Elite Learning Podcast

From Bedside to Broadband:

Exploring Virtual Nursing

What virtual nursing really is, why it matters, and how to implement it well

🎧 Listen time: ~50 minutes • 👥 Audience: RNs, APRNs, Nurse Leaders, Nursing Faculty, Healthcare Administrators • elitelearning.com/ce-podcasts

Featured Voices

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What You'll Learn

- How virtual nursing differs from telehealth — and why the nursing process is the defining distinction
- Why virtual nursing complements bedside care rather than replacing it
- What collaboration between virtual and bedside nurses looks like in practice
- The most common use cases today — and which settings are being overlooked
- What a readiness assessment involves and why skipping it is the most common implementation mistake
- The current evidence base — and what research is still needed
- How HIPAA, licensure, and scope of practice are addressed in the ANA Principles for Virtual Nursing
- Where virtual nursing should evolve over the next five years
- How nursing education should prepare students for virtual and hybrid care models

Key Takeaways

- **Virtual nursing is not telehealth — it is the nursing process delivered remotely.** The ANA defines it as leveraging remote technology to provide safe, quality patient care through the application of the nursing process — emphasizing communication, compassion, and collaboration across the continuum of care.
- **Virtual nursing is not new — it is newly mainstream.** Critical care and ambulatory care have used it for decades. What is new is the breadth of applicability and the scale of implementation now being explored across acute care settings.
- **Virtual nursing complements bedside care — it does not replace it.** It is an additional layer of support that frees bedside nurses to focus on what only they can do. The false equivalency that virtual nursing reduces the need for bedside nurses is a dangerous and slippery slope.
- **The most common use today is admissions support and bridging the knowledge-complexity gap.** As patients grow more acutely ill and new nurses enter practice with less time to build clinical judgment, virtual nursing provides real-time expert support. Discharge teaching is another high-value use case.
- **Collaboration is the non-negotiable competency for virtual nurses.** The most important mindset is not clinical expertise — it is followership. Virtual nurses are additional eyes and ears, not a voice of authority.
- **Technology has not always been kind to nurses — and that must be acknowledged.** Many technologies promised to reduce workload have added to it instead. Nurse leaders must continuously assess whether virtual nursing is actually doing what it was intended to do.

- **A readiness assessment is the step most organizations skip — and it is the most important one.** Nurses must be engaged in the development and implementation process, not handed a finished system. Psychological safety to share honest feedback post-implementation is equally essential.
- **The evidence base is still developing — and that is a call to action, not a reason to wait.** A rigorous meta-study is still needed to establish true ROI. In the meantime, every organization implementing virtual nursing should be collecting and sharing data.
- **Virtual nursing can restore the human connection that moral distress erodes.** Nurses leave shifts carrying the weight of things they never got to. Virtual nursing can close those gaps — freeing nurses to focus on the human connection that drew them to the profession.
- **Med-surge units and maternal health are the two most overlooked opportunities.** Med-surge is functioning like a step-down unit and largely being passed over. Maternal health, with its high-risk volatility and worsening outcomes, urgently needs this technology as OB unit closures accelerate.
- **HIPAA, licensure portability, and scope of practice are addressed in the ANA Principles.** Available free at nursingworld.org, the principles are designed to remove the regulatory barriers organizations use as reasons not to implement.
- **A short, high-quality interaction can be as meaningful as a long one.** Patients often form their strongest connections with those present for only a brief moment — but fully present. Virtual nurses who bring intentionality to every interaction can build therapeutic relationships that matter.
- **The future of virtual nursing must include rural and critical access hospitals.** Federal funding, philanthropy, and state grants should be pursued to make virtual care a standard of care everywhere — not just where margins allow.
- **Nursing education must expose students to both sides of virtual care.** Academia and practice must partner so students experience virtual nursing during practicums — building mutual respect and preparing the next generation for a care model that is becoming standard.

☑ Do This Next

☐ Visit nursingworld.org and search "Principles of Virtual Nursing." Download the free document and review the nine principles — pay particular attention to Principle 9 on HIPAA, privacy, and security compliance.

☐ If you are a nurse leader or CNO, schedule a readiness assessment conversation with your team before any virtual nursing implementation discussion. Ask: "Is now the right time? Do we have the right people and resources? What is already on our team's plate?"

☐ If you are a bedside nurse interested in virtual nursing, seek out an organization that offers rotation opportunities — so you can maintain your clinical skills while exploring the virtual role.

☐ If you work in a med-surge unit, bring this episode to your nurse manager or CNO. Make the case that med-surge — not just critical care — deserves virtual nursing investment.

☐ If you work in maternal health or OB, explore whether your organization has considered virtual nursing as a risk management and outcomes improvement strategy, particularly given the national trend of OB unit closures.

☐ If you are a nursing educator, identify one clinical practicum rotation where students could observe or participate in a virtual nursing model — even briefly. Partner with a local health system that has implemented it.

☐ Advocate for your organization to collect and publish data on virtual nursing outcomes — even locally. Share what is working. The evidence base needs your contribution.

☐ If you are in a rural or critical access hospital, research available federal and state grants for virtual care infrastructure. The ANA and rural health advocacy organizations may have resources to support this.

☐ Reflect on the moral distress you carry from your last shift. Identify one task that virtual nursing could have handled — and use that as your concrete case for why this technology matters in your setting.

☐ Commit to being a co-creator, not just an end user. The next time your organization announces a technology implementation, volunteer for the planning committee — even if it feels like short-term pain for long-term gain.

Virtual Nursing Readiness: 3 Reflection Questions

Use these individually or to open a team conversation about virtual nursing readiness in your organization:

Readiness check: "Has our organization conducted a formal readiness assessment before pursuing virtual nursing — or did someone make a decision and announce it? What would a genuine readiness assessment look like on our unit?"

Collaboration check: "If I were a virtual nurse, could I genuinely take a follower role — offering support without taking a position of superiority? What assumptions do I carry about nurses who are not physically present?"

Evidence check: "Is our organization collecting data on the impact of virtual nursing — on patient outcomes, nurse workload, and nurse well-being? If not, what would it take to start?"

Red Flags & Cautions

- A nurse leader announces a virtual nursing implementation without first conducting a readiness assessment — or consulting the nurses who will use it
- Virtual nursing is framed as a staffing reduction strategy rather than a care enhancement and workforce support tool
- Implementation moves forward without a readiness assessment — or without meaningful nurse input in the design and build process
- A virtual nurse takes a position of superiority over bedside nurses rather than functioning as a collaborative support role
- Virtual nursing is deployed without clear protocols for HIPAA compliance, licensure portability, and scope of practice
- Post-implementation review is skipped — and nurses are not given psychological safety to share honest feedback about what is and isn't working
- Rural hospitals and critical access facilities are left out of the virtual nursing conversation entirely

Virtual Nursing Spotlight

★ **The ANA Principles for Virtual Nursing:**

The American Nurses Association developed nine principles for virtual nursing through a national expert convening process — designed to be applicable globally. The principles address the therapeutic nurse-patient relationship, HIPAA and privacy compliance, licensure portability, evidence requirements, and the importance of maintaining nursing process integrity in virtual care. Available free at nursingworld.org — no membership required.

★ **The Knowledge-Complexity Gap:**

Patients entering acute care are significantly sicker than they were a generation ago. At the same time, newly licensed nurses are entering practice with less time to develop clinical judgment before facing high-acuity patients. Virtual nursing — staffed by experienced nurses — provides real-time expert support that bridges this gap, functioning as a clinical safety net for newer nurses on the ground.

★ **The Moral Distress Connection:**

Nurses routinely leave shifts carrying the weight of things they planned to do but never got to — a compounding source of moral distress that feeds burnout, feelings of inadequacy, and attrition. Virtual nursing, when implemented well, can close those gaps: handling discharge teaching, documentation support, and patient education so bedside nurses can focus on the direct care that only they can provide.

★ **Technology Infrastructure Options:**

Virtual nursing can be delivered through cameras wired directly into patient rooms, mobile computer-on-wheels (COW) units, or portable pull-in devices similar to TeleSitter technology. Each option has different cost, flexibility,

and infrastructure implications. Organizations with high census and limited ability to close rooms for renovation may find mobile solutions more practical as a starting point.

★ **The Rural Access Imperative:**

As OB units close across rural America — leaving entire counties without obstetric services — virtual nursing and virtual care represent a critical bridge. Public health departments and community centers could serve as access points where patients receive virtual consultations before traveling across county lines for care. Federal funding for rural virtual care infrastructure is an urgent policy priority.

💬 Conversation Starter

💬 *"Think about the last time a technology was implemented on your unit. Were nurses involved in the planning — or handed the finished product? What would it have looked like to do a genuine readiness assessment first? And what would change about your next implementation if nurses were co-creators from day one — not just end users?"*

Nurse Leaders & Educators: Consider hosting a team or faculty conversation around: "What would a readiness assessment for virtual nursing look like on our unit — and who needs to be in the room for that conversation to be real?" Use the responses to identify gaps in readiness, culture, and infrastructure before any implementation decision is made.

🔗 Resources & Links

ANA Principles for Virtual Nursing: nursingworld.org (free, no membership required)	**CE Courses:** EliteLearning.com
American Nurses Association: nursingworld.org	**Subscribe:** Apple Podcasts • Spotify • YouTube
Healthy Nurse Healthy Nation: healthynursehealthynation.org	**Episode Page:** elitelearning.com/ce-podcasts
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