.05$; the minimum required sample size was 385. A total of 462 valid questionnaires were included. Stratified random sampling was performed by four academic majors (Nursing, Midwifery, Medical Laboratory Technology, and Medical Imaging Technology) and by year of study from Year 1 to Year 4. Within each stratum, students were randomly selected from class lists.

The self-administered questionnaire was developed and adapted on the basis of the Technology Acceptance Model (TAM), UTAUT, AI literacy frameworks, and an attitude-toward-AI scale [4, 8]. The instrument consisted of nine sections. Section A collected personal characteristics and learning conditions; Section B described access to and use of AI. Sections C–I contained 33 items rated on a 5-point Likert scale (1 = Strongly disagree to 5 = Strongly agree) and assessed perceived AI literacy (6 items), perceived ease of use (5 items), perceived usefulness (6 items), concerns/risks (5 items), calibrated trust (4 items), positive attitude (3 items), and intention to continue using AI (4 items).

The score for each component was calculated as the mean of valid items, retaining the original 1–5 scale. Higher scores on positively oriented scales indicated more favorable perceptions, whereas the concerns/risks scale was analyzed separately because a higher score indicated greater concern. For Objective 2, the composite perception index comprised perceived AI literacy, perceived ease of use, and perceived usefulness; the composite attitude index comprised calibrated trust, positive attitude, and intention to continue using AI. A mean score ≥3.50 was categorized as "Good" and <3.50 as "Not good." This was a descriptive threshold defined by the study and was not a diagnostic cutoff or a national competency standard.

Explanatory variables were grouped before analysis. Academic major was classified into Group A (Nursing + Midwifery) and Group B (Medical Laboratory Technology + Medical Imaging

Technology). Year of study was categorized as "Year 2 or below" and "Above Year 2." Academic performance was categorized as "Above Good" (Very Good + Excellent) and "Good or below." The instrument underwent content review. For contextual standardization, the questionnaire underwent a three-step process: (1) linguistic and contextual adaptation to the Nursing and Medical Technology educational setting; (2) expert content review by specialists in nursing/medical technology education, research methodology, educational technology, and ethics; and (3) pilot testing among 100 students outside the main study sample. Cronbach's alpha coefficients for the seven scales ranged from 0.839 to 0.944, and corrected item-total correlations were >= 0.30.

Participants were provided with study information and gave informed consent before completing the questionnaire. The survey was administered through an electronic link or by paper questionnaire, as appropriate to the classroom context. Data were checked, coded, and cleaned in Microsoft Excel and subsequently analyzed using SPSS version 27.0. Categorical variables were described using frequencies and percentages, whereas scale scores were summarized using means and standard deviations. Associations of academic major, year of study, and academic performance with perceptions and attitudes were tested using the chi-square test; Fisher's exact test was used when expected-cell assumptions were not met. Odds ratios (ORs), 95% confidence intervals (CIs), and exact p-values were reported. Two-sided tests were used, with $p < 0.05$ considered statistically significant. Because of the cross-sectional design, the findings were interpreted as associations rather than causal relationships.

The study was approved by the Biomedical Research Ethics Committee of Can Tho University of Medicine and Pharmacy under approval No. 25.096.SV/PCT-HDDD dated November 26, 2025. Participation was entirely voluntary; students had the right to decline participation or withdraw from the study without any effect on their academic results. Identifying information was coded, kept confidential, and used solely for research purposes.

RESULTS

Table 1. Selected characteristics of the study participants (n = 462)

Characteristic	Category	n	%
Sex	Male	120	26.0
	Female	342	74.0
Academic major	Nursing	219	47.4
	Medical Laboratory Technology	111	24.0
	Medical Imaging Technology	70	15.2
	Midwifery	62	13.4

Characteristic	Category	n	%
Year of study	Year 1	82	17.7
	Year 2	149	32.3
	Year 3	193	41.8
	Year 4	38	8.2
Academic performance	Very Good + Excellent	80	17.3
	Good	268	58.0
	Average or below	114	24.7
Internet connection	Stable/Very stable	342	74.1
	Average or lower	120	25.9

Interpretation: Female students accounted for 74.0% of the sample, and Nursing students represented the largest academic-major group (47.4%). Second- and third-year students comprised 74.1% of the sample. Students with Good academic performance accounted for 58.0%, whereas those classified as Very Good or Excellent accounted for 17.3%. Overall, 74.1% of students rated their Internet connection as stable or very stable.

Table 2. Component scores and internal consistency reliability

Component	Mean ± SD (n = 462)	Cronbach's alpha (n = 100)
Perceived AI literacy	3.89 ± 0.653	0.944
Perceived ease of use	3.88 ± 0.568	0.934
Perceived usefulness	3.96 ± 0.585	0.939
Concerns/risks	3.77 ± 0.618	0.839
Calibrated trust	3.95 ± 0.633	0.847
Positive attitude	3.94 ± 0.630	0.899
Intention to continue using AI	3.88 ± 0.625	0.899

Mean: mean score; SD: standard deviation

Interpretation: All positively oriented components had relatively high mean scores. Perceived usefulness was the highest (3.96 ± 0.585), followed by calibrated trust (3.95 ± 0.633) and positive attitude (3.94 ± 0.630). The mean concerns/risks score was 3.77 ± 0.618. Cronbach's alpha coefficients for the seven scales ranged from 0.839 to 0.944, indicating good to excellent internal consistency.

Table 3. Selected notable items from the scales (n = 462)

Component	Item	Mean ± SD
AI literacy	Developing/refining prompts according to learning objectives	3.75 ± 0.775
Usefulness	Accessing learning information more quickly	4.04 ± 0.701
Concerns/risks	Inaccurate or unsupported medical information	4.05 ± 0.765
Concerns/risks	Plagiarism/academic misconduct/violation of regulations	3.92 ± 0.786
Attitude	AI use is appropriate when regulations and academic ethics are followed	4.08 ± 0.728
Intention	Continuing to use AI for learning in the future	3.99 ± 0.708

Interpretation: The ability to develop and refine prompts according to learning objectives had the lowest score within the perceived AI literacy scale (3.75 ± 0.775). The greatest concern was that AI could generate inaccurate or unsupported medical information (4.05 ± 0.765). The highest level of agreement in the attitude domain was with the statement that using AI in learning is appropriate when institutional regulations and academic ethics are followed (4.08 ± 0.728).

Table 4. Associations with perceptions (n = 462)

Factor	Group	Good n (%)	Not good n (%)	OR (95% CI)	p
Academic major	Group A	229 (81.5)	52 (18.5)	0.706 (0.420–1.185)	0.186
	Group B	156 (86.2)	25 (13.8)	Reference	
Year of study	Year 2 or below	188 (81.4)	43 (18.6)	0.755 (0.461–1.234)	0.261
	Above Year 2	197 (85.3)	34 (14.7)	Reference	
Academic performance	Above Good	66 (82.5)	14 (17.5)	0.931 (0.492–1.760)	0.826
	Good or below	319 (83.5)	63 (16.5)	Reference	

Group A: Nursing/Midwifery; Group B: Medical Laboratory Technology/Medical Imaging Technology.

Interpretation: The proportion of students with Good perceptions was 86.2% in Group B, higher than the 81.5% in Group A; however, the difference was not statistically significant (p = 0.186). Students above Year 2 had a Good-perception rate of 85.3%, compared with 81.4% among those in Year 2 or below (p = 0.261). Academic performance was also not significantly associated with perceptions (p = 0.826).

Table 5. Associations with attitudes (n = 462)

Factor	Group	Good n (%)	Not good n (%)	OR (95% CI)	p
Academic major	Group A	230 (81.9)	51 (18.1)	0.896 (0.546–1.471)	0.664
	Group B	151 (83.4)	30 (16.6)	Reference	
Year of study	Year 2 or below	178 (77.1)	53 (22.9)	0.463 (0.281–0.764)	0.002
	Above Year 2	203 (87.9)	28 (12.1)	Reference	
Academic performance	Above Good	60 (75.0)	20 (25.0)	0.570 (0.321–1.013)	0.053
	Good or below	321 (84.0)	61 (16.0)	Reference	

p = 0.053 did not meet the prespecified threshold for statistical significance of 0.05.

Interpretation: Academic major was not significantly associated with attitude (p = 0.664). Year of study was significantly associated with attitude: students above Year 2 had a higher proportion of Good attitudes (87.9%) than those in Year 2 or below (77.1%); OR = 0.463, 95% CI: 0.281–0.764; p = 0.002. Academic performance had p = 0.053 and therefore did not reach statistical significance.

DISCUSSION

The study showed that students of the Faculty of Nursing and Medical Technology had generally favorable perceptions and attitudes toward AI, although this favorability was accompanied by a considerable degree of caution. Perceived usefulness had the highest score among the perception components, whereas the greatest concern was inaccurate medical information. Prompt-development skills were relatively weaker within the AI literacy scale. Among the three academic factors examined, only year of study was significantly associated with attitude; no clear association was observed for academic major or academic performance.

The mean scores for perceived AI literacy and perceived ease of use were both close to 3.9, indicating that students were already fairly familiar with AI tools. This is consistent with the current context in which generative AI has a conversational interface, is readily accessible on smartphones, and does not require programming skills. According to TAM, perceived ease of use and perceived usefulness are favorable conditions for the development of positive attitudes and behavioral intentions [4]. However, the item on developing/refining prompts had the lowest score, indicating that being able to operate an AI tool does not necessarily equate to using it competently. AI literacy frameworks emphasize that learners need to understand limitations, interact with AI purposefully, and evaluate its outputs [6, 7]. Training should therefore go beyond introducing tools and should teach students how to define the context, formulate clear requests, and proactively plan verification steps.

The high score for perceived usefulness is consistent with the systematic review

of generative AI in health professions education, in which AI was used for a range of activities such as inquiry, practice, and the production of learning outputs [1]. However, the present study assessed perceived usefulness only and did not directly measure objective effects on grades or clinical competence. The most appropriate interpretation is therefore that students perceived AI as useful and tended to intend continued use, rather than that AI had been shown to improve academic performance.

The relatively high concerns/risks score indicates that students' attitudes did not reflect unconditional acceptance. Their greatest concern was inaccurate medical information generated by AI, which is consistent with warnings about hallucinations, missing sources, and the unstable reliability of large language models [2, 3]. This issue is particularly important in Nursing and Medical Technology education, where learning content is directly related to patient care, medications, laboratory testing, and technical procedures. Students should be taught to treat AI outputs as preliminary suggestions and then verify them against textbooks, professional guidelines, or authoritative medical literature before use.

Concerns about plagiarism and academic misconduct were also prominent. Because AI can generate complete texts, overly general policies may create two extremes: complete prohibition or unrestricted use. An appropriate policy should clearly distinguish activities in which AI is permitted, conditionally permitted, or not permitted, and should require students to disclose the extent of AI use when appropriate. Assignments that allow AI should assess the verification process, reasoning, and the student's independent contribution, not merely the final product. Requirements regarding privacy and restrictions on AI use should be more stringent for patient data or tasks intended to assess individual competence.

Calibrated trust and positive attitudes both had mean scores close to 4.0. This suggests that students were willing to use AI when it was applied for appropriate purposes and when important information was verified. Such calibrated trust is more suitable for the medical context than unconditional trust. A UTAUT-based study found that positive attitudes played a role in intention to use AI-based healthcare technology [10], while Labrague et al. reported associations among perceived applicability, attitudes, and intention to adopt AI [11]. The current level of readiness therefore provides a favorable basis for responsible AI education rather than relying solely on restrictive measures.

Studies in Vietnam have also indicated similar needs. Health professions students in Southern Vietnam expressed relatively positive perspectives but needed formal training [13]. At Can Tho University of Medicine and Pharmacy, trust and social factors were associated with students' perspectives on AI [14]. Research among nursing students in Da Nang likewise emphasized perceptions, attitudes, and the need to strengthen AI-related competencies [15]. The present study adds evidence from a multidisciplinary faculty and suggests that important differences are not necessarily attributable to academic major.

Academic major was not significantly associated with either perceptions or attitudes. Although Nursing/Midwifery and Laboratory/Imaging programs differ in their professional focus, many current AI-

assisted learning tasks-such as summarizing, explaining, translating, and supporting writing-are cross-disciplinary. Use of the same widely available platforms may therefore reduce differences between care-oriented and technology-oriented groups. In addition, the study combined four majors into two groups to ensure adequate group sizes, which may have obscured smaller differences among individual majors. Future studies should compare each major separately when sample sizes permit.

The absence of a significant difference by academic major supports the development of a common core AI competency framework for the entire faculty. Foundational content should include the nature and limitations of AI, prompting skills, recognition of inaccurate information, source verification, data privacy, academic integrity, and disclosure of AI use. Individual courses can then add discipline-specific scenarios: Nursing and Midwifery may focus on care planning, health education, and communication, whereas Medical Laboratory Technology and Medical Imaging Technology may emphasize clinical data, technical procedures, and the accuracy of interpretation.

For perceptions, year of study was not significantly associated with the outcome, although students in higher years had a descriptively higher proportion of Good perceptions. Because students can access generative AI early through the Internet and social media, basic knowledge and perceptions may develop before intensive professional training. In contrast, year of study was clearly associated with attitude. Third- and fourth-year students had a higher proportion of Good attitudes than first- and second-year students. This finding is consistent with Kwak et al., who found that senior students had more positive attitudes, greater AI ethics awareness, and higher self-efficacy [9].

One possible explanation is that students in higher years had accumulated more discipline-specific and practical experience, enabling them to better understand situations in which AI is useful as well as the tool's limitations. They may be able to ask more specific professional questions, evaluate outputs against a stronger knowledge base, and recognize the value of AI for appropriate tasks. However, the cross-sectional design does not allow the conclusion that advancing to a higher year causes more positive attitudes; the difference may also be related to personal experience, frequency of AI use, information technology skills, prior training, or faculty influence.

An important educational implication is that AI education should begin early and be progressively tailored to year of study. For first- and second-year students, content should focus on foundational AI literacy, prompting skills, recognition of hallucinations, source checking, academic integrity, and the principle of not entering patient-identifiable data into public AI platforms. For third- and fourth-year students, training should include more controlled discipline-specific scenarios requiring critique of AI outputs, appraisal of evidence, and explanation of the verification process. The goal is not to encourage more frequent AI use, but to help learners use AI in appropriate situations and take responsibility for the resulting work.

Academic performance was not associated with perceptions; for attitude, $p = 0.053$ did not reach statistical significance. The Above-Good group included only 80 students, and the 95% CI for the OR

crossed 1; therefore, the findings should not be interpreted as showing that higher-performing students had less favorable attitudes. The result only suggests a hypothesis that should be tested with more balanced sample sizes and multivariable models. The absence of a clear association with academic performance also suggests that AI training should not be restricted to lower-performing students or to those assumed to have weaker technology skills.

The study had several strengths: the achieved sample size exceeded the minimum requirement; stratified random sampling was used; the instrument assessed multiple components; the scales demonstrated good to excellent internal consistency; and associations were reported using ORs, 95% CIs, and exact p-values. Analyzing the concerns/risks scale separately also helped avoid the misleading interpretation that greater concern necessarily reflects poorer perception. Nevertheless, the cross-sectional design cannot establish causality; self-reported data may be affected by recall and social-desirability bias; and perceived competence does not replace assessment of actual competence. The 3.50 threshold and grouped variables resulted in some loss of information, and conducting the study in a single faculty at one university limits generalizability.

Future studies should use multicenter, longitudinal, or pre–post intervention designs and multivariable regression models. In particular, self-report questionnaires should be combined with practical tasks such as identifying incorrect AI-generated responses, verifying references, managing privacy-related scenarios, and constructing appropriate prompts. Such approaches would provide a more direct assessment of students' ability to use AI safely, effectively, and responsibly in health professions education.

CONCLUSION

Students of the Faculty of Nursing and Medical Technology generally had favorable perceptions and attitudes toward AI and clearly recognized risks related to accuracy, academic integrity, and overreliance on technology. A notable gap was found in prompting skills and the need to verify AI outputs. Year of study was associated with attitude, whereas no clear association was identified for academic major or academic performance. The findings support the development of a core AI competency framework for the entire faculty and progressively tailored education by year of study, emphasizing evidence verification, data privacy, critical thinking, and professional responsibility.

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