Nursing Roles and Interactions with Telehealth in Long-Term Care: An Interview with Nurses

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Background and Aims

Telehealth use in long-term care (LTC) facilities expanded rapidly during the COVID-19 pandemic following significant Medicare policy changes in March 2020. While physicians' use of telehealth has been well documented, far less is known about the experiences of nurses—particularly nurse practitioners (NPs) and certified nursing assistants (CNAs)—who play central roles in facilitating, delivering, and supporting virtual care. Limited research has explored how nursing roles, workflows, and training needs have evolved alongside expanded telehealth adoption.

This study aimed to: (1) examine the role of nursing staff in telehealth delivery in LTC facilities; (2) identify challenges and facilitators shaping telehealth use among NPs and CNAs; and (3) assess workforce and training implications to inform HRSA's Geriatrics Workforce Enhancement Program and related national initiatives.

Methods

This qualitative study involved semi-structured, one-hour telephone interviews with nursing staff across diverse LTC settings in the United States. Recruitment occurred through social media, professional networks, and organizational partners, with ongoing monitoring to maintain sample integrity. Due to substantial fraudulent online survey responses, screening procedures were repeatedly revised, and final recruitment relied largely on referrals from trusted collaborators to ensure participant authenticity. Five authentic participants were enrolled: three NPs and two CNAs, representing both clinical and frontline care roles and allowing for perspectives across different points of care delivery. Interviews explored workforce adaptations, barriers and facilitators, system integration, patient experience, and telehealth-related training needs, with probes tailored to respondents' roles and contexts. All interviews were audio-recorded and professionally transcribed to support analytic rigor. Thematic analysis guided synthesis of findings, using iterative coding and regular team discussions to refine themes and ensure interpretive consistency.

Findings

Nursing staff described both benefits and challenges associated with telehealth use in LTC settings. They noted that virtual care improved access to urgent and primary care when in-person visits were difficult or delayed. Many highlighted how telehealth reduced common barriers—such as transportation, mobility issues, and scheduling constraints—and helped staff coordinate more efficiently with external clinicians. Repsondants also emphasized the convenience and flexibility of virtual visits for routine or follow-up care, often allowing residents to be seen more quickly.

At the same time, most felt that telehealth had clear limitations, particularly for visits requiring hands-on exams, subtle behavioral assessments, or detailed clinical observation. Participants consistently described technology as both enabling and constraining care with their patients. Telehealth enhanced continuity and flexibility, while also creating barriers related to digital literacy, infrastructure, and usability. Several noted that technology access, device management, and the staff time needed to facilitate visits were ongoing challenges.

Telehealth adoption reshaped professional roles in long-term care settings, providing efficiency gains for some staff while creating additional burdens for others. Advanced practice providers (NPs) experienced significant structural changes and increased autonomy. In contrast, CNAs often took on additional responsibilities without corresponding support.

Limitations and Future Directions

The study's small sample size (n=5) and reliance on NPs and CNAs limit generalizability. Recruitment was significantly constrained by fraudulent survey responses, reducing participant diversity. Future research should include registered nurses and licensed vocational nurses, incorporate larger samples, and examine how facility resources, payment models, and resident characteristics shape telehealth sustainability in LTC.

Policy Implications

Nurses' experiences suggest that telehealth can meaningfully improve access, communication, and care coordination for residents, but only when programs are tailored to the day-to-day realities of NH and AL settings. Policies that expand reliable broadband, support user-friendly platforms, and provide dedicated staff capacity for setup and troubleshooting would help facilities integrate telehealth more seamlessly. Training for staff, residents, and families could help build comfort and skill with technology, decreasing the burden on facility personnel and improving visit quality. Taken together, these insights support policies that sustain telehealth as a flexible, person-centered tool within a broader continuum of care.

Conclusion

Telehealth holds promise for improving access, continuity, and efficiency in LTC settings, but its benefits are unevenly distributed. NPs report substantial gains, whereas CNAs face increased responsibilities without adequate training or system support. Addressing structural and educational gaps—alongside broader adoption of interoperable technologies—is essential to ensuring equitable and sustainable telehealth integration across the LTC nursing workforce. Ensuring that all nursing staff receive standardized training and support can help maximize the quality of care for LTC residents. These findings highlight the need for policy and workforce development efforts that recognize the diverse roles of nurses and promote inclusive, role-sensitive telehealth practices in LTC facilities.

Full Report

https://healthworkforce.ucsf.edu/bibcite/reference/2106

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