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Original Article

Perceptions of Paramedical Students Regarding Artificial Intelligence in Paramedical Education: A Cross-Sectional Questionnaire-Based Study

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ABSTRACT

Background: Artificial intelligence (AI) is increasingly influencing healthcare education, but evidence regarding its integration into paramedical curricula remains limited. The objective was to assess paramedical students' perceptions and attitudes towards integrating AI into paramedical education.

Methods: A questionnaire-based cross-sectional study was conducted among 902 undergraduate paramedical students from Allied Health Sciences, Nursing, and Physiotherapy at ACS Medical College and Hospital, Chennai. Data were collected using a structured questionnaire through physical and online forms. Descriptive statistics and one-way ANOVA were used for analysis.

Results: Most students perceived AI as beneficial for education (90.4%), easier learning (86.9%), and research support (82.6%). Ethical concerns were reported by 77.7%, while 64.0% perceived potential professional displacement. Significant differences in AI-related scores were observed across departments ($F=10.806$, $p<0.001$), academic years ($F=6.731$, $p<0.001$), and digital-device access ($F=3.705$, $p=0.011$).

Conclusion: Students showed favourable perceptions of AI but expressed concerns about clinical preparedness, ethics, and professional roles. Structured AI education integrated with practical clinical training is warranted.

Keywords: Artificial Intelligence; Paramedical Education; Allied Health Sciences.

INTRODUCTION

Artificial intelligence (AI) has emerged as an important technological development in healthcare, with applications ranging from clinical decision support and medical imaging to patient monitoring, data analysis, and personalized care. The increasing integration of AI into healthcare is also influencing the education and training of future healthcare professionals. AI-enabled educational technologies, including intelligent tutoring systems, adaptive learning platforms, virtual simulations, and generative AI tools, can provide learners with rapid access to information and personalized educational experiences [1–4]. The potential role of AI in healthcare education extends beyond knowledge acquisition. AI can support literature searching, interpretation of complex concepts, simulation-based learning, clinical reasoning, and evidence-based decision-making. Previous studies among medical and health-professional students have reported generally favourable attitudes towards the educational applications of AI, while also identifying concerns regarding accuracy, academic integrity, privacy, ethical responsibility, and excessive dependence on technology [5–8]. For paramedical students, understanding AI is increasingly relevant because Allied Health Sciences, Nursing, Physiotherapy, and other healthcare professions are becoming more dependent on digital technologies and data-driven approaches. Future healthcare professionals may encounter AI-supported diagnostic systems, clinical decision-support tools, automated documentation, predictive models, and intelligent patient-monitoring systems in their professional practice. Consequently, appropriate exposure to AI during undergraduate education may help students understand both its potential applications and its limitations.

Despite these opportunities, the integration of AI into paramedical education presents several challenges. Students may have limited formal exposure to AI and may differ in their access to digital devices and technology-based learning resources. Ethical concerns involving patient data privacy, informed consent, algorithmic bias, transparency, and accountability are also important considerations. In addition, concerns about automation and the potential displacement of healthcare roles may influence students' attitudes towards AI [9–14]. At the same time, AI-based education cannot replace the practical, interpersonal, psychomotor, and clinical competencies that are essential to paramedical practice.

Previous research has predominantly examined AI perceptions among medical students, with comparatively fewer studies focusing on students from diverse paramedical disciplines. Understanding students' awareness, perceptions, willingness to use AI, perceived educational benefits, and concerns is therefore important for developing appropriate curriculum strategies. A structured approach to AI education could help students use emerging technologies responsibly while maintaining appropriate emphasis on clinical skills and professional judgement [15–18]. Therefore, the present study was undertaken to assess the perceptions and attitudes of paramedical students towards the integration of artificial intelligence into paramedical education, with particular attention to perceived educational benefits, clinical preparedness, ethical concerns, professional implications, willingness to use AI, and preferences for AI-related education and training.

METHODS

Study Design and Setting: A questionnaire-based cross-sectional study was conducted to assess the awareness, perceptions, attitudes, and opinions of paramedical students regarding the integration of Artificial Intelligence (AI) into paramedical education. The study was conducted over a period of six months at ACS Medical College and Hospital, Dr. M.G.R. Educational and Research Institute, Chennai, Tamil Nadu, India.

Ethical Approval: Prior to commencement of the study, ethical approval was obtained from the Institutional Ethics Committee of ACS Medical College and Hospital, Dr. M.G.R. Educational and Research Institute. Participation was voluntary, and informed consent was obtained from all participants before administration of the questionnaire. Participants were informed about the purpose of the study and the confidentiality of the information provided. The collected data were used exclusively for research purposes.

Study Population: The study population comprised undergraduate paramedical students from Allied Health Sciences (AHS), Nursing, and Physiotherapy programmes. Students who were available during the data-collection period and willing to participate were invited to participate in the study. A total of 902 students participated in the study, comprising 677 students from Allied Health Sciences, 157 from Nursing, and 68 from Physiotherapy.

Sampling Technique: Participants were recruited using a convenience sampling technique. Eligible students who were available during the study period and willing to participate were included until the required study sample was obtained.

Eligibility Criteria

Inclusion Criteria: The following participants were included:

1. Students currently enrolled in paramedical programmes, including Allied Health Sciences, Nursing, and Physiotherapy.
2. Students who were available during the period of data collection.
3. Students willing to participate in the study and provide informed consent.
4. Students with basic exposure to digital learning tools.

Exclusion Criteria: The following participants were excluded:

1. Students enrolled in non-paramedical programmes.
2. Students who were unavailable during the data-collection period.
3. Students who declined participation.
4. Questionnaires that were incomplete or improperly filled.

Study Instrument:

Data were collected using a structured questionnaire developed following a review of relevant literature and adapted from a previously published questionnaire assessing perceptions of Artificial Intelligence in medical education [9]. The questionnaire was modified to suit the objectives and educational context of the present study and was reviewed for content relevance and clarity by subject experts.

The questionnaire consisted of two major components. The first component collected demographic and background information, including age, gender, department, academic level, year of study, previous exposure to AI, access to digital devices, and frequency of technology use in education. The second component consisted of 10 questions assessing students' perceptions and attitudes toward AI in paramedical education.

The questions addressed the perceived positive impact of AI on education, its role in healthcare, its potential to facilitate learning, preparedness for clinical practice, perceived risk of professional replacement, ability to analyse large amounts of data, ethical and privacy concerns, willingness to use AI in education, potential replacement of healthcare specialties, and the usefulness of AI for research, literature review, and understanding complex terminology. Each item was recorded as a binary response (Yes/No). A response indicating agreement with the respective statement was coded as one and a negative response as zero. An overall perception score was calculated by summing the individual item scores, with higher scores indicating greater agreement with the AI-related statements assessed by the questionnaire.

Data Collection Procedure: The questionnaire was administered both physically and electronically using Google Forms. The purpose of the study was explained to the participants before data collection, and informed consent was obtained prior to completion of the questionnaire. For online participation, the questionnaire was distributed through appropriate institutional communication channels. Participants were requested to complete the questionnaire independently. Responses were reviewed for completeness before inclusion in the final dataset.
The collected responses were coded and entered into Microsoft Excel for data management and preliminary verification.

Study Variables: The primary study variable was the overall AI perception score. The explanatory variables included age, gender, department, academic level, year of study, previous exposure to AI, access to digital devices, and frequency of technology use in education. The individual questionnaire responses were also analysed to describe students' perceptions regarding the educational, clinical, research, ethical, and professional implications of AI.

Statistical Analysis: Data were entered into Microsoft Excel and analysed using appropriate statistical software. Descriptive statistics were used to summarize the study variables. Categorical variables were presented as frequencies and percentages, while continuous variables were expressed as mean ± standard deviation (SD).

The overall AI perception scores were compared across departments, years of study, and categories of access to digital devices using one-way analysis of variance (ANOVA). The ANOVA results were used to determine whether statistically significant differences existed in mean perception scores between the respective groups. A p-value of <0.05 was considered statistically significant. The results were presented using tables and appropriate graphical representations to facilitate interpretation.

RESULTS

A total of 902 paramedical students participated in the study. The majority were aged 20–22 years (53.5%), followed by 17–19 years (41.6%). Females constituted 63.0% of the participants, while males accounted for 37.0%. Most participants were from Allied Health Sciences (75.1%), followed by Nursing (17.4%) and Physiotherapy (7.5%). The majority were undergraduate students (96.6%), with third-year students comprising the largest academic-year group (50.8%) (Table 1).

Variable	Category	n	%
Age (years)	17–19	375	41.6
	20–22	483	53.5
	23–25	37	4.1
	26–30	7	0.8
Gender	Female	568	63.0
	Male	334	37.0
Department	Allied Health Sciences	677	75.1
	Nursing	157	17.4
	Physiotherapy	68	7.5
Academic level	Undergraduate	871	96.6
	Postgraduate	31	3.4
Academic year	First year	110	12.2
	Second year	249	27.6
	Third year	458	50.8
	Fourth year	72	8.0
	Internship	13	1.4

Table 1. Sociodemographic and Academic Characteristics of Participants (N=902)

Previous exposure to AI	n	%
None	205	22.7
Basic awareness	583	64.6
Workshop/seminar	67	7.4
Course/module on AI	24	2.7
Hands-on projects/tools/software	23	2.5
Total	902	100.0

Table 2. Previous Exposure to Artificial Intelligence (N=902)

Previous Exposure to Artificial Intelligence: Regarding previous exposure to AI, 64.6% of students reported having basic awareness of AI, while 22.7% had no previous exposure. A smaller proportion had attended an AI-related workshop or seminar (7.4%), completed an AI course or module (2.7%), or had hands-on experience with AI tools, software, or projects (2.5%) (Table-2).

Access to Digital Devices and Technology Use: More than half of the participants (57.5%) reported using a smartphone as their primary digital device, while 33.7% had access to a smartphone together with a laptop or computer. Computer/laptop-only access was reported by 5.9%, whereas 2.9% had limited or no personal access to digital devices. Regarding technology use for educational purposes, 38.6% reported occasional use, 35.0% regular use, and 26.4% rare use (Table-3).

Variable	Category	n	%
Digital-device access	Smartphone only	519	57.5
	Smartphone + laptop/computer	304	33.7
	Computer/laptop only	53	5.9
	Limited/no personal access	26	2.9
Technology use in education	Occasionally	348	38.6
	Regularly	316	35.0
	Rarely	238	26.4

Table 3. Digital-Device Access and Technology Use for Education (N=902)

Students' Perceptions Towards AI in Paramedical Education: The responses to the ten AI-related perception items are presented in Table 4. A large majority of students (90.4%) believed that AI would have a positive impact on paramedical education. Similarly, 86.9% felt that incorporating AI into paramedical education would make learning easier, while 82.6% believed that AI could assist students with research, literature review, and understanding complex terminology. Approximately 69.7% of participants agreed that AI plays an important role in healthcare, and 79.2% believed that AI algorithms can analyse large amounts of paramedical data rapidly and accurately. Furthermore, 72.1% expressed willingness to use AI in paramedical education. At the same time, substantial concerns regarding the implications of AI were reported. 77.7% of students believed that AI raises ethical concerns related to data privacy, informed consent, and algorithmic bias. In addition, 64.0% believed that the use of AI in paramedical practice could replace their future professional roles, and 72.2% believed that AI could replace some healthcare specialties during their lifetime. Regarding clinical preparation, 57.1% believed that AI use in paramedical education would prepare them for real clinical practice, whereas 42.9% did not share this view.

No.	Statement	Yes, n (%)	No, n (%)
1	AI systems would have a positive impact on paramedical education	815 (90.4)	87 (9.6)
2	AI plays an important role in healthcare	629 (69.7)	273 (30.3)
3	Incorporating AI into paramedical education would make learning easier	784 (86.9)	118 (13.1)
4	AI in paramedical education would prepare students for real clinical practice	515 (57.1)	387 (42.9)
5	AI in paramedical practice could replace future paramedical roles	577 (64.0)	325 (36.0)
6	AI algorithms can analyse large amounts of paramedical data quickly and accurately	714 (79.2)	188 (20.8)
7	AI raises ethical concerns regarding data privacy, consent and bias	701 (77.7)	201 (22.3)
8	Willing to use AI in paramedical education	650 (72.1)	252 (27.9)
9	AI will replace some healthcare specialties during one's lifetime	651 (72.2)	251 (27.8)
10	AI can assist students in research, literature review and understanding complex terminology	745 (82.6)	157 (17.4)

Table 4. Students' Perceptions Towards Artificial Intelligence in Paramedical Education

Comparison of Perception Scores Across Departments:

The mean AI-related perception score differed significantly among the three departments. Students from Nursing had a mean score of 8.25 ± 2.81, followed by Allied Health Sciences (7.41 ± 2.34) and Physiotherapy (6.90 ± 2.41). One-way ANOVA demonstrated a statistically significant difference in mean scores among departments ($F = 10.806$, $p < 0.001$). The between-group sum of squares was 117.781 and the within-group sum of squares was 4899.435 (Table 5).

Department	n	Mean ± SD	F value	p value
Allied Health Sciences	677	7.41 ± 2.34	**10.806**	**<0.001**
Nursing	157	8.25 ± 2.81		
Physiotherapy	68	6.90 ± 2.41		

Table 5. Comparison of Mean AI-Related Scores According to Department

Comparison Across Academic Years:

Mean scores also varied significantly across academic years. First-year students had a mean score of 8.18 ± 2.26, followed by third-year students (7.71 ± 2.23), interns (7.23 ± 2.05), fourth-year students (7.04 ± 2.41), and second-year students (7.02 ± 2.53). One-way ANOVA showed a statistically significant difference in mean scores across academic years ($F = 6.731$, $p < 0.001$). The between-group sum of squares was 146.204, while the within-group sum of squares was 4871.013 (Table 6)

Academic year	n	Mean ± SD	F value	p value
First year	110	8.18 ± 2.26	**6.731**	**<0.001**
Second year	249	7.02 ± 2.53		
Third year	458	7.71 ± 2.23		
Fourth year	72	7.04 ± 2.41		
Internship	13	7.23 ± 2.05		

Table 6. Comparison of Mean AI-Related Scores According to Academic Year

Association with Digital-Device Access: The mean scores also differed according to access to digital devices. Students with computer/laptop-only access had a mean score of 7.94 ± 1.90, followed by those using smartphones only (7.55 ± 2.47) and those with access to both smartphones and laptops/computers (7.51 ± 2.16). Students with limited or no personal access had the lowest mean score (6.12 ± 2.81). One-way ANOVA indicated a statistically significant difference in mean scores according to digital-device access (F = 3.705, p = 0.011). Overall, the findings indicate a generally favourable perception of the educational applications of AI among the participating paramedical students, accompanied by considerable concerns regarding ethical issues, professional displacement, and the ability of AI-based education to adequately prepare students for hands-on clinical practice (Table 7).

Digital-device access	n	Mean ± SD	F value	p value
Smartphone only	519	7.55 ± 2.47	**3.705**	**0.011**
Smartphone + laptop/computer	304	7.51 ± 2.16		
Computer/laptop only	53	7.94 ± 1.90		
Limited/no personal access	26	6.12 ± 2.81		

Table 7. Comparison of Mean AI-Related Scores According to Digital-Device Access

DISCUSSION

The present study assessed the perceptions and attitudes of paramedical students towards the integration of artificial intelligence (AI) into paramedical education. Among the 902 participants, a generally favourable perception of the educational applications of AI was observed. Most students believed that AI would have a positive impact on paramedical education (90.4%), make learning easier (86.9%), and support research, literature review, and understanding of complex terminology (82.6%). These findings indicate that students increasingly recognize AI as a potentially useful educational tool rather than solely as a technological development in healthcare. The high proportion of students reporting a positive educational impact of AI is consistent with previous studies among healthcare students.

Narina Keerthi Laxmi Sai Chandrika and T. Divya Jyothi reported favourable perceptions of AI among medical students, with 86.9% considering AI beneficial to medical education [9]. Similarly, Preetha Jackson and Gayathri Ponath Sukumaran reported that medical students recognized potential benefits of AI in healthcare, including its role in improving decision-making and reducing medical errors [15-21]. The present findings extend these observations to a broader paramedical student population comprising Allied Health Sciences, Nursing, and Physiotherapy students. In the present study, 86.9% of participants felt that incorporating AI into paramedical education would make learning easier. AI-based educational applications may provide students with rapid access to information, personalized learning resources, interactive explanations, and simulation-based learning opportunities. Previous literature has described the potential of AI to support individualized learning and enhance educational experiences in health-professional education [4,24]. However, the educational value of AI depends on appropriate integration with conventional teaching rather than replacing faculty-led instruction and practical learning.

A substantial proportion of students (82.6%) believed that AI could assist with research, literature review, and understanding complex terminology. This perception may reflect increasing familiarity with AI-enabled information and language tools. Similar interest in the application of AI for academic and educational activities has been reported among medical and healthcare students [13,18,21]. Nevertheless, the use of AI for academic work requires appropriate training in information verification, responsible use, authorship, plagiarism, and recognition of inaccurate or fabricated information. Although perceptions of educational usefulness were generally favourable, the findings also demonstrate considerable uncertainty regarding the role of AI in clinical preparation. Only 57.1% of participants believed that AI-based education would prepare them for real clinical practice, while 42.9% did not share this view. This finding is important because paramedical education requires substantial hands-on training, communication skills, psychomotor competence, clinical reasoning, and direct patient interaction. AI-supported learning may complement these components through simulation and decision-support activities, but it cannot independently provide all aspects of clinical training. Previous literature has similarly emphasized the need to integrate AI education with practical and clinically oriented learning [4,22-24].

The study also identified substantial awareness of ethical and professional concerns. Approximately 77.7% of students believed that AI raises ethical concerns related to data privacy, consent, and algorithmic bias. This finding is consistent with previous studies reporting ethical concerns among medical and healthcare students regarding the use of AI [13,14,17,22,25]. These concerns are particularly relevant because healthcare AI systems may involve sensitive patient information and can be affected by issues related to privacy, transparency, bias, accountability, and the quality of training data. Consequently, AI education should include ethical and legal principles alongside technical knowledge.

Professional displacement was another prominent concern. In the present study, 64.0% of students believed that AI could replace future paramedical roles, while 72.2% believed that AI could replace some healthcare specialties during their lifetime. Similar concerns regarding the potential impact of AI on future healthcare practice have been documented among medical students and other healthcare professionals [11,12,14]. These responses should be interpreted as students' perceptions rather than predictions of actual workforce changes. The findings nevertheless demonstrate the importance of discussing the changing nature of healthcare work, including which professional tasks may be automated and which competencies will continue to require human judgement, communication, empathy, and clinical responsibility.

Approximately 72.1% of participants expressed willingness to use AI in paramedical education. This level of willingness, together with the high perceived educational benefits, suggests that there is considerable student interest in exposure to AI-related learning. However, previous exposure to AI was relatively limited: 22.7% reported no exposure, while 64.6% reported only basic awareness. Only a small proportion had attended an AI-related workshop or seminar (7.4%), completed an AI course or module (2.7%), or undertaken hands-on AI projects or used AI tools/software (2.5%). This difference between general awareness and structured educational exposure suggests an opportunity for curriculum-based AI education. Significant differences in AI-related scores were observed across departments ($F=10.806$, $p<0.001$). The mean score was 8.25 ± 2.81 among Nursing students, 7.41 ± 2.34 among Allied Health Sciences students, and 6.90 ± 2.41 among Physiotherapy students.

The overall ANOVA indicates that at least one departmental mean differed significantly from another; however, post-hoc testing would be required to identify the specific pairs of departments responsible for the difference. Differences may potentially reflect variations in curriculum exposure, educational experiences, or familiarity with digital technologies, but these explanations require further investigation. Similarly, AI-related scores differed significantly across academic years ($F=6.731$, $p<0.001$).

First-year students had the highest mean score (8.18 ± 2.26), followed by third-year students (7.71 ± 2.23), interns (7.23 ± 2.05), fourth-year students (7.04 ± 2.41), and second-year students (7.02 ± 2.53). These findings demonstrate variation in AI-related perceptions across academic levels. However, the ANOVA alone does not establish which academic-year groups differed significantly; appropriate post-hoc comparisons would be necessary before making specific pairwise interpretations.

A statistically significant difference was also observed according to access to digital devices ($F=3.705$, $p=0.011$). Students with computer/laptop-only access had a mean score of 7.94 ± 1.90, while those using smartphones only had a mean score of 7.55 ± 2.47. Students with access to both smartphones and laptops/computers had a mean score of 7.51 ± 2.16, whereas those with limited or no personal access had the lowest mean score (6.12 ± 2.81). This finding suggests a possible relationship between digital access and students' perceptions of AI.

However, because the study used convenience sampling and a cross-sectional design, causal relationships cannot be established. The findings have implications for paramedical curriculum development. AI-related education could be introduced progressively through foundational concepts, applications in healthcare, responsible use of generative AI, data privacy, ethics, algorithmic bias, critical appraisal of AI-generated information, and practical demonstrations. AI-based learning should be combined with simulation, laboratory activities, clinical teaching, and supervised patient-care experiences to ensure that technological learning complements rather than substitutes practical competency development.

LIMITATIONS

This study has several limitations. The cross-sectional design prevents determination of causal relationships between participant characteristics and AI perceptions. Convenience sampling from a single institution may limit the generalizability of the findings to paramedical students in other institutions or regions. Data were collected using a self-reported questionnaire and may therefore be influenced by response or social-desirability bias. In addition, the study primarily used descriptive analysis and one-way ANOVA; post-hoc testing was not reported. Finally, the interpretation of the overall AI-related score requires careful consideration because the questionnaire included both favourable and concern-oriented statements. Appropriate reverse scoring of negatively oriented items should be confirmed before interpreting the composite score as a measure of positive AI perception.

CONCLUSION

The present study demonstrates generally favourable perceptions of AI among paramedical students, particularly regarding its potential to improve learning and support research and educational activities. At the same time, students expressed substantial concerns regarding ethical issues, data privacy, professional displacement, and the ability of AI-based education to prepare them adequately for real clinical practice. Significant differences in AI-related scores were observed across departments, academic years, and levels of digital-device access. These findings highlight the importance of incorporating structured AI literacy, ethical awareness, critical evaluation skills, and practical AI applications into paramedical education while maintaining strong emphasis on hands-on clinical training.

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