Evaluating the Effectiveness of ChatGPT as an Educational Tool for Nurses Regarding ICU-Acquired Muscle Weakness

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Abstract:

Background: ChatGPT, a language model developed by Open AI, has the potential to play a role in nursing education. **This study aims** to evaluate effectiveness of ChatGpt as an educational tool for nurses regarding ICU-acquired muscle weakness. **Design:** A quasi-experimental study design was used. **Setting**: The study was conducted in general intensive care unit at Sohag main University Hospital. **Subjects**: Convenient sample of all available nurses working in general ICU. **Three tools** were used in this study. **Tool I:** Structured Interview Questionnaire, Part I: Personal and Sociodemographic Data, Part II: Nurses Knowledge Assessment Questionnaire pre &post-test. **Tool II:** Nurses' Attitude Assessment Questionnaire: Pré/Post test. **Tool III**: Feedback from Nurses about ChatGPT Usability and Satisfaction. **Results:** 77% of the studied nurses had good knowledge versus 23% had inadequate level of knowledge in the Post-test. Also, 72% of the studied nurses revealed satisfied attitude toward using Chat GPT posttest versus 28% of them had unsatisfactory attitude in the post-test. **Conclusion**: ChatGPT was effective in improving nurses' knowledge and attitude regarding ICU acquired weakness. **Recommendations**: Nurses as educators should carefully consider how to integrate ChatGPT into their learning practices.

Keywords: Acquired Muscle Weakness, ChatGPT, Intensive Care Unit, Nurses' knowledge and attitude.

Introduction:

Generative Pre-trained Transformer (ChatGPT) was created by the artificial intelligence company Open AI in 2022. It is a conversational chatbot that can ask follow-up questions, test definitions, and challenge assumptions. It offers very instantaneous, comprehensive, and rational text responses in any genre and style that are undetectable by contemporary plagiarism detection systems. More cues were effectively responded to by ChatGPT, which also responded fast and thoughtfully in a way that was convincing and human-like. The benefits and drawbacks of this technology for teaching nursing and health sciences were considered, along with academic integrity and privacy (**Alkhaqani, 2023**).

A major change in how people interact with technology has occurred with the advent of conversational AI. The Chat Generative Pretrained Transformer (ChatGPT), a state-of-the-art language model introduced by Open AI in November 2022 and its revised version, GPT-4.0, released in March 2023, is one prominent illustration of this breakthrough. Over 180.5 million people have used ChatGPT since its launch, and it brought in a significant $1 billion in income in 2024 (**Gunawan et al., 2024).**

As front-line healthcare providers, nurses manage demanding tasks and high-stakes situations. They deal with a number of mental health problems, such as depression, anxiety, burnout, and stress. Resolving this issue is critical to the wellbeing of nurses and the quality of patient care. Healthcare is undergoing a change thanks to artificial intelligence, and integrating it offers numerous opportunities to overcome these issues **(Dailah et al., 2024).**

The nursing workforce is under pressure to keep up with the most recent technological developments due to the critical role nurses play in providing patient care and the growing

demand for high-quality, evidence-based practices. AI has the ability to help nursing practices in this way by offering real-time decision support, cutting down on time spent on administrative duties, and enabling the effective management of patient data and care, all of which will lessen strain **(Martinez-ortigosa et al., 2023)**

The use of artificial intelligence (AI) in healthcare is expanding quickly, and we must take into account how it might improve nursing care. Artificial Intelligence (AI) refers to computer systems that can carry out tasks that normally require human intelligence, like pattern recognition, natural language processing, and decision making. By utilizing these cutting-edge technologies, AI can analyze complex patient data more quickly and accurately than traditional methods, ultimately improving clinical decision making, patient monitoring, and overall care delivery **(Park et al., 2025a).**

Artificial intelligence has the potential to revolutionize healthcare delivery in critical care settings. AI solutions including clinical decision support systems (CDSS), AI-enhanced electronic health records (EHRs), and predictive analytics platforms are being used in intensive care units (ICUs) to improve patient outcomes and optimize processes. These AI systems can swiftly and accurately handle enormous volumes of data, giving medical personnel real-time insights to help with critically ill patient monitoring, diagnosis, and therapy planning **(Records et al., 2024).**

The use of artificial intelligence in healthcare is expanding quickly, and we must take into account how it might improve nursing care. AI refers to computer systems that can carry out activities like pattern recognition, natural language processing (NLP), and decision making that normally need human intelligence. AI may analyze complicated patient data more quickly and correctly than conventional techniques by utilizing these cutting-edge technologies, which will ultimately enhance clinical decision-making, patient monitoring, and overall care delivery **(Park et al., 2025b).**

ICUAW, or intensive care unit acquired weakness, is a debilitating neuromuscular disorder that exacerbates a severe illness. It influences the clinical course and prognosis of ICU patients and is a clinically identified weakening in a critically sick patient for which there is no conceivable etiology other than critical illness and associated treatments. Acute, broad, symmetrical, and widespread loss of muscle strength is the hallmark of this atrophy-related illness. Peripheral and respiratory muscles may be impacted by generalized ICUAW **(Mohamed et al., 2025).**

Significance of the study

Health organizations must react quickly to evolving technology in the continually evolving healthcare industry. Since nurses make up the majority of healthcare workers, they are both consumers and end users of artificial intelligence in healthcare settings, and they stand to gain much from this technology. Future stakeholders who will be crucial to the creation, application, and use of AI in healthcare include current nursing interns. Assessing nurse interns' perceptions of the extent of AI in healthcare gives important information to navigate its effective integration into nursing in the future, as the efficacy of AI depends on their comprehension and acceptance of this technology **(Abdel-moaty et al., 2024).**

Understanding how nurses view and understand AI in their day-to-day work is essential for its successful integration, building on these ethical and cultural concerns. But there is a big knowledge gap, as demonstrated by a recent cross-sectional survey of 114 nurses in Bavaria, Germany (67.5% female, 32.5% male). Only 25.2% of respondents said they were experts in AI, and many thought AI was just computers (30%), programming-based software (25%), database tools (20%), learning systems (15%), or decision-making tools (10%). Even if 66.7% of people see AI as a chance, worries about its unpredictability and possible dangers highlight the necessity of thorough training. To empower nurses and build confidence in using AI responsibly, it is crucial to address these knowledge gaps and concerns through focused education. To empower nurses and promote trust in using AI ethically within the moral framework of patient-centered care, it is imperative to address these knowledge gaps and concerns through focused education **(Almagharbeh et al., 2025).**

Despite being one of the most difficult healthcare settings, critical care units are essential for treating life-threatening illnesses. Clinician weariness, data overload, and diagnosis delays are some of the factors that have increased the global burden on critical care. For example, there has been a 30–40% rise in demand for critical care services worldwide in the post-pandemic era due to an increase in ICU admissions. Similar to this, older populations lead to higher admission rates; in developed countries, those over 65 make up around 60% of ICU stays **(Kumar Singh, 2024).**

In critically ill patients, intensive care unit-acquired weakness (ICU-AW) is a medium- and long-term consequence that lowers quality of life by raising morbidity and medical expenses. Every year, some 20 million individuals worldwide need to be admitted to critical care units (ICUs). An estimated 25–30% of this generation is thought to have ICU-AW, which translates to an average of 3–6 million afflicted people per year. According to other research, the frequency is much higher in surgical intensive care units, where rates can range from 50% to 70% **(Petrucci et al., 2025)**

Aim of the study

The aim of the present study is to evaluate the effectiveness of ChatGpt as an educational tool for nurses regarding ICU-acquired muscle weakness

To fulfill this aim the following research hypotheses are formulated:

Hypotheses

- H1: ICU nurses who use ChatGPT as an educational tool will demonstrate significantly higher knowledge scores post-intervention.

- H2: ICU nurses will report a significantly more positive attitude in caring for patients with ICU-acquired muscle weakness after using ChatGPT.

Subjects and methods:

Research design:

Quasi-experimental research design was used to conduct this study.

Variables:

- Independent Variable: Effectiveness of ChatGPT
- Dependent Variable: nurse's knowledge and attitude regarding ICU acquired weakness

Setting:

The study was conducted in general intensive care units at Sohag university hospital.

Subjects:

Convenient sample of all available nurses working in general ICU total number of nurses =100

Inclusion criteria:

- Nurses of at least one year of experience

Exclusion criteria:

• Nurses who have previously taken part in this kind of research, Nursing administrators do not directly care for patients. Temporary or part-time nurses, Nurses who have worked in an intensive care unit for less than a year, and Extended leave taken by nurses throughout the data collection period.

Tools:

- **Three** tools were used in this study. The first tool developed by the researcher after reviewing of related literature
- **Tool I: Structured Interview Questionnaire, (Nakanishi, N. (2025), Li, W., Wang, J., & Feng, X. (2026):**

This tool developed by the researcher after reviewing of related literature. It consisted of two parts.

Part I: Nurses' Personal and Socio-demographic Assessment

It was used to assess nurses' profile and consisted of: Nurse code, age, sex, years of experience, and level of education

Part II: Nurses' Knowledge Assessment Questionnaire: Pré/post-test

It was developed by the researchers after reviewing the related literature. This part contains MCQ questions covering assessment of

nurses' knowledge regarding ChatGPT as an Educational Tool for ICU-acquired muscle weakness. This part is concerned with knowledge of nurses about artificial intelligence that contain 18 closed-ended MCQ questions under five main sections: Section A Understanding ICU-AW, - Section B – Prevention & Nursing Role, Section C – ChatGPT-Specific Questions, - Section D – Application and Clinical Relevance, Section E – Technology Use and AI Integration.

Scoring system: For each questions the answer of correct scored as (1), and incorrect answer scored with (0), the total knowledge score was calculated as the following:

- Good Knowledge: 13–18 correct answers

→ Strong understanding of ICU-AW and effective use of ChatGPT

- Fair Knowledge: 9–12 correct answers

→ Basic understanding; needs reinforcement in some areas

- Poor Knowledge: 0–8 correct answers

→ Inadequate knowledge; requires further training

Tool II: Nurses' Attitude Assessment Questionnaire: Pré/Post test (Alruwaili et al., 2024)

This tool aimed to assess nurses' attitude regarding use of Artificial Intelligence in ICU. It adopted from (Alruwaili et al., 2024). It is the 20-item General Attitudes toward AI Scale (GAAIS) developed by Schepman and Rodway, 2020. **Scoring system**: It is a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). It measures the nurses' attitudes toward the application of AI in healthcare settings. **(Alruwaili et al., 2024)**

No.	Items
1	There are many beneficial applications of AI.
2	I am impressed by what AI can do.
3	AI is exciting.
4	AI can have positive impacts on people's well-being.
5	AI systems can help people feel happier.
6	I am interested in using artificially intelligent systems in my daily life.
7	AI can provide new economic opportunities for this country.
8	Much of society will benefit from a future full of AI.
9	AI might take control of people.
10	People like me will suffer if AI is used more and more.
11	I think artificially intelligent systems make many errors.
12	I shiver with discomfort when I think about future uses of AI.
13	I think AI is dangerous.
14	I would like to use AI in my job.
15	For routine transactions, I would rather interact with an AI system than with a human
16	An AI agent would be better than an employee in many routine jobs.
17	AI systems can perform better than humans.
18	I find AI sinister.
19	AI is used to spy on people
20	Organizations use AI unethically.

Tool III: Feedback from Nurses about ChatGPT Usability and Satisfaction: (Gülsüm &Metin,2025), (Kucukkaya et al,2024)

This tool was developed by the researcher after reviewing of related literatures. it aimed to assess nurses' practice regarding general care in ICU. It was developed by the researchers after reviewing the related literature. It consisted of 7 multiple choice question related to a- Usability of ChatGPT, and section B: 11 MC question related to Satisfaction with ChatGPT. The total questions are 18 MCQ

Methods

The study was conducted through three main phases: preparatory, implementation, and evaluation.

l- Preparatory phase: The head of general ICI, the hospital's competent authority, gave legal approval to conduct the study after defining its objectives. Because there was no risk to study participants and the project adhered to clinical research ethics, the local ethical committee of the nursing faculty affiliated with Sohag Main University Hospital approved it. Tool development: Based on a review of current and relevant literature, the researchers developed the study instrument. **Validity:** To ascertain whether the study's objectives were covered by the tools' content, content validity was assessed. A panel of seven specialists from various academic fields, including four professors and three assistant professors of critical care nursing at Sohag University's Faculty of Nursing, evaluated it. No changes were made after the experts evaluated the tools for application, comprehensiveness, correctness, relevance, clarity, and simplicity. **Reliability:** Alpha Cronbach's was used to determine the internal reliability of the tools. Reliability of the tools was 0.92 for the nurses' knowledge questionnaire, 0.88 for Nurses' attitude assessment questionnaire, and 0.87 for Feedback from nurses about ChatGPT usability and satisfaction. A preliminary investigation: In order to evaluate the tools' applicability and clarity. **Pilot research** was conducted prior to data collection on 10% (10 nurses) of the sample size who was admitted to the aforementioned units at Sohag Main University Hospital and who satisfied the established selection criteria. The study did not include the 10 nurses.

Ethical considerations

The research proposal was approved by the ethics committee of the nursing faculty , (**the ethical code was 289**). Study participants are not at danger when the research is being applied. Common ethical guidelines for clinical research were adhered to in this investigation. After outlining the nature and goals of the study, nurses who were willing to participate provided formal written consent. Anonymity and confidentiality were guaranteed. Participants in the study were free to leave at any moment. While data was being gathered, study participants' privacy was taken into consideration.

- **Data collection: -**

Data collection was started from the end of February to the end of October 2025

II-Implementation/Procedure:

The researcher met the nurses in a room next to the general ICU, at first, she introduced herself to the studied group of nurses and divided the nurses into small groups, and explain the Purpose of the research, process of the educational program, and Nurses also were informed about the duration of the educational program-two shorter sessions each take about 1hour as the following; total duration of this educational program took about 2-3 hours

a- Pre-assessment session: The researchers assessed the personal and socio-demographic data of nurses as age, sex, years of experience, and level of education using Tool I (Part I). Pre-test was done to assess nurses' knowledge about ICU acquired weakness and using chat GPT in nursing education- Tool I (Part II). The researcher then assesses nurses' attitude toward ChatGPT and muscle weakness - Tool I.

Nurses were informed about the objectives of research project as defining ICU-acquired muscle weakness and its implications, Use ChatGPT to explore up-to-date information on ICU-AW, and how to develop a positive attitude toward integrating AI tools in clinical learning. This session took about 1 hour

b- Educational session: divided into three parts: it took form 1-2 hours

Part I: Clinical Education

This part deal with explaining an Overview of ICU acquired muscle weakness, Risk factors, early detection, prevention, and nursing care

Part 2: Introduction to ChatGPT

In this part, the researcher will talk about what is ChatGPT and how it works, Ethical use and limitations, and Benefits of ChatGPT in continuous nursing education

Part 3: Practical Use

The researcher will show nurses how to use ChatGPT app via the link (https://chatgpt.com/c/69617cdd-48b4-832b-8fad-b34e4b12dc18) and how to deal with it, then let them ask ChatGPT real questions about ICU-AW telling the Application to bring answers that had a scientific updated reference, for example: define ICU muscle weakness, what are the causes of ICU acquired muscle weakness and so on. Researcher let them to apply what did they learned in small groups to explore planning care using ChatGPT, then Discuss the reliability, interpretation of responses, and Feedback collection performed.

Evaluation phase:

This phase aimed to evaluate the effect of the educational tool, the researcher used the same pretest tools, I, II and III were applied in order to evaluate the effect of Chatgpt as an educational tool for ICU nurses regarding ICU-acquired muscle weakness. This phase took about 30 minutes.

Results:

Table (1): Shows the sociodemographic data of the studied nurses (n=100). It was found that 39.0% of them were in the age group 25-29 years, followed by 32.0% in the 20-24 years group and 29.0% were more than 30 years old. 55.0% were female and 45.0% were male. Regarding education, 59.0% held a college degree, 38.0% an institute qualification, and 3.0% from a nursing school. Concerning years of experience, 38.0% had two years or less, 32.0% had more than four years, 19.0% had three years, and 11.0% had four years. 63.0% were single, 36.0% were married, and 1.0% was divorced.

Table (2): shows the relationship between nurses' knowledge level regarding ChatGPT applications and their demographic characteristics. A statistically significant relationship was found between knowledge level and educational qualification ($X^2 = 7.962$, $p = 0.019^*$). There were no statistically significant differences between knowledge level and age (p=0.362), gender (p=0.474), years of experience (P=0.255), or marital status (p=0.091).

Figure (1): The results show a strong positive correlation (r=0.611, p=0.000) between knowledge and attitude scores, which is statistically significant at $p<0.01$ level. This finding indicates that nurses with higher levels of ChatGPT knowledge tend to have more positive attitude towards ChatGPT applications in critical care settings, suggesting that educational interventions targeting knowledge enhancement could effectively improve attitudes and acceptance of AI technologies**.**

Figure (2) Shows that 72% of the studied nurses had good knowledge versus 28% had inadequate level of knowledge in the Pret-test and also shows that 77% of the studied nurses had good knowledge versus 23% had inadequate level of knowledge in the Post-test.

Figure (3) shows that about 62% the studied nurses had un satisfactory attitude toward using Chat GPT versus 38 % of them had satisfactory attitude in the pretest. Also shows that about 70% of the studied nurses revealed satisfactory attitude toward using Chat GPT posttest versus 31% of them had un satisfactory attitude in the post-test.

Table (1): Frequency and percentage distribution of studied Nurses 'according to their demographic characteristics (n=100)

Items	No.	%
Age		
20-24	32	32.0
25-29	39	39.0
More than 30	29	29.0
Gender		
Male	45	45.0
Female	55	55.0
Educational Qualification		
High education	59	59.0
Institute	38	38.0
Nursing School	3	3.0
Years of Experience		
Two years or less	38	38.0
3 years	19	19.0
4 Years	11	11.0
More than 4 years	32	32.0
Marital Status		
Single	63	63.0
Married	36	36.0
Divorced	1	1.0

Table (2): Relationship between Knowledge and personal characteristics regarding ChatGPT Applications in Intensive Care Units (n=100)

Items	Nurses' Knowledge Regarding ChatGPT Applications in Intensive Care Units				X2	P. value
	satisfactory(n=72)		Unsatisfactory(n=28)			
	No.	%	No.	%		
Age						
20-24	24	33.3	8	28.6	2.03	0.362
25-29	30	41.7	9	32.1		
More than 30	18	25.0	11	39.3		
Gender						
Male	34	47.2	11	39.3	0.513	0.474
Female	38	52.8	17	60.7		
Educational Qualification				0.0		
College	44	61.1	15	53.6	7.962	**0.019***
Institute	28	38.9	10	35.7		
Nursing School	0	0.0	3	10.7		
Years of Experience						
Two years or less	31	43.1	7	25.0	4.064	0.255
3 years	14	19.4	5	17.9		
4 Years	6	8.3	5	17.9		
More than 4 years	21	29.2	11	39.3		
Marital Status						
Single	49	68.1	14	50.0	4.789	0.091
Married	23	31.9	13	46.4		
Divorced	0	0.0	1	3.6		

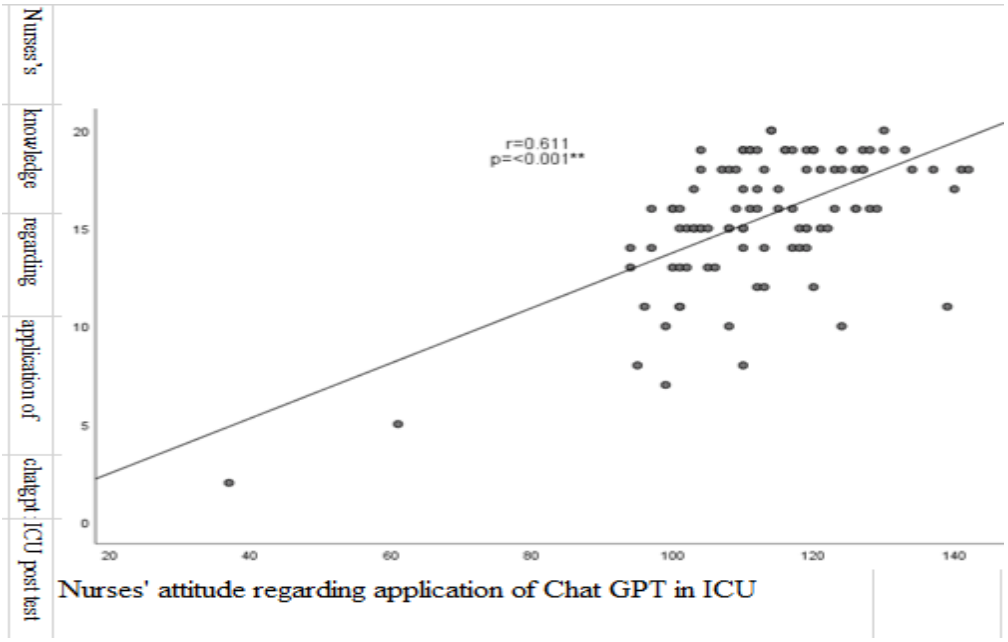

Figure (1) correlation between knowledge and attitude

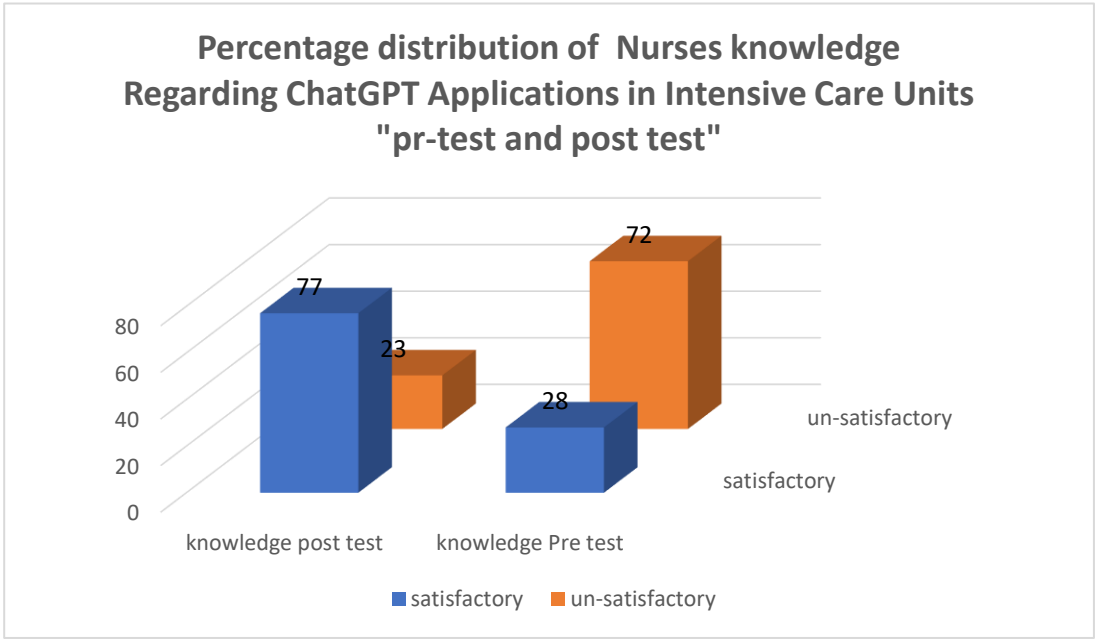

Figure (2) Percentage distribution of Nurses knowledge Regarding ChatGPT Applications in Intensive Care Units "pr-test and post test

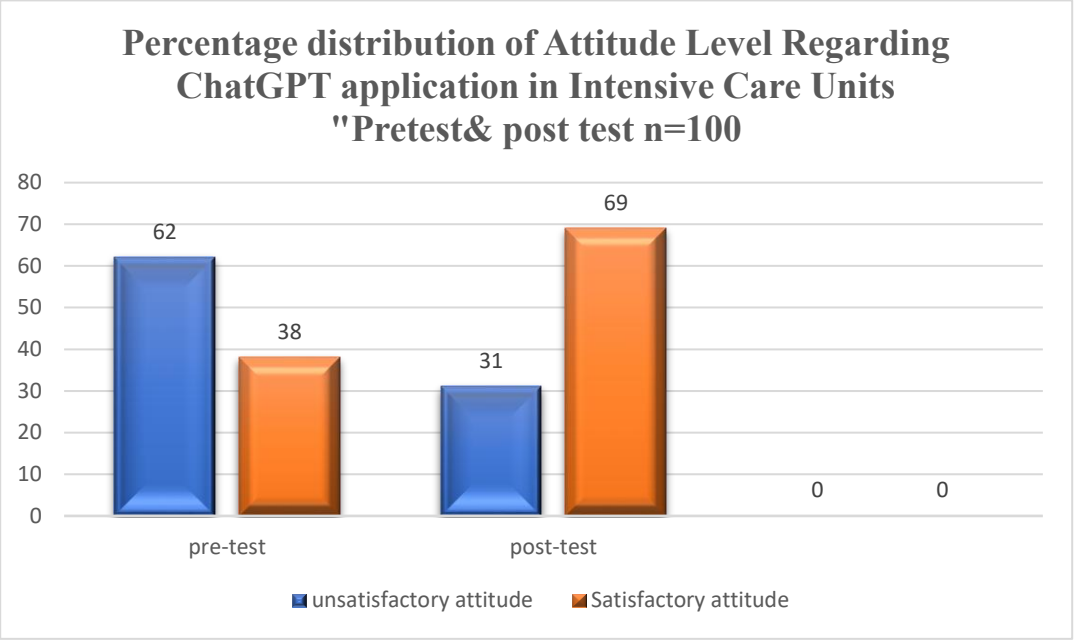

Figure (3): Percentage distribution of Attitude Level Regarding ChatGPT application in Intensive Care Units "Pretest& post test

Discussion: -

The influence of ChatGPT on particular demographic groups, like nursing students, needs to be thoroughly investigated as it gets more incorporated into a variety of industries, including education. By providing students with individualized and interactive platforms, ChatGPT integration in educational contexts promises to transform learning experiences. In light of this, it is crucial for educators, researchers, and legislators to understand the common issues surrounding ChatGPT and its consequences for nursing students (**Gunawan et al., 2024**).

Regarding demographic characteristics of the studied nurses, the results of the current study showed that over half of them were female and highly educated, which is consistent with a study by Alruwaili et al.2024 that found that a significant percentage of nurses were female, making up majority of the sample, and that their educational backgrounds varied, with the majority of nurses having a Baccalaureate degree. Furthermore, the results show that nearly one-third of them were between the ages of 25 and 29. This is consistent with (**Alnawafleh, 2024**), who showed that among the nurses he studied, the largest group was between the ages of 20 and 29 . However, this contrasts with (**Alruwaili et al., 2024),** who reported that the majority fell within the 30-39 age bracket

Regarding Marital Status, current study results shows that more than half of studied nurses were single and about one third were married, this disagree with **(Areshtanab, et al, 2025),** who documented that more than half of his studied nurses were married.

In terms of years of experience, the results demonstrated that more than one third of studied nurses had two years or less of experience, which agree with **(Abd AL-Ridha, & Mustafa, 2025)** who revealed that more than half of his studied nurses have less than three years of experience.

In terms of nurse's attitude level regarding ChatGPT application in Intensive Care Units, the current study's findings showed that over half of them had an unsatisfactory attitude before the educational program compared to after it, and their attitude improved after the educational program. According to the researcher, this is because the nurses are not proficient in using ChatGPT applications in clinical settings and the improvement in their attitude after the education come back to the

effectiveness of the educational session done by the researcher. The results agree with (**Gunawan et al., 2024),** who stated that half of the studied nurses showed a positive attitude toward using ChatGPT in ICU after implementation of the educational program**.** Th findings are consistent with the study conducted by (**Alruwaili et al., 2024**), which found that nurses' attitudes toward AI were characterized as conservative. The mean scores indicated a general reluctance to feel at ease with AI-integrated technologies, as the scores provided by the nurses who participated in his study suggest a cautious approach to fully endorsing AI-integrated tools in clinical practice. **Also this agree with (Areshtanab, et al, 2025)**, where his findings revealed that most of the participants had a high positive attitude toward using artificial intelligence in nursing care. Also in the line with (**Biswas, 2023**), who reported that ChatGPT is a valuable tool for providing information and answering questions in various fields, including public health.

Alruwaili et al., 2024 outlined his findings in relation to nurses' perceptions of potential changes to their roles in practice settings, since AI-integrated technology may influence decision-making and guide nurses and other healthcare professionals in that regard.

In relation to Nurses knowledge regarding ChatGPT Applications in Intensive Care Units: The study's findings highlight that majority of studied nurse have satisfactory level of knowledge regarding ChatGPT as an educational tool for ICU-acquired muscle weakness posttest comparing to the pre-test, as the majority of nurses were having un satisfactory level of knowledge which indicated the importance of training the critical care nurses about the ChatGPT use in the critical care settings. This comes in agreement with study of **(Areshtanab, et al, 2025)**, that assessed nurses' knowledge, attitude, application, and acceptance regarding AI and his Findings revealed that most of the participants had a relatively low understanding of artificial intelligence. Also consistent with results of study of (**Serbaya et al., 2024 and Higgins et al**., **2023**), that showed that their studied nurses had a relatively low understanding of artificial intelligence. In addition, this in line with (**Sommer et al. 2024**), who found that most nurses have a limited understanding of AI, while the minority possess substantial knowledge of it.

But the current results disagree with (**Khalil, & Yasir, 2025),** who documented that the majority of nurses have a moderate degree of understanding about the overall assessment of nurses' knowledge regarding artificial intelligence.

Concerning relationship between level of nurses Knowledge regarding ChatGPT usage in Intensive Care Units and their personal characteristics:

The findings of the current investigation demonstrated a statistically significant correlation between educational qualification and knowledge level. According to the study, a person's educational attainment influences their capacity to learn since a higher level of education increases the likelihood of knowledge. The current study's findings are comparable to those of (**Khalil & Yasir, 2025),** who found a significant positive correlation between the nurses' academic credentials and their comprehension of artificial intelligence.

Furthermore, the results of the current study showed that age, gender, years of experience, and marital status did not significantly affect the degree of awareness about AI applications. These findings are in line with the research of **Sommer et al. (2024),** who noted that gender and AI comprehension were significantly correlated and that age is not a significant determinant.

Regarding relationship between level of nurses Knowledge regarding ChatGPT Applications in Intensive Care Units and their attitude:

The results of recent study show that there is a strong positive correlation between knowledge level of nurses and attitude scores, which indicates that nurses with higher levels of knowledge about ChatGPT applications tend to have more positive attitude towards it in critical care settings, suggesting that educational interventions targeting knowledge enhancement may effectively improve attitudes and acceptance of AI technologies. This outcome is consistent with a study by **Abd AL-Ridha and Mustafa (2025)**, which shows that critical care

nurses' attitudes toward AI are positively balanced, with a mean of 2.69 that reflects an initial awareness of the technology's potential but some hesitation or uncertainty about its practical use.

Although the findings were inconsistent with those of **Mariano et al. (2025),** they showed that participants' attitudes on AI in nursing are generally rather favorable.

Conclusion: ChatGPT was effective in improving nurses' knowledge and attitude regarding ICU acquired weakness.

Recommendation: *In accordance with the study's conclusions, the following suggestions were offered:*

Use ChatGPT to generate case studies or scenarios, and practice critical thinking and decision-making skills. Use ChatGPT to summarize new researches to be updated. Always Remember to verify information through reputable sources

Limitation of the study:

The study faced little limitation related to the speed of internet related to mobile network, also some nurses had no internet access but the problem was resolved through personal hotspot from the researcher mobile data.

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