Embedded Selforganizing Systems

Special Issue: "Learner Centered Learning (LCL 2026)" 5th International Workshop

Caring Cannot be Prompted: An Autoethnography of Becoming a Nurse Educator in an AI-enabled ODeL Environment

Regine Karla P. Bagalanon, RN, MAN
Faculty of Management and Development Studies
University of the Philippines Open University
Laguna, Philippines
reginekarla.bagalanon@upou.edu.ph

Abstract—Artificial intelligence (AI) integration into nursing education presents challenges to preserving the human values that define the profession. While AI offers opportunities to enhance teaching and learning, it raises questions about authentic learning, educator identity, and the place of human caring in technology-mediated environments. Guided by Watson's Theory of Human Caring, this analytic autoethnography examined the evolving identity of a nurse educator across intersecting roles as a registered nurse, Open and Distance e-Learning (ODeL) learner, and educator during the emergence of generative AI (GenAI). Personal experiences across these roles traced how the understanding of caring evolved—from recognizing vulnerability in clinical practice to intentionally designing learning experiences that cultivate reflection, educator presence, and authentic engagement in an AI-enabled classroom. The findings demonstrated that AI did not diminish caring; rather, it clarified the distinctly human dimensions of teaching that technology cannot reproduce, including ethical judgment, compassion, meaningful relationships, and reflective practice. These experiences further demonstrated that caring could be intentionally expressed through instructional design, authentic assessment, timely feedback, and sustained educator presence, even within ODeL environments. The study argues that the future of nursing education is not defined by the adoption of AI itself but by the capacity of educators to preserve and cultivate human caring while thoughtfully integrating technological innovation. Ultimately, while AI may enhance learning, caring remains the moral foundation of nursing education because it cannot be automated, replicated, or prompted.

Keywords—artificial intelligence, human caring, nursing education, open and distance e-learning, autoethnography, educator identity component

I. INTRODUCTION

Nursing has always been more than the delivery of clinical interventions. At its core lies human caring—the ability to recognize another person's vulnerability and respond with compassion, ethical responsibility, and professional presence. However, the rapid emergence of AI has begun to reshape healthcare and higher education, transforming how nurses learn, how educators teach, and how students demonstrate learning. While AI offers unprecedented opportunities to enhance learning and productivity, it also raises an important question for nursing education: Can caring still be taught in an educational environment where knowledge can be generated almost instantly?

The integration of AI into healthcare and education has intensified discussions about authentic learning and professional competence. Although AI can support clinical decision-making, research, and educational processes, it cannot replace human judgment, empathy, ethical reasoning, and interpersonal relationships that define quality nursing care [1, 2]. These concerns are particularly relevant in ODeL, where meaningful learning depends not only on technology but also on educator presence, learner engagement, and reflective practice. As GenAI becomes increasingly accessible, educators are challenged to reconsider what constitutes genuine learning and how caring can continue to be cultivated in digitally mediated environments.

Wei and Watson [3] argue that professional human caring remains the philosophical and ethical foundation of nursing despite the growing integration of AI into healthcare. Likewise, Watson's Theory of Human Caring emphasizes that authentic presence, compassion, and meaningful human relationships should remain central to nursing education regardless of technological advancement. Although existing literature has examined AI adoption, student outcomes, and institutional readiness, considerably less attention has been given to how educators themselves experience this transition and negotiate the tensions between technological innovation

and human-centered teaching, particularly within ODeL environments.

As a licensed practitioner, a graduate of ODeL Environment University, and now an Assistant Professor teaching within the same ODeL environment, the author has experienced this transformation from multiple perspectives—as clinician, learner, and educator. These intersecting roles have continually reshaped the author's understanding of what it means to teach, learn, and care in a technology-mediated educational environment. Rather than asking whether AI should be adopted, the author found themself asking a different question: What becomes of caring when teaching and learning are increasingly mediated by artificial intelligence?

Using analytic autoethnography, this paper examines the evolving identity of a nurse educator teaching within an AI-enabled ODeL environment. Through personal narrative situated within the broader contexts of nursing education, human caring, and educational technology, the exploration focuses on how AI reshaped their understanding of educator identity, authentic learning, and caring. The central argument is that the emergence of AI has not diminished the importance of caring; rather, it has clarified the uniquely human dimensions of teaching that technology cannot reproduce.

II. Literature Review

A. Human Caring as the Foundation of Nursing Education

Human caring serves as the cornerstone of the nursing profession, profoundly shaping the patient experience and the educational practices that prepare future nurses. In nursing education, the faculty-student caring relationship has been identified as a critical factor that enhances students' learning experiences, cultivates their desire to care for others, and fosters self-actualization. According to Lepcha [4], integrating Watson's Theory of Caring into educational practice presents notable challenges. However, Watson herself argues that the curriculum should not be viewed merely as a set of facts, but as the relational dynamic between faculty and students. She warns that when educators teach in a "sterile, robotic way," they risk producing practitioners incapable of delivering compassionate, human-centered care. Central to her philosophy is the concept of praxis—the unification of knowing, being, and doing into a singular "art act." To achieve this, she advocates teaching "expanded epistemologies," which weave together the arts, humanities, and intuition alongside empirical and technical data.

Despite the foundational importance of caring in nursing education, its enactment faces significant barriers. Faculty often fail to extend the caring concept into their teaching-learning relationships with students, particularly in contexts where instructional feedback must be delivered on substandard performance—a tension that can damage the relational bond and paradoxically lead to worse student outcomes [5]. These challenges are amplified in online and distance learning environments, where the absence of physical presence complicates the cultivation of caring relationships. Recent scholarship has examined the multifaceted nature of caring in online nursing education, revealing that humanizing digital learning spaces requires more than individual faculty efforts—it demands a synergistic combination of intentional educator strategies (such as empathetic communication, role modeling, and emotional intelligence), active student behaviors (including genuine presence, active listening, and meaningful peer interactions), and supportive instructional design that leverages institutional resources [6]. As one study observed, "caring is a foundational value in nursing," yet offering caring remains "an important challenge in the current health care system which is highly focused on cost and technological advancement." This tension between technological efficiency and relational caring lies at the heart of the present study.

B. Open and Distance e-Learning in Healthcare Education

In the context of ODeL within healthcare education, the orientation of students with the modules, learning outcomes, and the overall program must be comprehensive, accessible, and technologically enriched. Pre-workshop preparation should be delivered through diverse digital modalities—such as video classes, podcasts, and interactive smartboard sessions—with all materials made available online for asynchronous review. Beyond content delivery, ongoing support is crucial; this includes providing prompt, constructive feedback on faculty marked assignments and conducting structured online classes that clearly articulate the principles and procedures of effective lesson presentation. Masango [7] further underscores that fostering computer literacy and allocating sufficient time for teaching practice are essential prerequisites for success in this digital learning environment. Broadening this perspective, Rehal [8] asserts that ODeL practices have significant potential to contribute to the achievement of societal development goals. Nevertheless, a persistent challenge lies in effectively enhancing the skills, training, and education of health professionals who will ultimately drive this progress.

More recent scholarship has deepened our understanding of ODeL's transformative potential in nursing education. A narrative review of graduate nursing education in low-resource settings demonstrated ODeL's capacity to expand access, promote inclusion, enhance educational quality and innovation, and support workforce development through flexible, technology-enabled learning. The review concluded that ODeL is "not merely an alternative mode of education but a transformative strategy to strengthen the global nursing workforce" [9].

C. Educator Identity

A coherent and adaptive educator's identity lies at the heart of navigating modern academia. Faculty development research frames this identity not as a fixed endpoint, but as a longitudinal process shaped by pivotal career transitions—whether ascending through promotion, relocating to new institutions, or departing academia entirely [10]. However, Nelson [11] argues that the digital transformation of higher

education has intensified this journey into an acute "identity crisis for academic staff" (p. 1), fundamentally unsettling the traditional tripartite identity rooted in teaching, research, and administration. In response to this disruption, educators must actively renegotiate their professional selfhood. While acknowledging AI's capacity to personalize learning and deliver adaptive feedback, Nelson [11] maintains that these technologies ultimately "do not replace the essential human touch"—a critical reminder that the core of educator identity remains relational, interpretive, and irreducibly human.

D. Artificial Intelligence in Higher Education

According to Akinwalere and Ivanov [12], Artificial Intelligence in Education (AIEd) is an emerging field that has existed for roughly thirty years; yet, educators remain uncertain about how to fully leverage its pedagogical potential on a broader scale and achieve a meaningful impact on teaching and learning in higher education. In a related study examining students' perceptions of AI integration, Slimi, Benayoune and Alemu [13] found that AI has the capacity to substantially enhance learning environments by providing personalized support and promoting adherence to ethical standards. Consequently, the authors advocate for the sustained and broader adoption of AI in academic contexts, provided that practical deployment obstacles are effectively managed.

The nursing education literature has recently produced comprehensive systematic reviews that provide deeper insights. A systematic review of AI integration in nursing education (2010-2025) found that AI enhances learning environments in four main areas: (a) personalized learning systems that tailor content to individual needs, (b) simulation-based training that improves decision-making in high-acuity scenarios, (c) automated assessment tools that provide immediate, unbiased feedback, and (d) institutional-level applications supporting curriculum management and predictive analytics [14].

E. Authentic Assessment in the Age of AI

Although GenAI alters grading practices, markers generally cannot reliably distinguish AI-generated from non-AI work, and task authenticity fails as an effective safeguard [15]. In nursing education, this limitation is especially consequential. Watson's Theory of Human Caring defines authentic nursing not as cognitive accuracy, but as transpersonal presence and intentional caring-consciousness—capacities that mature only through sustained reflective praxis [16]. Yet most nursing assessments (e.g., care plans, reflective cases) evaluate cognitive products, not relational processes. GenAI can replicate those products convincingly, but it cannot replicate presence, intentionality, or the moral-ethical stance that Watson locates at the core of caring [17].

The emergence of artificial empathy compounds this challenge. These systems communicate in the language of care without consciousness or compassion—simulating emotional recognition while lacking lived experience [18]. Their empathy is reflective, not relational; they reproduce emotion without vulnerability and care without accountability. If accepted as genuine, such algorithmic responsiveness replaces genuine reciprocity and erodes the moral basis of interaction. To discern whether an AI output embodies authentic caring according to Watson's framework—or merely engineered performance—evaluators must possess advanced Caritas literacy: expertise cultivated through deep engagement with Watson's ten Caritas Processes, which trains recognition of relational presence versus simulated affect [19]. Yet many educators lack this embodied, relational training [17]. Consequently, authentic assessment designs cannot protect academic integrity against GenAI, because they target cognitive constructs rather than relational ones, and ask evaluators to judge dimensions—rooted in shared vulnerability and moral reciprocity—that they may not be trained to perceive [16].

III. METHODOLOGY

This study employed analytic autoethnography to examine how the understanding of caring evolved across the intersecting professional identities of registered nurse, ODeL learner, and nurse educator, situated within the broader cultural and technological shifts brought by generative artificial intelligence. An interpretive paradigm underpinned this approach, recognizing that professional identity and caring are co-constructed through subjective lived experiences that must be critically theorized rather than merely recounted.

A longitudinal retrospective design was utilized, tracing the researcher's professional trajectory over time within the setting of the University of the Philippines Open University (UPOU). Importantly, as a dedicated ODeL institution, UPOU did not experience the abrupt disruptions faced by traditional universities during the COVID-19 pandemic; instead, the longitudinal focus captured transformations driven by professional role transitions, evolving pedagogical practices, and the later emergence of generative AI within an already-established distance-learning environment.

Data were generated through retrospective reflective writing, wherein the researcher constructed a personal timeline of pivotal experiences, including clinical practice, graduate education via ODeL, faculty development initiatives on AI, and classroom interactions involving student use of AI tools—with events delimited to those that significantly shaped professional identity.

Data analysis followed an iterative and reflexive process designed to move systematically from an insider (emic) perspective to an outsider (etic) theoretical interpretation. Guided by Watson's Theory of Human Caring as the primary lens, a thematic analysis was conducted involving open coding of recurring patterns, focused coding to group these into broader themes related to caring, educator identity, authentic learning, and AI integration, and finally theoretical abstraction

by connecting these themes to existing scholarship on nursing education and ODeL pedagogies.

Ethical considerations were observed throughout the study, wherein the focus remained on the researcher's own experiences and interpretations, while references to students, institutional practices, and classroom situations were anonymized or generalized to protect confidentiality. The purpose of this autoethnography was not to evaluate individual learners or institutions but to critically examine broader transformations in teaching and learning while preserving the dignity and privacy of those indirectly represented in the narratives.

The study was deliberately delimited to the singular lived experience of one researcher within UPOU and therefore does not claim empirical generalizability to all nurse educators. However, this limitation is mitigated by the analytic orientation of autoethnography, which prioritizes deep cultural illumination and theoretical insight; through thick contextual description, the findings aim for naturalistic generalization, enabling readers to resonate with and apply the insights to their own analogous professional contexts.

IV. Findings and Discussion

The journey as an educator did not begin when the researcher entered the classroom. Rather, it evolved through a series of experiences that continually reshaped her understanding of caring. Upon reflection, becoming a nurse, ODeL learner, teaching graduate nurses, and eventually confronting the emergence of artificial intelligence were not separate experiences but successive stages in her professional identity. Across these stages, caring remained constant, although its expression changed. What began as caring for a family member gradually evolved into caring for patients, learners, and ultimately the educational experiences that were designed. Ironically, it was the emergence of AI that helped recognize more clearly what caring had always meant in her practice as an educator.

A. Learning to Care: Formation as a Nurse

The earliest lesson in caring occurred long before entering nursing school. One of the defining moments that inspired the pursuit of nursing was witnessing her grandmother suffer a stroke while sitting beside her. The grandmother became motionless, unable to speak, yet looked directly at her as if silently asking for help. Although no words were exchanged, there was an instinctive sense that something was wrong. Years later, this moment was recognized as an introduction to the essence of nursing before any theory or clinical skill had been learned.

As nursing experience accumulated, greater depth and exposure to diverse cases were gained. This included understanding sterility when entering the operating room, triaging and prioritizing patients in the emergency room, managing critical cases in the intensive care unit, and overseeing prolonged stays in the ward. These early experiences were not yet labeled or fully understood as processes; they were simply recognized as hospital practices. The skills acquired had meaning, though the deeper concepts were not yet grasped. Basic knowledge and understanding from undergraduate education were gradually supplemented



Fig. 1. This image reflects the exact structure adhered to since graduate days.

with additional skills over time—a culture of learning by doing.

As nursing education and clinical practice progressed, it became understood that caring extends beyond performing technical procedures. It involves recognizing vulnerability, responding with compassion, and remaining present even when words are absent. Watson's Theory of Human Caring later provided language for what had already been experienced—that authentic caring begins with seeing the person before seeing the illness.

B. Learning Through Distance: Becoming an ODeL Learner

Years later, the understanding of caring was challenged again when graduate studies were undertaken while working full-time. This required becoming an independent learner, yet it also revealed how much learners depend on educator presence even in virtual environments. It was at this moment that the deeper concept of the art of care began to be understood. The simple act of changing linen was no longer merely a task but involved ensuring there were no creases to prevent bedsores. Basic anatomy and physiology evolved into advanced pathophysiology, enabling explanations to relatives without using jargon. Theoretical frameworks could now be applied, and procedures could be labeled. Sterility was recognized as originating from Nightingale, and the ten-year professional journey was understood through Benner's Novice to Expert model. The more she learned, the more humility was cultivated through immersion in the community, as exemplified by Betty Neuman's Systems Model, where the person, family, or community is viewed as an open core surrounded by concentric protective circles interacting with ever-widening environmental zones.

The ODeL environment fostered humility through the experience of thriving and surviving independently, with minimal assistance from professors encountered at higher academic levels. A culture was built among virtual classmates to ensure that no one was left behind. Regular check-ins were conducted, and mutual encouragement was given to ensure timely submissions. Some faculty members consistently provided timely feedback, encouragement, and guidance, making students feel supported despite never meeting in person. Others communicated minimally, leaving students navigate courses independently. Experiencing both approaches transformed the understanding of teaching. It was realized that caring is not determined by physical proximity but by intentional presence—not only through teachers but also through the people surrounding the learner.

This experience fundamentally reshaped the perception of educator identity. The instructors and classmates who were remembered most were not necessarily those who delivered the most content but those who made distance feel less isolating. Caring, it was discovered, could exist even within an online learning environment.

Fig. 1 illustrates the presentation format for modules during graduate days. Modules and reading materials were only placed in classroom environment with no other instructions nor any text.

Fig. 1. This image reflects the exact structure adhered to since graduate days.

C. Teaching Caring in an Online Classroom

Upon joining the UPOU as a faculty member, these experiences were carried into teaching practice. Courses were consciously designed to reflect the kind of educator that was once needed as an ODeL learner. Rather than simply delivering course content, detailed practicum guides were developed, modules were written using a conversational tone, and feedback was treated as an opportunity to mentor rather than merely evaluate. During orientation, a piece of personal experience was shared from every class encountered. Most importantly, students were made to feel that whatever was happening in their lives, they were not alone. The culture built during graduate school was also shared—that reaching out and looking out for one another was encouraged, and guidance was to be sought not only from teachers but also from one another.

In retrospect, these practices reflected more than effective instructional design. Drawing from nursing practice, where clear care plans reduce patients' anxiety, the aim was to reduce students' uncertainty through thoughtfully designed learning experiences. Modules anticipated common questions, guides clarified expectations, and feedback encouraged reflection rather than merely identifying mistakes. The reassurance during orientation communicated that students were not merely corresponding with an email but could perceive that their educator existed even in the virtual world, despite the distance.

Fig. 2 shows how the classroom environment and modules for AY 2025-2026 were structured to create a sense of direct, personal engagement, as if each student were being addressed individually. Rather than relying on straightforward content delivery, detailed practicum guides were developed and the modules were written in a conversational tone to foster a more personal learning experience.

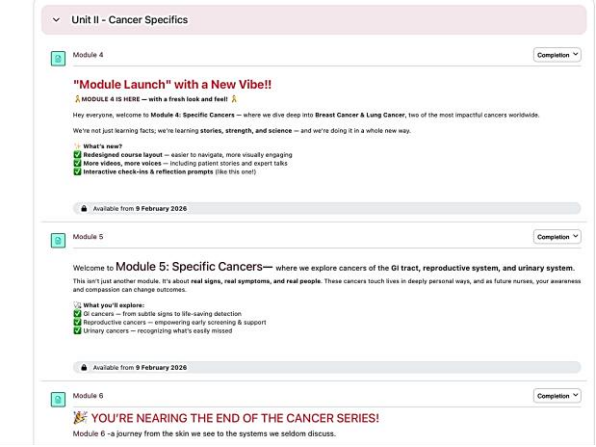


Fig. 2. Classroom and module setup structured for personalized, direct interaction (AY 2025-2026)

Through this process, the understanding of caring evolved once again. The caring that had once been expressed at the patient's bedside gradually became embedded in curriculum design, assessment, learner support, and educator presence. The caring that had been experienced in the ODeL environment was now established and shared with other generations. Teaching was no longer simply the transmission of knowledge; it became another way of caring.

D. When AI Entered the Classroom

The emergence of generative AI challenged many of the assumptions that had shaped teaching practice. Before one semester began, all major course requirements were uploaded to the learning management system so students could better organize their work. To the surprise of the educator, several students submitted completed assignments before classes officially started and before they had even accessed the learning modules.

Initially, their initiative was admired. However, the experience prompted a more unsettling question: What exactly had been learned? If assignments could be completed before engaging with the course content, could written outputs still be considered evidence of meaningful learning?

At first, students' growing reliance on AI was questioned. Upon deeper reflection, however, a more uncomfortable realization emerged—the question concerned the educator's own teaching. Had assessments been unintentionally designed to reward polished products rather than reflective learning? AI had not simply introduced a new educational technology; it had exposed assumptions about assessment that had rarely been questioned. Instead of asking how AI could be prevented, the question became how learning experiences could be

designed so that reflection, professional judgment, and caring remained central regardless of the tools students used. The culture of accepting the dynamics of the environment was now confronted. Instead of denying it, the decision was made to embrace it and understand the culture behind it.

E. Rediscovering What Cannot Be Prompted

Reflecting across these experiences, it was gradually realized that AI had not diminished the importance of caring. Instead, it illuminated those aspects of nursing education that had always been uniquely human. Throughout the professional journey, caring continually changed its form without changing its essence.

As a child, caring meant recognizing suffering without words. As a nurse, it meant responding to patients with competence, compassion, and presence. As an ODeL learner, it meant feeling supported despite physical distance. As an educator, it became intentionally designing learning experiences that guided, reassured, and challenged students to think critically. In the age of AI, caring has come to mean cultivating judgment, ethical reasoning, reflection, and authentic human connection—qualities that no technology can fully reproduce.

The memory of the grandmother's silent gaze often returns. If caring can be prompted, how else could caring have been prompted to save her? Despite teaching in classrooms increasingly shaped by artificial intelligence, that lesson remains unchanged. AI may generate information, summarize evidence, and imitate conversation, but it cannot perceive suffering, assume moral responsibility, or choose compassion. Those remain profoundly human acts.

V. Conclusion

This autoethnography traced the evolution of caring across a professional journey encompassing roles as a nurse, ODeL learner, and educator navigating the emergence of artificial intelligence. The findings revealed that rather than diminishing caring, AI clarified what caring has always required: presence, reflection, ethical judgment, and authentic human connection. These experiences affirmed Watson's Theory of Human Caring, which positions caring as the moral and philosophical foundation of nursing. As Wei and Watson [3] argued, AI should strengthen—not replace—the human values that distinguish nursing as a caring profession. Whether at the bedside or in an AI-enabled ODeL classroom, caring remained evident through authentic presence, meaningful relationships, and the intentional cultivation of reflective and compassionate practitioners. The findings further indicated that caring could be meaningfully expressed through instructional design, authentic assessment, timely feedback, and sustained educator presence, even within technology-mediated environments. The central argument emerging from this study is that the greatest challenge for nurse educators is not whether AI should be integrated into education, but how it can be used without losing the human values that define the nursing profession. AI may generate knowledge, but it cannot choose compassion, assume moral responsibility, or perceive suffering. Caring, after all, cannot be prompted—it must be lived.

References

[1] F. Jiang, et al. “Artificial intelligence in healthcare: past, present, and future. Stoke and vascular neurology vol. 2, 4 230-243. 21 Jun. 2017, doi:10.1136/svn-2017-000101

[2] Y. Xie, Y. Zhai, and G. Lu. “Evolution of artificial intelligence in healthcare: a 30-year bibliometric study.” Frontiers in medicine vol. 11 1505692. 15 Jan. 2025, doi:10.3389/fmed.2024.1505692

[3] H. Wei, J. Watson.“Preserving Professional Human Caring in Nursing in the Era of Artificial Intelligence.” ANS. Advances in nursing science vol. 49,1 (2026): 70-76. doi:10.1097/ANS.0000000000000573

[4] B. Devi, . Pradhan, D. Giri, N. Lepcha. “Watson’s theory of caring in nursing education: challenges to integrate into nursing practice,” Apr. 09, 2022. https://journalppw.com/index.php/jpsp/article/view/3297

[3] P. Lake, B. Haas and M. Mathews. “FIT to care: an action research study exploring the use of communication theory to strengthen caring relationships between teachers and students” International Journal of Human Caring vol. 18. 15-25. 10.20467/1091-5710-18.3.15.

[6] J. Frangieh, L. Sarver, V. Hughes. “Caring: the heart of online nursing education- an integrative review” J Prof Nurs. 2024 May-Jun;52:40-49. doi: 10.1016/j.profnurs.2024.03.008. Epub 2024 Apr 3. PMID: 38777524.

[7] T. Masango. “Supportive framework for teaching practice of student nurse educators: An open distance electronic learning (ODEL) context. African Journal of Health Professions Education vol. 12. 172. 10.7196/AJHPE.2020.v12i4.1431.

[8] S. Rehal. "Transforming future public health professionals through open and distance learning (ODeL): Case study of UPOU’s International Health Program in the Philippines". Asian Association of Open Universities Journal, Vol. 11 No. 2 pp. 149–165, doi: https://doi.org/10.1108/AAOUJ-09-2016-0028

[9] A. Campos et. Al , “Open and distance elearning (odel) as a pathway to global health equity: a narrative review on graduate nursing education in low-resource settings,” Nonthaburi, Sukhothai, Thailand, 2025. [Poster presentation].
Available: https://ichp.upou.edu.ph/theme/educard/posters/Campos_AldrinJoseph_Poster%20%20-%20Khristine%20Bandayrel.pdf

[10] E. Reybold, and J. Alamia. “Academic transitions in education,” Journal of Career Development, vol. 35, no. 2, pp. 107–128, Dec. 2008, doi: 10.1177/0894845308325644.

[11] R. Nelson. “Academic Identity in the Age of AI: Higher Education and the Digital Revolution”. Emerald Publishing Limited, 2025 10.1108/9781835498668.

[12] S. Akinwalere, and V. Ivanov. “Artificial intelligence in higher education: challenges and opportunities”. Border crossing, 12(1), 1–15. https://doi.org/10.33182/bc.v12i1.2015

[13] Z. Slimi, A. Benayoune, and A. Alemu. "Students’ Perceptions of Artificial Intelligence Integration in Higher Education." European Journal of Educational Research, vol. 14, no. 2, 2025, pp. 471-484, https://doi.org/10.12973/eu-jer.14.2.471.

[14] D. Alrazeeni, et. Al. “Transforming Nursing Education with Artificial Intelligence: A Systematic Review (2010–2025),” SAGE Open Nursing, vol. 12, p. 23779608261424597, Jan. 2026, doi: 10.1177/23779608261424597.

[15] A. Kofinas, C. Tsay, and D. Pike. “The impact of generative AI on academic integrity of authentic assessments within a higher education context.” Br. J. Educ. Technol. 56 (2025): 2522-2549.

[16] J. Watson & The Theory of Human Caring. “Integrating Human Caring into Basic Nursing Education | Dr. Jean Watson,” YouTube. Apr. 07, 2023. [Online].
Available: https://www.youtube.com/watch?v=6D17654zmcM

[17]S. O'Connor, Y. Yan, F. Thilo, H. Felzmann, D. Dowding, J. Lee. “Artificial intelligence in nursing and midwifery: A systematic review.” Journal of clinical nursing vol. 32,13-14 (2023): 2951-2968. doi:10.1111/jocn.16478

[18] K. Ajeesh, and J. Joseph. “The compassion illusion: Can artificial empathy ever be emotionally authentic?.” Frontiers in psychologyvol. 16 1723149. 17 Nov. 2025, doi:10.3389/fpsyg.2025.1723149

[19] K. Sitzman, and J. Watson, Caring science, mindful practice: implementing watson’s human caring theory. Springer Publishing (2018)