REIMAGINING NURSING IDENTITY: LIVED EXPERIENCES OF NURSES SHIFTING TO VIRTUAL HEALTH CARE

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Abstract: This study aimed to explore and interpret the lived experiences of Filipino nurses transitioning from bedside nursing to virtual health care, focusing on professional identity transformation, challenges, coping mechanisms, and adaptation strategies. A qualitative, hermeneutic phenomenological design was employed to understand participants' experiences of remote virtual care and evolving professional roles. Data were collected through in-depth interviews with seven Filipino registered nurses with prior bedside experience currently working in utilization review nursing. Interview narratives were analyzed using Diekelmann's hermeneutic interpretive process, involving repeated transcript readings, examination of significant statements, and identification of recurring patterns and shared meanings. The analysis generated two emergent themes, nine relational themes, and fifty interpretive patterns of meaning. Findings revealed that transitioning to virtual health care involved redefining nursing beyond bedside practice, adjusting to unfamiliar responsibilities, and reconstructing professional identity. Under *Redefining Nursing Beyond the Bedside*, participants sought sustainable lives while facing unfamiliar practice environments, remote work demands, reduced human connection, and changes in professional identity. Under *Finding Stability in an Unfamiliar Way of Nursing*, participants described how personal and professional support, stress management, perseverance, and structured work boundaries facilitated adjustment and well-being. These findings highlight the complex process of redefining nursing identity and achieving stability in virtual health care, emphasizing supportive relationships, effective coping strategies, and structured work practices. The study underscores the importance of structured onboarding, continuing professional development, mentorship, peer support, and organizational initiatives promoting well-being and professional confidence. These measures may facilitate nurses' transitions and affirm the continuing value of nursing knowledge, judgment, and professional identity beyond the bedside.

Keywords: **Virtual Health Care, Virtual Nurses, Hermeneutic Phenomenology, Philippines**

INTRODUCTION

The rapid shift toward virtual healthcare has significantly changed the traditional roles of nurses in modern healthcare systems. Tibbe et al. (2023) noted that virtual nursing continues to expand as healthcare organizations adopt innovative approaches to patient care, while Clipper (2025) emphasized that virtual nursing has emerged as a response to workforce shortages and increasing healthcare demands. Furthermore, Borromeo et al. (2025) highlighted that virtual care technologies are becoming more integrated into nursing practice, resulting in evolving responsibilities and new professional expectations for nurses. Despite these developments, studies that explored how nurses experience this transition and how it affects their professional identity in virtual healthcare settings are few in number.

The shift toward virtual healthcare has continuously expanded in recent years, changing the way nurses deliver patient care and perform their professional roles. The increasing use of telemedicine and remote patient monitoring had nurses adapting to technology-driven healthcare environments that differ from traditional bedside practice. Hutchings et al. (2021) explained that virtual healthcare became an effective approach in managing patients remotely, particularly during the COVID-19 pandemic. Similarly, Murren-Boezem et al. (2021) described how healthcare professionals were rapidly trained and integrated into telemedicine services to meet the growing demand for virtual care. Furthermore, Leenen et al. (2025) highlighted that nurses working in virtual care settings carry out both traditional nursing responsibilities and emerging digital healthcare tasks, reflecting the evolving nature of nursing practice in modern healthcare systems.

The rise of virtual healthcare has opened new opportunities for Filipino nurses to work in global healthcare services while staying in the Philippines. Nurses are gradually adapting to technology-driven roles beyond traditional bedside care as telehealth and remote patient monitoring continue to expand. Beltran and Feakins (2026) reported that many Filipino nurses are hired for virtual healthcare roles involving patient monitoring, medical documentation, and transfer coordination.

Similarly, Reyes (2025) reported that Filipino healthcare workers are now providing remote patient monitoring and virtual care services for healthcare institutions abroad. In addition, Malinis (2026) highlighted how virtual nursing is reshaping the experiences and professional roles of Filipino nurses while allowing them to remain close to their families.

Critical gaps remain in understanding the impact of virtual healthcare on the nursing workforce. Leenen et al. (2025) discussed staffing, workload, scope of practice, and nurses' well-being in virtual settings, while Rouleau et al. (2024) highlighted digital equity and the need for proper educational preparation. Wong et al. (2022) examined nurse-patient interactions and technology usability in virtual healthcare settings. Despite these studies, there remains a limited comprehensive understanding of the development, themes, and professional implications of virtual care within the nursing profession. Further research is warranted to elucidate nurses' professional identity development and adaptation within virtual care settings. Additional inquiry may clarify how virtual care reshapes nurses' professional identity and adaptation.

PURPOSE OF THE STUDY:

This study aims to explore the career transition and professional identity transformation among Filipino nurses shifting from bedside care to remote virtual care roles, particularly focusing on their lived experiences, challenges they have faced, and their adaptation processes. The study is grounded on recent literatures showing that nurses abandon bedside practice due to burnout, heavy workloads, work-life imbalance, and the desire for better career opportunities and flexibility. However, the experiences and professional identity changes of nurses transitioning to non-clinical and remote health care roles remain insufficiently explored, highlighting the need for further research in this area.

METHODS

Research Design

This study employed a qualitative hermeneutic phenomenological research design, guided by the interpretive approach to lived experiences discussed by Diekelmann (2001). This design was used to explore the lived experiences of Filipino nurses who transitioned from bedside nursing to virtual health care; utilization review nursing in particular. Hermeneutic phenomenology was appropriate because it focused not only on describing participants' lived experiences but also on interpreting the meanings they attributed to their career transition, professional identity, adaptation, and personal well-being. This approach recognizes that human experiences are shaped by personal, social, and professional contexts and that understanding these experiences requires careful interpretation of participants' narratives (Todres & Wheeler, 2001).

Research Setting and Participants

This study was conducted in the Philippines and focused on Filipino registered nurses with previous bedside experience who are currently employed as utilization review nurses in remote virtual healthcare settings. Participants may come from healthcare companies, BPO organizations, telehealth agencies, and other remote healthcare service providers nationwide. Interviews were conducted through virtual platforms such as Google Meet and Zoom to provide flexibility and convenience for participants across different locations and work schedules. The study utilized purposive sampling, selecting participants who are (1) licensed Filipino nurses, (2) have previous bedside nursing experience, (3) currently work as utilization review nurses in remote virtual healthcare settings, and (4) are willing to voluntarily participate and share their lived experiences. Nurses without prior bedside experience or those not currently employed in utilization review roles were excluded. The researcher aimed to recruit approximately 6 to 10 participants, or until data saturation was achieved, to gather meaningful narratives about their career transition, challenges, coping mechanisms, and professional identity transformation.

Data Sources and Instrument

The primary source of data for this study was the lived experiences and personal narratives shared by Filipino nurses who transitioned from bedside care to remote virtual care roles. The participants served as the main source of information because of their firsthand knowledge and direct experience of the phenomenon being explored. Data were obtained through in-depth semi-structured interviews, allowing them to describe their experiences, challenges, coping mechanisms, and professional identity transformation. Their narratives provided insights into their transition from traditional bedside nursing to remote virtual roles such as utilization review, telehealth, healthcare virtual assistance, medical coding, and other non-clinical nursing careers. To support the credibility and richness of the data, the researcher also utilized field notes, interview observations, and reflective notes to capture non-verbal expressions, emotional responses, and contextual details that contributed to a deeper understanding of the participants' experiences.

Data Collection Procedure

Before data collection, the researcher secured approval from the Ethics Review Committee and the Program Chair through a formal request letter outlining the study's purpose, objectives, methodology, and research questions. The interview guide was validated by three qualified evaluators to ensure clarity and relevance, while permission from selected

healthcare organizations or agencies was obtained when necessary. Participants were identified based on the inclusion criteria, focusing on Filipino registered nurses with previous bedside experience who are currently employed in remote virtual care roles, such as utilization review, telehealth, healthcare virtual assistance, medical coding, and other non-clinical nursing positions. Invitations were sent through email, social media, and professional networks, together with an informed consent form explaining voluntary participation, confidentiality, anonymity, and the right to withdraw without penalty.

After obtaining consent, the researcher conducted 30-to-45-minute semi-structured interviews through Zoom, Google Meet, or face-to-face sessions, depending on participants' availability and preference. With their permission, interviews were audio-recorded, transcribed verbatim, and analyzed using hermeneutic phenomenological analysis to identify common meanings, themes, and interpretations. Member checking was conducted when applicable to ensure accuracy and credibility. Participants' identities were protected through codes or pseudonyms, and all recordings, transcripts, and digital files were securely stored and accessible only to the researcher and research adviser. After the study, all collected data were permanently deleted and properly disposed of to maintain confidentiality and privacy.

Trustworthiness and Ethical Considerations

To ensure the quality, rigor, and integrity of this qualitative research, the study followed the criteria of trustworthiness proposed by Lincoln and Guba (1985), namely credibility, dependability, transferability, and confirmability. These criteria were applied to ensure that the findings accurately represent the lived experiences of Filipino nurses transitioning from bedside care to remote virtual care roles and that the research process was conducted in a consistent, transparent, and ethical manner.

This study observed ethical principles to ensure responsible research conduct and protect the rights, dignity, and welfare of participants, particularly in terms of social value, risks and benefits, voluntary participation, and privacy and confidentiality. Social Value. The study aimed to understand nurses' lived experiences, professional identity transformation, coping, and adaptation to virtual healthcare. Its findings may benefit nurses, healthcare organizations, and nursing educators by providing insights for professional development, mentorship, supportive workplace practices, and nurses' well-being. Risks and Benefits. Participants may experience emotional discomfort when discussing career transitions and workplace challenges. To minimize these risks, interviews were conducted in a respectful and private environment, allowing participants to skip questions or withdraw without penalty. The findings may contribute to improving support and development initiatives for virtual nurses. Voluntary Participation. Participation was entirely voluntary, with informed consent obtained before interviews. Participants were informed of the study's purpose, procedures, possible risks and benefits, and their right to withdraw without negative consequences. Privacy and Confidentiality. The study adhered to the Data Privacy Act of 2012 (Republic Act No. 10173) by assigning codes instead of using real names. All recordings, transcripts, and personal information were securely stored and accessible only to authorized individuals. Information was not disclosed to employers or unauthorized persons, and all collected data were securely disposed of in accordance with the approved research protocol.

RESULTS AND DISCUSSION

This section presented the findings and discussion of nurses' lived experiences transitioning from bedside nursing to virtual healthcare. The analysis generated two emergent themes, ten relational themes, and fifty-four interpretative patterns of meaning. The first emergent theme, Redefining Nursing Beyond the Bedside, explored changes in professional roles and perspectives on nursing beyond direct patient care. The second emergent theme, Finding Stability in an Unfamiliar Way of Nursing, highlighted participants' adaptation through learning, support, stress management, perseverance, and work-life boundaries.

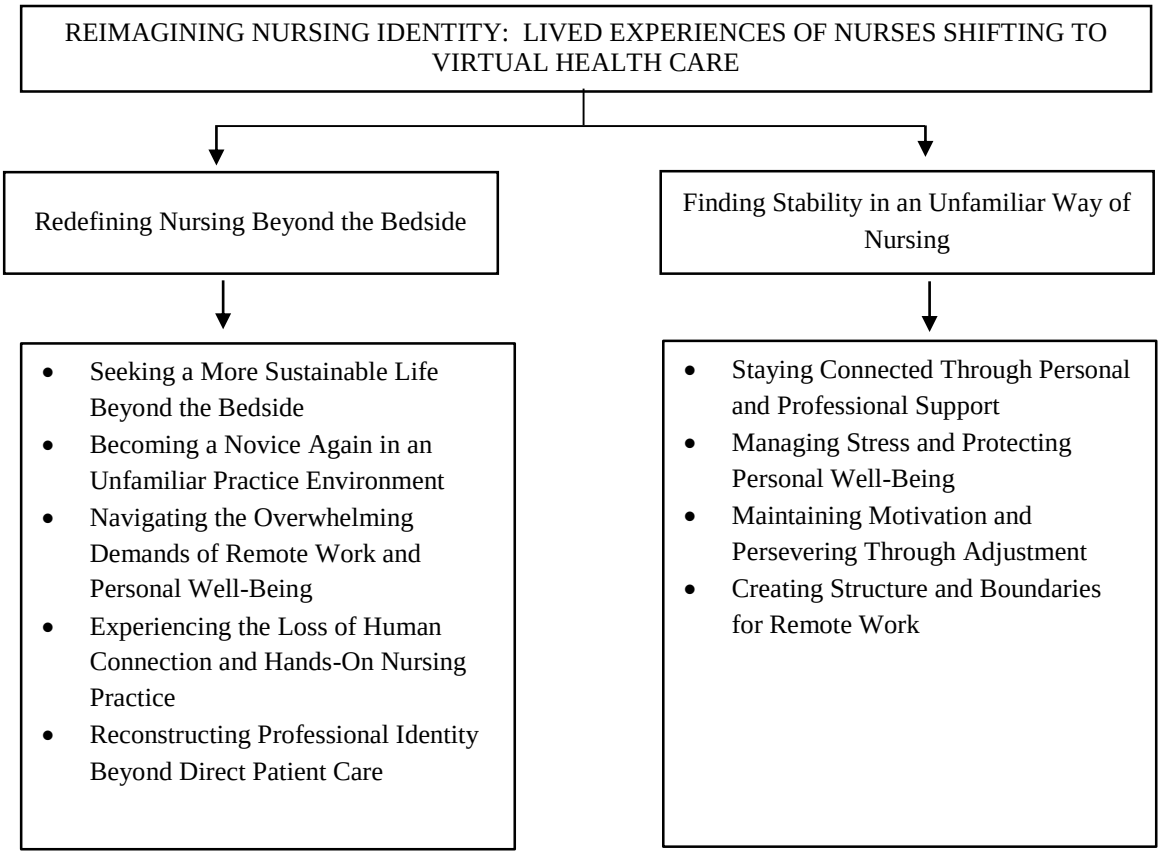


Figure 1. Thematic Map

Table 1. Profile of the Participants

Participant	Previous Clinical/Professional Experience	Length of Previous Experience	Current/Remote Role	Length of Remote Experience
Participant 1	Medical-Surgical Ward; Emergency Room	1 year Medical-Surgical; 1 year 9 months ER	Remote Virtual Care Nurse	10 months
Participant 2	Operating Room Nurse; Military Nurse/Coast Guard	1 year 6 months OR; almost 3 years military nursing	Remote Virtual Care Nurse	3 years
Participant 3	Hospital/Bedside Nursing	Almost 6 years	Remote Virtual Care Nurse	9 months
Participant 4	General and Surgical-Medical Ward; Emergency Room	1 year ward; almost 2 years ER	Remote Virtual Care Nurse	9 months
Participant 5	Intensive Care Unit (ICU) Nurse	1 year	Pre-Service Review Nurse	2 years
Participant 6	Hospital/Bedside Nursing; previous corporate/technology-based work	About 10 years bedside nursing	Remote Virtual Care Nurse	1 year
Participant 7	Nurse Supervisor; Clinical Instructor	8 years	Remote Virtual Care / Soft Nursing	1 year

Table 1 presents the professional profile of the seven participants included in the study, specifically their previous clinical or professional experience, length of previous experience, current remote role, and length of experience in remote virtual care. The participants came from diverse nursing backgrounds, including medical-surgical, emergency, operating room, intensive care, military nursing, nursing supervision, and clinical instruction. Their previous experience ranged from relatively shorter periods of bedside practice to approximately 10 years of hospital nursing, demonstrating varying levels of clinical exposure before transitioning to remote care. Their current roles primarily involved remote virtual nursing, including pre-service review, while reported remote experience ranged from approximately 9–10 months to one year for participants who specified their duration. Overall, the demographic profile illustrated that the participants entered remote virtual care from diverse clinical backgrounds and varying levels of professional experience, providing a range of perspectives through which the transition from bedside to remote nursing practice was understood.

Table 2. Lived Experiences of Filipino Nurses Transitioning from Bedside Care to Remote Virtual Care

Interpretive Patterns of Meaning	Relational Themes	Emergent Theme
Financial limitations in bedside nursing made remote virtual care a practical alternative for achieving greater economic stability.	Seeking a More Sustainable Life Beyond the Bedside	Redefining Nursing Beyond the Bedside
Higher compensation provided a strong reason for leaving familiar bedside roles despite the uncertainty of entering a different work environment.		
Working from home offered convenience by reducing commuting and allowing greater proximity to family and personal responsibilities.		
Remote work was initially perceived as an opportunity for improved work-life balance and a more sustainable professional arrangement.		
The transition reflected a practical negotiation between professional fulfillment, financial security, and quality of life.		
Experienced bedside nurses entered remote virtual care with unfamiliar systems, processes, terminology, and organizational expectations.	Becoming a Novice Again in an Unfamiliar Practice Environment	
Established confidence in bedside nursing did not automatically translate into confidence in remote practice.		
The shift from direct patient assessment to technology-mediated clinical review required nurses to exercise clinical judgment in unfamiliar ways.		
Transitioning from hospital-based practice to a corporate healthcare environment introduced different standards, workflows, and performance expectations.		
Audits and structured performance requirements heightened uncertainty about professional competence.		
The transition created the paradox of being an experienced nurse while simultaneously feeling inexperienced in a new form of practice.		

Remote work reduced some physical demands of bedside nursing but introduced substantial cognitive and emotional demands.	Navigating the Overwhelming Demands of Remote Work and Personal Well-Being	
Sedentary work and reduced physical activity created new concerns regarding physical well-being.		
Night-shift schedules disrupted sleep patterns and affected participants' physical and psychological adjustment.		
Working without the physical presence of patients and colleagues contributed to experiences of social and professional isolation.		
Virtual communication created difficulties in obtaining immediate assistance and maintaining interpersonal connection.		
Corporate monitoring, productivity expectations, and auditing created a sense of pressure and heightened scrutiny.		
Working within the home could blur the boundaries between professional responsibilities and personal life.		
The experience of work-life balance varied, with remote work creating greater flexibility for some while creating new boundary difficulties for others.		
The absence of direct patient interaction removed an important source of emotional and professional fulfillment.	Experiencing the Loss of Human Connection and Hands-On Nursing Practice	
Participants missed performing hands-on nursing skills that had been central to their everyday bedside practice.		
Patient gratitude and visible responses to care had provided immediate affirmation that their nursing work made a meaningful difference.		
The absence of physically present colleagues reduced spontaneous social interaction, companionship, and shared experiences at work.		
Remote practice could feel repetitive and solitary despite its financial and practical advantages.		
Prolonged separation from bedside care raised concerns about the gradual weakening of practical nursing skills and clinical familiarity.		
Remote virtual care challenged the assumption that meaningful nursing practice must occur through direct bedside care.		
Some participants experienced tension between nursing as a caring vocation and nursing as a source of financial security.		

Leaving recognizable bedside roles could affect professional pride and how participants understood or communicated their identity as nurses.	Reconstructing Professional Identity Beyond Direct Patient Care	
Distance from hospital practice created concern about maintaining connection to the identity and competencies associated with bedside nursing.		
Remote practice also broadened participants' understanding of the possible roles and responsibilities of nurses beyond the hospital setting.		
Clinical reasoning, chart review, and decision-making became alternative expressions of nursing competence in the absence of hands-on care.		
Participants recognized that virtual nursing decisions could still influence patient care and access to healthcare services.		
Professional identity was reconstructed rather than uniformly diminished as nurses negotiated continuity between their bedside experience and emerging virtual roles.		

Emergent Theme 1: Redefining Nursing Beyond the Bedside

The emergent theme Redefining Nursing Beyond the Bedside captures the overarching meaning of the participants' transition from direct bedside practice to remote virtual care. Their experiences suggest that the transition was not simply a change in workplace or employment arrangement. Rather, it required them to reinterpret how nursing could be practiced, how competence could be demonstrated, how professional fulfillment could be experienced, and how they could continue to understand themselves as nurses when direct physical care was no longer central to their daily work. This interpretation was consistent with the study's hermeneutic phenomenological design, which emphasized not only describing lived experiences but interpreting the meanings participants construct from them within personal, social, and professional contexts.

Relational Theme 1: Seeking a More Sustainable Life Beyond the Bedside

The relational theme Seeking a More Sustainable Life Beyond the Bedside reflects the participants' search for a professional arrangement that could better support their financial, personal, and family needs. Economic limitations in bedside nursing and the substantially higher compensation offered by remote work were prominent reasons for transitioning. However, sustainability extended beyond salary. The convenience of working from home, reduced commuting, proximity to family, and expectations of improved work-life balance also made remote virtual care attractive. Together, these experiences reveal that participants were weighing professional fulfillment, financial security, and quality of life rather than simply choosing one type of nursing work over another.

In consonance with the researcher's experience, working as a staff nurse in a private hospital presented financial challenges, as the salary was often insufficient to sustain personal needs and lifestyle. This required careful budgeting and prioritizing essential expenses over personal wants. However, the emergence of work-from-home opportunities brought a significant change in the researcher's professional and personal circumstances. Transitioning to a remote nursing role provided a substantially higher income compared to bedside nursing while allowing the researcher to continue practicing the nursing profession outside the traditional hospital setting. This experience highlighted how transitioning to virtual health care can influence not only a nurse's professional identity but also financial stability, work-life balance, and overall quality of life.

Relational Theme 2: Becoming a Novice Again in an Unfamiliar Practice Environment

The relational theme Becoming a Novice Again in an Unfamiliar Practice Environment reflects the paradox of experienced bedside nurses feeling inexperienced when entering remote virtual care. Participants encountered unfamiliar systems, terminology, workflows, documentation requirements, and organizational expectations that differed from the environments in which their competence had developed. This experience is consistent with Chopra (2025), who discussed

the challenges of establishing trust, communication, and collaboration between virtual and bedside nurses, particularly when the roles and responsibilities of virtual nurses are not fully understood. The transition therefore required participants not only to learn new processes but also to adjust to a different way of practicing nursing, where effective communication, familiarity with digital systems, and collaboration with colleagues became essential to their developing competence.

In accordance with the researcher's experience, having three years of bedside nursing experience in a private hospital provided a strong foundation of clinical knowledge, practical skills, and confidence in performing nursing responsibilities. However, transitioning to virtual nursing challenged this competence, as it required learning unfamiliar work processes, specialized terminologies, and new systems. During the first three months, the researcher often felt lost and overwhelmed, even considering returning to hospital-based nursing. This experience revealed that virtual nursing can be physically and mentally demanding, requiring continuous learning, competency development, adaptation to new professional expectations, and resilience.

Relational Theme 3: Navigating the Overwhelming Demands of Remote Work and Personal Well-Being

The relational theme Navigating the Overwhelming Demands of Remote Work and Personal Well-Being reflects how leaving bedside nursing reduced some physically demanding aspects of hospital work without necessarily making professional life easier. Participants described how physical exhaustion was replaced by sustained cognitive and emotional demands associated with chart review, decision-making, accuracy, audits, and continuous screen-based work. The sedentary nature of remote practice also introduced concerns such as reduced movement, prolonged sitting, weight changes, and physical discomfort, while night-shift schedules contributed to disrupted sleep and bodily adjustment. These experiences are consistent with Rollo et al. (2016), whose systematic review examined the cognitive and motivational factors associated with sedentary behavior and highlighted the importance of understanding the factors that influence prolonged sitting and physical inactivity.

In consonance with the researcher's experience, three years of bedside nursing involved considerable physical exhaustion due to unpredictable workloads and rotating shifts, which often left the researcher feeling physically drained. Transitioning to a virtual health care role initially appeared to offer a more comfortable working arrangement, as working from home reduced the physical demands associated with hospital-based nursing. However, the researcher came to realize that virtual nursing presents its own challenges, particularly in terms of mental and emotional demands. Despite the convenience of working from home, the role requires consistent concentration, accuracy, and attention to detail, as work outputs are regularly reviewed and audited. Maintaining a high level of performance therefore requires the researcher to remain mentally focused throughout each working shift. Achieving work-life balance has also remained a challenge, especially when complex tasks or demanding workloads require additional time beyond regular working hours. These extended work hours often leave the researcher with limited energy to engage in personal activities, resulting in a preference for resting or sleeping in preparation for the next workday. This experience highlights that although virtual nursing may lessen the physical demands of bedside care, it does not necessarily guarantee a better work-life balance, as mental fatigue, performance expectations, and difficulties in maintaining boundaries between work and personal life may continue to affect a nurse's overall well-being.

Relational Theme 4: Experiencing the Loss of Human Connection and Hands-On Nursing Practice

The relational theme Experiencing the Loss of Human Connection and Hands-On Nursing Practice reflects what participants felt had become less accessible when nursing shifted away from direct physical care. Participants missed patient interaction, hands-on nursing skills, and the immediate affirmation provided by patients' gratitude and visible responses to care. These experiences had previously made the impact of their work personally and emotionally tangible. This finding is consistent with Molina-Mula and Gallo-Estrada (2020), who emphasized the importance of the nurse–patient relationship in shaping the quality of care and patients' experiences in health care settings. Their findings highlight how interactions between nurses and patients extend beyond the completion of clinical tasks, contributing to the relational and human aspects of nursing practice. In the context of virtual nursing, limited face-to-face interaction may therefore change how nurses experience connection with patients and recognize the impact of their contributions to care.

Being recognized and appreciated for providing quality nursing care has always been a meaningful source of fulfillment for the researcher. During bedside practice, appreciation from patients provided personal and professional reward despite low compensation and physically exhausting work. However, transitioning to virtual nursing brought fewer opportunities for direct patient interaction and immediate expressions of gratitude, sometimes making the work feel more task-oriented and focused on meeting performance expectations. The researcher also expressed concerns about the possible weakening of clinical skills due to limited hands-on nursing experience. These experiences highlight the importance of human

connection, recognition, and continuous clinical skill development in maintaining nurses' professional fulfillment and identity in virtual healthcare.

Relational Theme 5: Reconstructing Professional Identity Beyond Direct Patient Care

The relational theme Reconstructing Professional Identity Beyond Direct Patient Care reflects how participants reconsidered what it meant to be a nurse when direct physical care was no longer central to their everyday practice. Moving away from the bedside challenged familiar markers of nursing identity, including patient interaction, hands-on clinical skills, the hospital environment, and the social recognition associated with visible nursing work. The International Society for Professional Identity in Nursing (ISPIN, 2022) defines professional identity as a sense of self, shaped by the values, norms, and characteristics of nursing, that influences how nurses think, act, and feel in their professional roles.

In consonance with the researcher's experience, transitioning to a utilization review nursing role provided greater financial stability, flexibility, and opportunities to meet personal needs. However, this transition also changed the researcher's sense of professional pride and identity. Unlike bedside nursing, where identifying as a nurse was a source of pride, virtual nursing sometimes creates uncertainty when introducing oneself professionally, particularly when others are unfamiliar with utilization review roles. This has led the researcher to reflect on whether he continues to identify primarily as a nurse or is gradually adopting the identity of a corporate employee. Although the transition offers financial benefits, it also raises questions about professional belonging, recognition, and the meaning of being a nurse beyond the traditional hospital setting.

Table 3. Coping Mechanisms of Nurses Adjusting to Remote Virtual Care Roles

Interpretive Patterns of Meaning	Relational Themes	Emergent Theme
Family members and spouses provided emotional reassurance and practical assistance that helped participants manage the demands of adjustment.	Staying Connected Through Personal and Professional Support	Finding Stability in an Unfamiliar Way of Nursing
Maintaining communication with friends and fellow nurses provided opportunities to express frustrations, seek reassurance, and share experiences.		
Supportive coworkers and reliable workplace teams provided participants with a sense of assistance and connection while navigating unfamiliar responsibilities.		
Deliberately maintaining social and professional connections helped participants counter the isolation associated with remote work.		
Taking short breaks, resting, sleeping, and temporarily stepping away from work helped participants recover when mentally or emotionally overwhelmed.	Managing Stress and Protecting Personal Well-Being	
Leisure activities and personal routines provided temporary opportunities to disengage from work-related stress and mental fatigue.		
Taking time off or leave when overwhelmed allowed some participants to regain emotional and mental readiness before returning to work.		
Approaching difficult responsibilities one step or one day at a time helped participants manage the uncertainty of adjustment without becoming overwhelmed.		

Remembering family responsibilities, financial needs, and personal goals gave participants reasons to continue despite difficulties in the new role.	Maintaining Motivation and Perseverance	
Accepting that adjustment required time helped participants persist without expecting immediate mastery of remote virtual care.		
Mistakes and difficult experiences were reframed as opportunities to learn and improve subsequent decisions.		
Establishing a dedicated workspace helped participants mentally separate professional responsibilities from the comfort and distractions of home.	Creating Structure and Boundaries for Remote Work	
Setting clear work hours and personal boundaries helped participants protect time for rest, family, and activities outside work.		
Developing routines for organizing cases and completing responsibilities helped participants maintain greater control over their remote workload.		
Adjusting the physical workspace and attending to ergonomics supported adaptation to prolonged computer-based work.		

Emergent Theme 2: Finding Stability in an Unfamiliar Way of Nursing

The emergent theme Finding Stability in an Unfamiliar Way of Nursing captures the overarching meaning of how participants coped with and adapted to remote virtual care. Adjustment was not experienced as a single moment of becoming comfortable with the new role; rather, stability was gradually constructed through learning, interpersonal support, management of stress, sustained motivation, and deliberate changes to everyday work practices. Participants entered remote care without the familiar routines, immediate collegial presence, and embodied clinical environment of bedside nursing. In response, they developed ways of making the unfamiliar increasingly manageable. This involved seeking guidance while gradually becoming more independent, maintaining connections with family and colleagues, creating opportunities for rest and emotional recovery, holding on to personal reasons for continuing, and establishing routines and boundaries that allowed work to coexist with life at home. These responses reflect the study's understanding of coping as the emotional, mental, professional, and social ways nurses adapt during their transition to remote virtual care.

Relational Theme 1: Staying Connected Through Personal and Professional Support

The relational theme Staying Connected Through Personal and Professional Support captures how relationships became important resources for coping with the physical separation of remote work. Family members and spouses provided emotional reassurance and practical assistance, while friends and fellow nurses gave participants opportunities to express frustrations, seek reassurance, and share experiences with people who understood the nature of their work. Within the professional environment, supportive coworkers and reliable teams similarly provided a sense that assistance remained available despite the absence of physically present colleagues. These findings are supported by Wu et al. (2022), who found that spending time with family members and engaging in adaptive processes, such as balancing work and personal life, were positively associated with family relationship quality among individuals working from home.

According to the researcher's experience working in a clinical process outsourcing (CPO) company for approximately 11 months, virtual nursing can be mentally draining and emotionally exhausting, with continuous work demands contributing to feelings of being overwhelmed and possible burnout. Remote work also presents challenges of isolation due to limited physical interaction with colleagues. However, having a reliable support system has become essential to the researcher's adjustment and well-being. The researcher developed meaningful friendships with two colleagues from Region VII, regularly holding group calls during night shifts to share work concerns, express frustrations, exchange insights, and provide mutual encouragement. These relationships serve as an important source of emotional and professional support, making workloads more manageable and reducing feelings of isolation. This experience highlights the importance of social

connection and peer support in helping nurses cope with the emotional demands of remote work and maintain their well-being in virtual healthcare settings.

Relational Theme 2: Managing Stress and Protecting Personal Well-Being

The relational theme Managing Stress and Protecting Personal Well-Being reflects participants' efforts to manage the mental and emotional demands of remote virtual care. Participants described taking short breaks, resting, sleeping, temporarily stepping away from work, taking leave, and engaging in leisure or personal activities to create distance from work-related stress. These practices highlight the importance of intentional self-care in maintaining well-being while working remotely. This finding is consistent with Bhattacharya and Bhattacharya (2025), whose review of research on remote work identified both positive and negative psychological outcomes, including improved work-life balance and job satisfaction, as well as technostress, social isolation, and psychological fatigue.

In line with the researcher's experience, working from home is not necessarily suitable for everyone, as it requires self-discipline, effective time management, and the ability to establish boundaries between work and personal well-being. During the first few months of working as a utilization review nurse, the researcher often overlooked scheduled breaks and continued working without allowing sufficient time to rest. Initially, this seemed like a way to keep up with the workload and fulfill work responsibilities. However, as the months progressed, the continuous demands of the job began to take a toll on the researcher's mental and emotional well-being. The researcher frequently expressed their feelings of exhaustion and frustration to his mother after each shift, even reaching a point where quitting the job seemed like the only way to escape the overwhelming demands of work. These experiences prompted the researcher to recognize the importance of taking regular breaks and giving himself time to recover throughout the workday. Gradually, the researcher began prioritizing mental health by consistently utilizing scheduled breaks to regain focus, refresh his mood, and manage work-related stress. This simple yet meaningful change helped create opportunities to step away from work, engage in personal activities, even briefly, and return to tasks with a clearer mind. Through this experience, the researcher learned that maintaining productivity does not mean working continuously without rest. Rather, recognizing personal limits and allowing time for recovery are essential to preventing burnout, sustaining well-being, and achieving a more manageable balance between professional responsibilities and personal life while working remotely.

Relational Theme 3: Maintaining Motivation and Perseverance

The relational theme Maintaining Motivation and Persevering Through Adjustment reflects how participants sustained themselves psychologically when adjustment remained difficult. Rather than expecting themselves to master the role immediately, some learned to approach challenging responsibilities one step or one day at a time. Allowing adjustment to unfold gradually reduced the pressure to demonstrate immediate competence, while mistakes and difficult experiences became opportunities to learn and make better decisions in the future. Persistence, therefore, involved changing how participants interpreted difficulties: not as evidence of their inability to perform the role, but as challenges they could address gradually. This finding aligns with Falon et al. (2022), who explored how self-reflection on stressful experiences can help individuals develop insights into coping and understand how coping strategies interact with personal and situational factors.

In consonance with the researcher's experience, mastering work processes and workflows in a clinical process outsourcing (CPO) company cannot be achieved overnight, particularly when transitioning from bedside care to an unfamiliar professional environment. Even after several months, the researcher continues to experience challenges in adjusting to virtual nursing demands and expectations. The tendency to expect immediate mastery of new responsibilities sometimes leads to unnecessary pressure and frustration. However, the researcher has gradually learned to practice patience and self-compassion by taking one step at a time, allowing time to understand unfamiliar processes, and accepting mistakes as part of learning. This experience emphasizes that professional competence in virtual nursing develops through continuous practice, experience, and reflection, as well as the willingness to learn and improve despite uncertainties and setbacks.

Relational Theme 4: Creating Structure and Boundaries for Remote Work

The relational theme Creating Structure and Boundaries for Remote Work captures the practical reorganization required when the home became the workplace. Participants developed environmental and behavioral strategies to distinguish professional responsibilities from personal life. These included creating a dedicated workspace, setting clearer work hours, maintaining boundaries at the end of each shift, organizing responsibilities and cases, and making the workspace more ergonomically appropriate. Such practices helped participants establish structure in a setting where the physical boundaries separating hospital work from home life were no longer present. This finding is consistent with Dong et al. (2025), who

found that working from home can have both positive and negative effects on employee well-being. Although remote work may enhance job engagement, it can also intensify conflict between work and family responsibilities.

Working as a virtual nurse from home can make it difficult to distinguish between professional responsibilities and personal time, particularly when the workplace and living environment are situated in the same space, according to the researcher's experience. Without the need to report to a physical office, the researcher sometimes finds it challenging to establish clear boundaries between working hours and periods of rest. To address this concern, the researcher established a dedicated workstation within the bedroom, complete with the necessary office supplies and equipment. This designated space serves as a physical reminder to shift into work mode, helping the researcher focus on assigned tasks, meet performance metrics, and maintain professionalism during working hours. By keeping the workstation separate from areas intended for relaxation, the researcher also becomes more mindful of avoiding unnecessary distractions and resisting the tendency to rest or lie in bed while working. In addition, establishing a clear work schedule has become an important strategy for maintaining boundaries between professional and personal responsibilities. The researcher makes a conscious effort to avoid extending work beyond the designated hours and recognizes the importance of allowing sufficient time for rest and personal activities. Through these practices, the researcher has developed a greater sense of structure and discipline while working remotely. This experience highlights the importance of creating a designated workspace and maintaining consistent working hours to help virtual nurses distinguish between their professional roles and personal lives, protect their time for recovery, and establish a healthier balance while working from home.

CONCLUSION AND RECOMMENDATIONS

The findings of the study implied that transitioning from bedside nursing to remote virtual care requires significant adjustment, as the nature, responsibilities, and challenges of nursing practice may differ considerably from those encountered in a traditional clinical setting. Nurses transitioning to remote practice should recognize that the skills, routines, communication patterns, and work environment they are accustomed to at the bedside may not be entirely applicable to virtual care. This highlights the importance of being open to new ways of performing nursing responsibilities and adapting to the demands of a technology-driven work environment.

The findings further implied that nurses may experience different forms of challenges and difficulties during the transition to remote nursing practice. Unlike bedside nursing, remote practice may require nurses to manage situations independently, communicate effectively through virtual platforms, and make appropriate decisions despite the physical distance from patients and colleagues. Therefore, nurses entering remote practice should be adequately prepared for the unique demands of the role and understand that adjustment may take time.

The study also highlighted the importance of developing effective coping mechanisms when transitioning to remote nursing practice. Strong coping strategies may help nurses manage anxiety, adapt to changes in their work environment, and maintain their ability to perform their responsibilities effectively. Providing appropriate support, orientation, and resources may help nurses navigate the adjustment period and sustain their engagement in remote nursing practice. Finally, these findings may provide valuable insights on how remote virtual care nurses manage difficult situations while working on their own. Understanding how nurses cope with challenges, how they make their decisions and how to navigate difficult situations in a remote setting may help them prepare and better support nurses that are entering the field of virtual care.

Future researchers may examine how professional identity develops among nurses in different virtual healthcare roles, particularly utilization review nursing. Studies may also investigate the long-term effects of remote practice on clinical skills, professional confidence, and readiness to return to bedside care. Comparing responsibilities, work environments, and levels of patient interaction may provide insight into how nurses maintain their professional identity and clinical competence beyond bedside settings.

Further research may investigate how family relationships, colleague support, and organizational resources influence nurses' adjustment to virtual healthcare. Particular attention may be given to structured onboarding, mentorship, continuing professional development, peer-support initiatives, ergonomic improvements, and mental health programs. Evaluating these interventions may help determine their effectiveness in improving professional confidence, reducing work-related stress, and supporting long-term adjustment to remote nursing practice.

Finally, longitudinal and comparative studies may examine how nurses' experiences and professional identities evolve over time and across different employment settings. Researchers may determine whether uncertainty, isolation, and reduced professional fulfillment diminish with experience or remain persistent challenges. Comparing Filipino nurses employed by

local and international healthcare organizations may also reveal how compensation, job expectations, workplace culture, and career development opportunities influence their adjustment and professional identity.

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