Nursing Impact on Public Policy

- Katelynn Vaughan, RN, received the Nursing Impact on Public Policy Award for her dedication to advancing the political presence of nursing and representing the interests of Oklahoma nurses and patients in the area of surgical smoke safety.

Friend of Nursing

- Beth Harp, DO, Chief Medical Officer of Cherokee Nation Health Services, was honored for her partnership with nursing teams and her commitment to elevating the voice of nurses.
- Alysha McDonald, PharmD, Pharmacy Manager at INTEGRIS Health Woodward, was recognized as a trusted partner to nurses and a champion for patient-centered care.
- Taylor Short, Lead Behavioral Health Technician at Oklahoma Children's Hospital, was recognized for her contributions to nursing, patient care and behavioral health services.

Excellence in Nursing Workplace Environment

- The INTEGRIS Health Woodward Hospital Nursing Team was honored for building a workplace culture grounded in shared governance, frontline leadership development and nurse empowerment.
- The Pediatric Intensive Care Unit at Oklahoma Children's Hospital was recognized for fostering a culture of teamwork, mentorship, professional growth and compassionate care for critically ill children and their families.
- The Pediatric Education Team at Oklahoma Children's Hospital was honored for creating an environment where learning, innovation, and nursing excellence thrive.
- The Phase 1 Nursing Team at Stephenson Cancer Center was recognized for its patient-centered approach to clinical research, including advocacy, care coordination and support services that help remove barriers for patients.
- The Transitional Care Management Department at OU Health was honored for supporting patients during the critical 30 days following hospital discharge. ■

Artificial Intelligence and the Scope of Nursing Practice: Implications for Oklahoma Nurses

Katy Fisher-Cunningham, PhD, RN, CNE, CHSE, Beth Condley, DNP, APRN, CPNP-AC, AE-C, CHSE, Joshua D. Norman, DNP, APRN-CNP, FNP-C, CNE, Meredith Crowder, PhD, RN

Artificial intelligence (AI) is no longer a future concept in healthcare; it is embedded in clinical decision support, predictive analytics, documentation systems, and population health management (Sassi et al., 2025). As these technologies expand, a critical question emerges for the profession: Does the current Scope and Standards of Practice for nursing adequately address AI, and what does this mean for nurses in Oklahoma? Recent national consensus work reinforces the urgency of this question. In 2026, the American Nurses Association (ANA) convened an interdisciplinary AI in Nursing Practice Think Tank, which identified erosion of professional judgment, unclear accountability, algorithmic bias, cognitive burden, and the lack of nursing-specific governance as priority concerns requiring nurse leadership and action (ANA, 2026).

AI and the Scope and Standards: An Evolving Fit

The ANA Nursing: Scope and Standards of Practice (2021) does not yet include AI as a standalone competency domain. However, AI is addressed implicitly through foundational ethical and professional expectations. The ANA Code of Ethics for Nurses (2025) acknowledges the growing integration of emerging technologies and reinforces that nurses are accountable for understanding how these tools influence care delivery. The ANA Position Statement on the Ethical Use of Artificial Intelligence (2022a) further clarifies that AI is an adjunct, not a replacement, for nursing judgment.

Importantly, the Code of Ethics provides a technology-agnostic but highly applicable ethical framework for AI. Provisions emphasize respect for human dignity (Provision 1), patient primacy (Provision 2), advocacy and safety (Provision 3), accountability (Provision 4), and professional competence (Provision 5) collectively suggest how AI should be used in practice. The standards of Scholarly Inquiry and Quality of Practice outline requirements for nurses to evaluate and appropriately use technology in care delivery. The standard of Professional Practice Evaluation addresses the importance of the nurse following the standards and code of ethics. Additionally, the standard of Resource Stewardship contains competency statements related to integration of health technologies into practice. Taken together, these frameworks position AI not as a separate domain, but as a professional responsibility embedded within ethical, clinical, and technological competencies. This perspective is consistent

with recent national consensus findings from the ANA AI in Nursing Practice Think Tank, which identified preservation of professional judgment, human oversight, accountability, ethics, and AI literacy as foundational principles for AI integration in nursing practice (American Nurses Association, 2026). These priorities closely align with existing provisions of the Code of Ethics and professional standards, suggesting that nursing possesses a strong ethical foundation upon which AI-specific guidance can be built.

Implications for Nursing Practice in Oklahoma

One of the most significant implications is the shift toward shared human–technology decision-making (Sassi et al., 2025). Even when AI tools generate recommendations, nurses remain legally and ethically accountable for patient outcomes. This aligns directly with Provision 4 of the Code of Ethics, which affirms that nurses retain full responsibility for clinical judgment regardless of technological input.

For Oklahoma nurses practicing in systems using predictive tools (e.g., sepsis alerts, readmission risk models), this means critically appraising AI-generated recommendations, recognizing when to override or question outputs, and documenting clinical reasoning independent of automated suggestions. This reflects a broader transition from task-based accountability to systems-based accountability, where nurses must understand not only what they do, but how technology shapes those actions.

AI literacy is rapidly becoming a baseline expectation for safe practice. This expectation is supported by national nursing leaders, who recently identified AI literacy as a professional expectation requiring ongoing education across all career stages rather than a one-time competency (American Nurses Association, 2026). This expectation is grounded in Provision 5, which requires nurses to maintain competence and ongoing professional development. In the context of AI, this includes understanding algorithmic bias, evaluating data quality, interpreting outputs from decision-support tools, and communicating AI-informed decisions transparently to patients. Without this competency, nurses risk automation bias, where overreliance on technology undermines clinical judgment.

At the same time, Provision 1 (respect for dignity) and Provision 2 (commitment to the patient) underscore a critical tension: while AI may enhance efficiency, it must not depersonalize care. A defining feature of nursing practice is its emphasis on relational care, empathy, and contextual understanding. For Oklahoma nurses, particularly those serving rural and tribal communities, this tension is especially relevant. AI cannot replace cultural awareness, trust-building, or patient-centered communication (Sassi et al., 2025). Maintaining this balance is essential to ensuring that technological advancement does not come at the expense of human connection and equity.

Implications for Nursing Education in Oklahoma

Nursing education programs across Oklahoma must adapt to prepare graduates for AI-integrated practice environments. This aligns with Provision 7 of the Code of Ethics, which calls on nurses to advance knowledge and contribute to the development of the profession, and the Standard of Education in the Nursing Scope and Standards of Practice (2022b). Preparing students for AI-enabled healthcare requires moving beyond traditional informatics to include AI fundamentals, ethical decision-making, and evaluation of algorithmic outputs. These competencies align with the AACN Essentials (2021), particularly in domains related to informatics, quality, and professional identity.

Simulation and Clinical Judgment

AI introduces new cognitive demands that must be addressed in simulation-based education such as managing multiple streams of information (INACSL Standards Committee, 2021; Leighton et al., 2021) with patient cues combined with AI outputs and integrating AI recommendations into clinical reasoning. Moreover, clinical judgement is at risk of pitfalls such as deskilling, mis-skilling, or never-skilling that can occur as clinicians offload clinical tasks and reasoning to the AI algorithms (Berzin & Topol, 2025). These demands further reinforce the ethical obligation under Provision 4 to preserve independent clinical judgment despite technological assistance.

Faculty Development Needs

A critical barrier is the faculty preparation gap (Ehmke et al., 2025). Many nurse educators were trained prior to widespread AI integration and may lack confidence in teaching these concepts. Without targeted faculty development, curriculum innovation may lag behind clinical practice and graduates may enter the workforce underprepared (Ehmke et al., 2025). At the same time, professional organizations, academic institutions, and corporations are increasingly offering continuing education and professional development opportunities focused on AI in education, supporting faculty competency development and facilitating the integration of AI into nursing curricula. This gap has ethical implications. Under Provision 5, failure to maintain competence in emerging technologies may compromise both educational quality and patient safety. Addressing this gap is therefore not only a pedagogical priority, but an ethical imperative.

Implications for Health Policy in Oklahoma

Regulatory Considerations and Scope of Practice

At the state level, the Oklahoma Board of Nursing (2025) defines nursing scope of practice. While current regulations do not explicitly address AI, they emphasize accountability for clinical judgment and responsibility for safe and effective care,

principles that align closely with Provisions 3 and 4 of the Code of Ethics. As AI becomes more integrated, policies will need to clarify the role of AI in clinical decision-making, liability when errors involve algorithmic systems, and expectations for competency in technology use.

Strategic Priorities for Oklahoma Nurses

As AI continues to evolve, several priorities emerge for the profession:

1. **Strengthening AI Competency.** Aligned with Provision 5, nurses must engage in ongoing professional development to build competence in AI-supported care (Ehmke et al., 2025).
2. **Leading Policy and Governance Development.** Consistent with Provisions 7–9, nurses should actively participate in institutional and state-level discussions about AI adoption, ensuring that patient-centered values guide decision-making. This recommendation is consistent with findings from the ANA AI in Nursing Practice Think Tank, which emphasized the need for nurse-led guardrails, stronger policy advocacy, and active nurse participation throughout the AI lifecycle, including design, implementation, evaluation, and governance (ANA, 2026).
3. **Advancing Ethical Practice.** The integration of AI must align with core ethical principles embedded across the Code of Ethics including beneficence and nonmaleficence, justice and equity, and respect for patient autonomy.
4. **Preserving the Core of Nursing.** Across all provisions, a unifying expectation remains; technology must never replace the human elements of care. Nurses must ensure that AI enhances, rather than diminishes, relationships, empathy, and trust.

Conclusion

Artificial intelligence is transforming healthcare, and nursing is at the center of this transformation. While the ANA Scope and Standards do not yet explicitly define AI competencies, the ANA Code of Ethics provides a robust and enduring framework for guiding its use. Recent consensus findings from the ANA AI in Nursing Practice Think Tank further support this position, emphasizing that AI must support, not replace, professional nursing judgment and that human oversight, accountability, equity, and patient safety remain non-negotiable principles of practice (ANA, 2026). For Oklahoma nurses, the challenge is not simply to adopt AI, but to critically engage with it, understand its capabilities, question its limitations, and advocate for its ethical and equitable implementation.

For Oklahoma nurses, the challenge is not simply to adopt AI, but to critically engage with it, understand its capabilities, question its limitations, and advocate for its ethical and equitable implementation. AI may reshape how care is delivered, but it does not change the essence of nursing. The profession's commitment to clinical judgment, ethical integrity, and human connection remains constant and will be more important than ever in an increasingly technology-driven world. ■

References online:
myamericannurse.com/?p=428858

