

Remote Work in Nursing: Facilitators and Barriers

[Karen Gabel Speroni, PhD, RN, BSN, MHSA](#)

May 31, 2023

DOI: 10.3912/OJIN.Vol28No02Man01

Article

Abstract

The COVID-19 pandemic quickly accelerated the opportunity for those in many professions to work remotely. These virtual opportunities continue to be available to some nurses and other healthcare providers, but limited information exists in the literature about nurses' perceptions of remote work. This article presents perspectives of nurses, most of whom worked remotely in some capacity, and who shared their perceptions on facilitators and barriers regarding remote work. These nurses also ranked both effectiveness of nurse's remote work and of remote meeting participation for professional nursing governance, in their opinion. Top facilitators were organizational and technological support for both remote workers and those in the hospital setting required to interface with remote workers; time savings; and financial savings. The ability to work remotely contributed to work-life balance. Top barriers were a feeling of disconnectedness from the organization; ineffective technology; and lack of organizational support, including lack of leader presence. Opportunities exist for needs assessment of organizational support of remote workers, evidence to inform nurse types and tasks for remote and hybrid work, as well as remote leadership models.

Key Words: remote work, nursing, hospitals

Employees have reported positive benefits from remote working...

Employers know the benefits of having satisfied employees! Employees have reported positive benefits from remote working per the 6th annual State of Remote Work Report of 2,300 full-time workers in the United States (U.S.) surveyed in July 2022 ([Owl Labs, 2022](#)). More employees in 2022 wanted to work remotely or hybrid than in 2021; in-office work interest decreased 24%.

Organizations are requiring employees to return to the office. For small companies (e.g., 10-50 employees), 41% are requiring them to come back to the office; enterprises of 10k+ employees are requiring 27% of employees to return to the traditional work setting ([Owl Labs, 2022](#)). One of the first bills passed in 2023 by the U.S. House of Representatives required federal agencies to effectively end the remote work allowed for employees during the COVID-19 pandemic. This bill was referred to as *The Stopping Home Office Work's Unproductive Problems Act* ([H.R. 139, 2023](#)). The bill also requires evaluation of the effect of telework on the agencies' missions and customer services.

While this information offers a helpful overview in general, it is not specific for the nursing profession. A review of the literature was conducted in the EBSCOhost database to learn more about remote work (e.g., virtual work, telework, work from home or telecommuting, virtual office, remote employees) and nursing over the last 3 years. Limited information was available from the review of literature, likely due to the recent nature of the topic. Therefore, I sought additional information from colleagues to inform this article, which discusses perceptions garnered in 2023 from nurses regarding remote working.

Methodology

In January – February of 2023, nine nurse colleagues, including several at the international level from the Forum for Shared Governance, provided their perceptions in an informal survey; they agreed to have their perceptions published. This is not considered research.

Findings

Most of the nurses (9 of 11; 82%) work remotely. This work remote work represented an average of 59% of the time in a home office. Summarized below are their perceptions about facilitators and barriers regarding remote work in nursing, and their rankings of the effectiveness of remote work, the effectiveness of remote meeting participation, and the effectiveness of remote meeting participation for professional nursing governance.

Facilitators and Barriers of Remote Work

Nurses addressed both benefits of remote work, and also some challenges. Reflection on the comments provided included benefits of remote work, and also some challenges. Table 1 provides top facilitators and barriers identified by these nurses who work remotely:

Table 1. Remote Worker Facilitators and Barriers

Facilitators	Barriers
Organizational support of required technology (hardware and software)	Feeling disconnected
Saves time / work-life balance	Ineffective technology
Financial savings	Lack of organizational support

The top facilitator was having technological organizational support, including laptops issued by the organization...

Facilitators. The top facilitator was having technological organizational support, including laptops issued by the organization; a work phone, docking station, and monitors; and available meeting technology (e.g., Zoom, Teams). Organizational support for technology issues when they occurred in a home office setting was important.

Greater flexibility with time afforded by remote working was a facilitator. More time promotes better work-life balance. One nurse commented “...*working remotely allows better care of self.*” Removing the commute to work helped nurses to have more flexible schedules. One nurse noted that remote workers can now attend more meetings that were prohibited before, due to commuting the distance to the meeting site. Another commented, “*Working remotely can be very beneficial to the work-life balance, which can help to retain nurses. It can also help to promote increased attendance at meetings.*”

Greater flexibility with time afforded by remote working was a facilitator

Another facilitator was the financial savings related to less commuting (e.g., gas, tolls, parking, eating out). One nurse noted that less expense improves financial wellness, which in turn has a positive result on overall wellness.

The top barrier discussed was a disconnection from the organization.

Barriers. The top barrier discussed was a disconnection from the organization. This included a feeling a loss of connection with peers and leaders, a lack of personal relationships (i.e., the ‘personal touch’), a lack of routine communications with colleagues, and lack of team cohesion. Nurses described difficulty in interpreting relationships through web-based interactions,

particularly when if one was the only person on a remote call with everyone else in a meeting room in the hospital. One nurse commented,

Nurses working from home helps to bring some balance to our chaotic lives but we are a people profession. We need to take care of patients face to face, we need to care for our staff face to face and we need to support each other face to face. We get more done in meetings when we are all there to hash things out because we can't hide behind computer screens and become distracted. We need to have good communication with each other and the best way to make that happen is being in the same room to have the discussion. I like when I can take a day at home to work but if I wouldn't want to take more.

Another nurse commented,

A barrier or challenge is around not having a chance to build the strong relationships that occur in person and the work that can more efficiently occur in-person. Our system-level councils have been full remote for a couple of years, and it makes sense because of the geographic spread of our nurses. However, a few of our system-level councils now hold occasional in-person retreats or in-person meetings (maybe 1 or 2 a year) and this approach is increasing across councils.

Ineffective technology in the hospital setting for interfacing with remote workers was another barrier. While remote meetings routinely occurred, many responses addressed issues such as ability to hear and/or see other meeting attendees, cameras turned off, and disengagement. Having a home office without the support of the organization, for either hardware or software concerns, and technological troubleshooting when issues do occur is a dissatisfier for the remote worker. Issues with home Wi-Fi can also be problematic.

Another barrier was insufficient organizational support for remote workers, including a lack of presence of leaders. While clinical nursing roles do not allow remote work due to physical patient care, some roles that do allow remote or hybrid working proved to be problematic as well. Visibility of nurse leaders was often the issue. Remote workers still need that transformational leader who is visible, present, and connected with staff. One nurse noted that when leaders multi-task and are not engaged in the virtual meeting, it is a stressor for participants. It is also difficult for facilitators to manage the hybrid dynamic (i.e., attendees both in the meeting room and in the virtual meeting space) to keep everyone 'present' and engaged.

Remote workers still need that transformational leader who is visible, present, and connected with staff.

The Effectiveness of Remote Working

When asked, "On a scale of 1-10 (1 = not at all effective; 10 = most effective), how effective is remote work for nurses in roles that allow remote work?" nurses ranked effectiveness as 7.8. In sum, remote work is working for those who can work remotely! Nurses noted that some hospitals use an old paradigm way of thinking; these facilities are not open to permitting nurses who could work remotely to do so. If hospitals follow the lead of the federal government ([Wagner, 2023](#)), all nurses may be back in the hospital soon. Others noted effective relationships with their supervisors and a level of trust that permitted the nurse to work remotely, but this comes with time and experience. Some participants noted that when peers and leaders are at the hospital, it is easier to get work done.

Nurses were also asked, "On a scale of 1-10 (1 = not at all effective; 10 = most effective), how effective is remote meeting participation for professional nursing governance meetings?" Nurses who participated in this discussion ranked it at 7.0. Some were of the belief that in-person meetings are better; others recognize a hybrid format (i.e., in-person and virtual) better meets the needs of individuals. Some noted that virtual meetings facilitated better attendance.

Other Comments

Nurses provided other general comments about working remotely. Following are some notable comments that can inform the opportunities for nurse to work remotely as these positions continue to evolve.

The ability to work remotely and use the technology that is available to us to do so is a benefit in that it provides us a method of communication that would not otherwise be possible. The effects of limited group activities that occurred as a result of the COVID pandemic created the necessity to use viable alternative means of communication and remote work is one of those alternatives. However, as a human being, I miss the benefits of social interaction, the smiles and touches of my coworkers, the ability to have extemporaneous interaction that leads to deeper thought, and the knowledge that someone "has my back". Remote work isolation is not supportive of the social creature nature of human beings...Safe environment (from the standpoints of both infectious disease and workplace violence). (Katherine M. Cvach, MS, RN-BC, Consultant – Nursing Inquiry Council, University of Maryland, Shore Regional Health, Easton, MD

While remote work can facilitate work-life balance, for those with more active homes, it can also be a stressor.

The biggest issue for remote working is failure to decouple work from home. Family members interrupting and not always understanding need for concentration when working or in meetings. Lack of private workspace can be stressful and can affect productivity...When remote working started people were happy to adapt to that but now with the cost of living especially rising gas and electricity costs, we are finding staff coming back to offices to save on heating costs. Aquiline Chivinge MBE, Assistant Director of Nursing, Honorary Professor University of Nottingham, School of Health Sciences, Advisory Board Member Forum for Shared Governance, Nottingham University Hospitals NHS Trust

I choose to be on campus for most shared governance meetings and feel like that is a better environment for those meetings in general. I have facilitated hospital-wide shared governance meetings where all participants were working from home. I believe that more participants are fully engaged in the work of the meetings in person than virtually. My primary organization tried a blended version where some were together on campus and others were online for an all-day house wide shared governance meeting and found that it did not work well. Most of the hospital's meeting rooms are not wired with microphones to allow those online to hear discussion among all participants and asking each person to wait to speak until they have a microphone available is not feasible. The group's leaders made the decision to not support hybrid meetings, opting for one or the other instead." "Smaller and shorter department council meetings in my organization have benefitted from increased attendance when held virtually. In this situation, clinical nurses have a virtual option that provides a plausible way for them to participate. We also meet once per month for 15 – 30 minutes with the officers of each of the house wide councils to plan the agenda for the next meeting. Having those meetings virtually works very well in that it provides the opportunity for them to meet without having to commit to physically being present. It also allows for those who are working to not have to leave their clinical units to go to a meeting room. CJ Newton MSN, RN, NE-BC, Magnet Program Coordinator, Conway Regional Health System, Conway, AR

Depending on the work and the meetings- remotely easier to 'check out' while multi-tasking during meetings. The most problematic aspect of remote work from my perspective is the inability or inexperience of leaders in managing remote employees, of employees ability to negotiate a combined home/work environment (especially when chores or family concerns interfere with the work day, for example), and the inclination to become less professional in dress and time management when working in isolation or with disengaged leaders (e.g., those who tend to follow up on deliverables and outcomes but may not meet regularly with remote employees to problem solve, obtain whatever resources are needed, and engage in the work/team discussions that result in a community of practice and shared decision making around challenges, change, and opportunities for advancement and shared successes. While all these can be addressed, it would require leaders and employees learn more about the pros and cons of remote working and how to get the most from teleworking, virtual work, and any other form of remote work environments. Diana Swihart, PhD, DMin, MSN, APN CS, NPD-BC, CPP, Clinical Lead for National Specialty Programs, Veteran's Health Administration National Center for Patient Safety, Ann Arbor, MI

We are able to work one day a month remotely and I have found this time to be very productive for work involving processing a lot of information or writing. Remote meetings have not been so effective, especially when some people are in the room and others are remote. This creates complexity for the meeting lead, who then has to manage both the remote and in person environments while facilitating the meeting, and the remote participants are typically not as engaged. Kirsten Wisner, PhD, RNC-OB, CNS, C-EFM, NE-BC, Magnet Program Director, Salinas Valley Memorial Healthcare System, Salinas, CA

The following perspective came from a nurse who does not work remotely,

Allowing nurses to do work from home such as attendance to meetings, committees, councils, and things they would do on indirect time would improve staff satisfaction. As a nurse manager, prior to COVID, I provided a call-in number for staff meetings and zoom access for mandatory trainings so that nurses who were off would still be able to attend. This increased the attendance to these meetings. Greater attendance can lead to improved discussion and collaboration amongst staff. We continue to have the meetings on zoom. Unit based council meetings were and are held on zoom. This has also improved the attendance to these meetings. One of the barriers, for having meetings via zoom, is individuals can call in or they don't have their camera on during the meetings. Cameras off or being on the phone has lessened the amount of engagement of staff. In person meetings allows each person attending the meeting to see people's facial expression and body language. I also have found that staff take less accountability during important discussions when their cameras are off. I don't know if they are listening or not. There should be some type of policy or unified expectation for online meetings. Yes, I could require that staff who attend online meetings have their cameras on, but why would or should they if leadership doesn't attend meetings with cameras on? Also, if it isn't an expectation by others who lead meetings it would be challenging to enforce. Cassandra Herbert MS, APRN/PMHCNS-BC, ANH-BC, NBC-HWC, Patient Care Manager of Psych and Addiction units at Johns Hopkins Bayview Medical Center, Baltimore, MD

The detail in these comments demonstrates the evolving nature of remote work as it is specific to nursing, describing both challenges and benefits often within the same quote. These nurses offered comments as personal communications and have agreed to include them in this publication to offer additional perspective on this topic important to nurses and others in healthcare.

Discussion and Implications for Practice

...there are opportunities within nursing to determine the most effective remote leadership models...

Many opportunities exist for evidence to better inform organizational policy and procedure on nursing roles and tasks that can be remote and/or hybrid. It is important to note that technology must be compliant with healthcare-related privacy regulations. Further, there are opportunities within nursing to determine the most effective remote leadership models to achieve or continue nursing excellence in nursing practice. One researcher addressed the challenges of having a remote workforce, the skills needed by nurses to effectively work remotely, and the abilities required of leaders to be effective from there a distance ([Urban, 2020](#)). Remote leaders need to consider best technology to effectively manage projects while facilitating morale, trust, and high productivity.

Remote work can illuminate the technological abilities and difficulties between different generations as well. When 25-year-old information technology graduate Nicolas Speroni was asked about these differences, he commented,

The younger generation has a higher technical aptitude and a modernized standard for remote work process optimization. This leads to differences in problem solving approaches between generations. The younger generation has focused on deploying methods to automate repetitive tasks and evolve to the newest technical standard operating procedures, while the older generation seems to have more of a spreadsheet type mindset, underutilizing the available technologies due to lack of understanding. The older generations continuously deploy their same knowledge base, causing the technologies they manage to fall obsolete.

Nicolas identified the important point of the wealth of knowledge that older nurses have, even while they may not have the technological savvy of younger generations. An opportunity exists to combine the best of multiple generations as we move forward.

Remote work can illuminate the technological abilities and difficulties between different generations as well.

One scoping review of the changing demographics of the nursing workforce and how best to support Baby Boomer nurses (i.e., those born between 1946 and 1964) addressed utilizing more telecommuting to delay retirement and extend contributions that older nurses can continue to make to the nursing workforce ([Can, 2020](#)). Baby Boomer nurses thereby can utilize alternative work arrangements to meet needs of healthcare organization; this ideally could maximize both retention and clinical expertise to benefit patients while socializing bedside nurses. Can also concluded that, "Baby-Boomer nurses can contribute to patient monitoring as well as patient education and counselling through telehealth. They can also provide asynchronous and synchronous telementoring to bedside nurses" (p. 1473).

While most nurses cannot work remotely, leaders can consider how to best support those who work remotely...

The *State of Remote Work 2022* key findings align with some of the comments offered by nurses who have been working remotely. For example, technology is an opportunity for many organizations, with only 36% of employers having upgraded their video meeting technology since the start of the pandemic ([Owl Labs, 2022](#)). Also, 62% of workers reported feeling more

productive when remote working and 49% reported feeling that managers view those working in the office as harder working and more trustworthy than those who work remotely. The report also specified that hybrid workers' average daily savings of \$19 when remote working.

While most nurses cannot work remotely, leaders can consider how to best support those who work remotely full-time, and those for which hybrid work (e.g., 1-4 days a week as a remote worker) may be practical. As a transformational nursing leader, thinking differently about remote work for nurses for some specific tasks may be a satisfier, improving engagement and retention. Research specific to these outcomes is warranted. Additional implications for practice are listed in Table 2.

Table 2. Implications for Practice

Implication for Practice	Tactic
Improve Technology (hardware and software) for remote workers	<ul style="list-style-type: none"> • Review needs to upgrade video meeting platform. • Evaluate meeting room technology for sound and camera where meetings are held with remote workers. • Review hardware and software support needed for remote workers, as well as organizational technological support.
Remote Work: Needs Assessment	<ul style="list-style-type: none"> • Conduct an organizational level remote work needs assessment. • For those workers whose primary role requires being in the hospital/healthcare setting, review tasks that can be completed remotely (e.g., attendance of professional nursing governance meetings). • Review job descriptions for remote work, hybrid work and 'office work' and flexibility for tasks that can be done hybrid or remotely. • Collect information for remote workers to determine facilitators and barriers. • Facilitate flexible schedules to promote work-life balance for remote workers, hybrid workers, and those in the hospital / healthcare setting. • Facilitate virtual team building exercises. • Hold select in-person sessions for remote workers (e.g., quarterly meetings, biannual workshops, annual retreats) to promote connection. Be sure to include expenses for these meetings to occur in the annual budget. • Host leader virtual meetings for 'check-in' conversations with remote workers.
Remote Work: Policies	<ul style="list-style-type: none"> • Ensure policies for hardware, software, and organizational technological support for remote workers. • Budget for remote work hardware and software and organizational support. • Specify requirements in job descriptions for remote workers hardware and software technology and available technological organizational support. • Review opportunities for remote and hybrid work requirements by nurse type. • Review policy or guidance for professional nursing governance virtual meetings. • Develop policy or guidance for virtual meeting attendance for both meeting facilitators and for meeting participants (e.g., camera on, engaging in discussion, and processes for documenting attendance time). • Address requirements for local remote worker tax policy for your organizational setting

Summary

Top facilitators for remote work in nursing are organizational and technological support (hardware and software) for remote workers and those in the organizational setting that interfaces with remote workers, as well as time savings contributing to work-life balance, and financial savings. Top barriers are feeling disconnected from the organization, ineffective technology, and lack of organizational support, including lack of leader presence. Effectiveness for both nurses' remote work and usefulness for professional nursing governance meetings were ranked positively.

Several opportunities exist for effective remote work for nurses and other healthcare providers. A first step may be a needs assessment to determine how best to provide organizational support for remote workers and how to best support organizational workers on site who interface with remote workers. Another opportunity is to identify the nurse types and tasks specific for each role that supports remote and hybrid work. Opportunities exist for remote leadership models that best support remote work for nurses, and professional nursing governance meetings that allow remote meeting participation.

Acknowledgment: The author wishes to thank the nurses who participated in discussions about working remotely and agreed to have their thoughts included in this publication in an effort to add information to the nursing literature on this

Effectiveness for both nurses' remote work and usefulness for professional nursing governance meetings were ranked positively.

current and important topic.

Author

Karen Gabel Speroni, PhD, RN, BSN, MHSA

Email: Karen.speroni@outlook.com

ORCID ID: 0000-0001-6259-8501

Dr. Speroni is a research infrastructure and process expert who uniquely integrates research goals and organizational strategies to advance an evidence-informed practice of nursing, to improve the professional practice of nursing, including patient outcomes and work environment. She has over 30 years of experience in biomedical research and hospital consultation, including research, evidence-based practice, university teaching, and Institutional Review Boards. Due to international work, she became a 'remote worker' in 1998 and has worked remotely for 25 years.

References

Gan, I. (2020). A scoping review of the nursing workforce's changing demography: Supporting Baby-Boomer nurses. *Journal of Nursing Management (John Wiley & Sons, Inc.)*, 28(7), 1473–1480. <https://doi.org/10.1111/jonm.13132>

Owl Labs. (2022). State of Remote Work 2022. Owl Labs. February 1, 2023. <https://owllabs.com/state-of-remote-work/2022>

SHOW UP Act of 2023, H.R. 139, 118th Congress. (2023). <https://www.congress.gov/bill/118th-congress/house-bill/139?q=%7B%22search%22%3A%5B%22hr+139%22%5D%7D&s=2&r=1>

Urban, L. (2020). Long-distance leadership: Tips for managing remote teams. Maryland Nurses Association's 117th Annual Convention (Virtual), October 1-2, 2020. *Maryland Nurse*, 21(5), 5.

Wagner, E. (February 2, 2023). House Republicans vote to turn back time on telework policies. <https://www.benton.org/headlines/house-republicans-vote-turn-back-time-telework-policies>

Citation: Speroni, K.G., (May 31, 2023) "Remote Work in Nursing: Facilitators and Barriers" *OJIN: The Online Journal of Issues in Nursing* Vol. 28, No. 2, Manuscript 1.

Related Articles

ARTICLE May 30, 2023

[The Virtual Nurse Program in a Community Hospital Setting](#)

Ruth Sagastume, MSN, RN, CPHQ; Jessica Peterson, PhD, RN

ARTICLE May 30, 2023

[The ANA Innovation Engine: Activating Innovation Through Education and Communities of Practice](#)

Oriana Beaudet, DNP, RN, PHN; Daniel Pesut, PhD, RN, FAAN; Olivia Lemberger, PhD, RN, CHSE, NPD-BC

ARTICLE

[Belonging in Online Nursing Education](#)

Breana Taylor, PhD, RN, AHN-BC; Christine Zamaripa, PhD, RN; Jaime Stevens, MSN, RN; Maria Satre, MSN, RN, CHSE, CPN

ARTICLE May 30, 2023

[Advances in Technology Mediated Nursing Education](#)

Michelle Aebersold, PhD, RN, CHSE, FSSH, FAAN; Laura Gonzalez, PhD, APRN, CNE, CHSE-A, ANEF, FAAN

ARTICLE May 30, 2023

[Meaningful Recognition of Pediatric Nurses via a Closed Facebook Group](#)

Christine LaGrasta, DNP, RN, CPNP-PC/AC; Shannon Olbrot, BS, BSN, RN, CCRN; Kerri Ann Fournier, BSN, RN, CPN; Colleen O'Shaughnessy, MSN, RN, CCRN; Paula Conrad, MSN, RN, CNL, CCRN; Patricia A. Hickey, PhD, RN, FAAN; Michele DeGrazia, PhD, RN, NNP-BC, FAAN

