

The Manager in the Digital Age Behind the Screen: How do Health System Employees Perceive the Effectiveness of Managerial Practices Conducted Behind the Screen During the COVID-19 Pandemic?

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Abstract

This study focuses on how employees working in the health-care sector in Israel understood the effectiveness of management practices done on a "behind the screen" or virtual format during the COVID-19 pandemic context. The unprecedented use of digital leadership techniques during the pandemic prompted this study with respect to shifting to a human experience of virtual management (i.e., communication, motivation, decision making, relationships, flexibility, and productivity). The study employed qualitative, interpretive phenomenological approaches using 30 isolated interviews and 4 focus groups with disparate roles in the health-care system. Findings indicate that while digital managerialism allowed for operational continuity and flexibility in operations, it also meant dissociation or weakening of trust, disrupted communication, and fractured cohesion in teams. The study argues that effective remote leadership requires more than using technology but rather relies on the social process of mutual and emotional aspects of empathy, inclusion, and trust. The study also advocates for health-care organizations to implement intentional resources in staff digital literacy, relational leadership processes and practices, and inclusive communication systems. Theoretically, this study adds to the discussion of e-leadership in health-care organizations, and practically, provide a blueprint for creating sustainable human-focused management models and actions in hybrid and digital first health systems.

Keywords: Remote leadership, Digital management, Healthcare management, COVID-19, Virtual communication, Motivation, Israeli health system, E-leadership, Digital transformation in healthcare.

1. Introduction

The COVID-19 pandemic changed the context of health care leadership, creating a need for health care leaders to shift and scale their management through a remote digital workplace (Saif, et al. 2025; Tsekouropoulos et al., 2025). This study examined employee perspectives of "behind-the-screen" management by managers within the health system in Israel during the COVID-19 pandemic. The main objective was to examine the lived experiences of employees, and assess digital leadership behaviors across six themes (i.e., communication; employee engagement and motivation; decision-making; manager-employee relationships; the duality of remote work; and productivity). The overarching research question was: How do health system employees perceive the effectiveness of managerial behaviors conducted digitally during the COVID-19 pandemic? Employing a qualitative design with an interpretive phenomenological analysis approach, data were collected via 30 interviews and 4 focus groups. Findings suggested that digital management practices provided continuity and opportunity for flexibility, but also highlighted challenges which included weakened peer and manager relationships, inaccuracies in communication, and discrepancies in inclusion and motivation.

The research was bounded by key terms such as remote leadership, digital

communication, trust building and virtual decision-making. Remote leadership, or e- leadership, means to manage traditionally dispersed teams using primarily information- and communication-based technologies (Terkamo-Moisio et al., 2024). Digital communication tools, such as Zoom and email, were essential for enabling a continuation of operations, however, digital communication just does not seem to have the same richness of face-to-face interactions and cultivate the same emotional investment (Morrison-Smith & Ruiz, 2020). While this thesis appears to be situated within the when using the wide lens of healthcare digitalization (i.e. Artificial Intelligence and telehealth) as highlighted in Limna (2023) and Kasoju and others (2023), it is Ontario's (2023) scope which is specifically focused in Israeli healthcare settings and grasping the decisive and timely opportuneness of the contributions towards the human factors and organization dynamics of remote management models. This understanding is invaluable towards shaping strategies, likely in hybrid or digitally augmented organizational, in a post pandemic world.

This research is important because it demonstrates a disconnect between technological implementation and relational leadership in healthcare, an environment where in-person interaction had historically taken precedent. This research indicates that trust, empathy, and inclusive communication are equally significant within virtual leadership compared to conventional leadership/management (Hurmekoski et al., 2023; Soomar, 2020). The research report recommends health system leaders prioritize funding despite budgetary restrictions, to adapt management structures and sustain, through digital-community practice and development, the organizational fiber required to maintain teams' sense of belongingness and consequently motivation as human beings. The report advocates that leaders reshape digital leadership that is human-centered and responsive to the needs of each employee and the contextual approach to remote working (Garavand et al., 2022; Tagscherer & Carbon, 2023).

Ultimately, this research advances the ongoing discourse on digital leadership in health systems by providing actionable recommendations and outlining areas for future research including long-term cultural impacts, remote management training, and the sustainability of a digital-first management approach for healthcare organizations.

2. Literature Review

2.1 Digital management in the health sector

Digital management in the health field is transforming rapidly as a consequence of technological development and the demand for healthcare systems to deliver improved efficiency (Limna, 2023). Importantly, the COVID-19 pandemic has rapidly attracted the use of digital and contactless methods of health delivery such as telehealth, digital health apps, and artificial intelligence (AI) based analytics.

Telehealth technology has quickly emerged as a key factor in the delivery of health and wellness, including virtual healthcare visits, remote vitals monitoring, and real- time observation (Stoumpos, et al, 2023). Digital health technology not only allows better patient care but also chronic disease management, and other better organization and improved tracking of patient care that also makes healthcare more accessible and tailored to chronic disease patients. In addition, AI based analytics and big data analytics technologies are being used to support clinical decision making and quality of diagnosis, and administrative management of healthcare institutions as well (Kasoju, et al., 2023).

2.2 Management behind the screen

"Management behind the screen," refers to the management and impact of management in the digital landscape (Schilirò, 2024). This term seems very relevant since virtual management of teams was just starting to grow in importance and popularity as remote work situations and online learning increased (Mwamba & Malik, 2022). Managing a team in a digital environment requires an understanding of challenges faced in in-person communication and operational effectiveness, while monitoring employee output and their engagement when not around them in person (Sanusi et al.,

2023). Successfully maneuvering through the digital management space requires adequate communication tools, an understanding of organizational expectations, and a concentrated effort on understanding the culture of the organization and how to develop it considering physical boundaries (Sacavém et al., 2025). The impact of increased screen time on mental health has been highlighted with the published study in BMC Psychology to suggest the toll and importance of management behind the screen (Santos et al., 2023).

Management behind the screen in relation to the health sector can focus on various ways that the digital can improve their operational efficacy while managing patient care (Bagayoko, et al., 2020). Health management based on a digital-first approach realigns how administrative activities are performed, freeing physicians and seizing health professionals from administrative burdens (Haule et al., 2022). Technologies, such as AI are being applied to automate various events to these planes such as most algorithmically driven claims processing and documentation of administrative tasks to free up vast amounts of time for doctors and nurses (Maleki Varnosfaderani & Forouzanfar, 2024). This process is making things much more efficient and allows for equity toward the process of dealing with labor shortages in that knowledge and human resources can more efficiently be allocated to issues that matter rather than an administrative burden (Dailah et al., 2024). Another way change in the health sector is being influenced by what has been historically a burdensome and stressful commitment to access to care is re-calibrating everything under a value- based care model by embracing telehealth and remote monitoring of patients, allowing more personalized and patient centered care for patients (Gile et al., 2018; Epizitone et al., 2023).

2.3 The Rise of Remote Leadership in Healthcare

Even before the pandemic, advances in digital technology and globalization were transforming leadership practices across industries (Cortellazzo et al., 2019). The concept of remote leadership (or *e-leadership*) refers to leading teams that are geographically or physically dispersed, primarily via information and communication technologies (Terkamo-Moisio et al., 2024). In essence, remote leadership entails using digital tools (email, videoconferencing, collaborative platforms, etc.) to perform traditional leadership functions—communicating vision, directing work, supporting employees—without in-person contact (Terkamo-Moisio et al., 2024). Cortellazzo and others (2019) note that the digital era demands leaders create new ways of connecting with distributed stakeholders and enabling collaboration in complex, tech- mediated environments. Leaders who are critical to the digital culture must be able to apply leadership skills that will allow them to lead virtual teams. Prior to 2020, there were some increases in the amount of remote work due to available technologies and a growing emphasis by workplaces on work/family balance (e.g., telework scheduling). The increase in remote work was exacerbated by the COVID-19 pandemic that transformed the established practice of remote leadership and required managers to facilitate the remote leadership of teams around the world (Haque et al., 2023). For example, just before COVID-19 pandemic in 2019 and into 2020, many countries saw an exponential surge in employees transitioning to a remote-work schedule from their homes. This transition into a direct remote working team caused many archaic managers who were used to remote leadership, needing to lead a whole team through a digital experience while working in a new leadership role (Amankwah-Amoah et al., 2021).

Healthcare, traditionally reliant on face-to-face interaction, was not immune to this shift. Remote leadership in the health sector became far more common during and after COVID-19 (Terkamo-Moisio et al., 2024). Studies in various countries observed a rapid transition as health and social care managers began overseeing staff through virtual meetings and electronic communications (Ameel et al., 2022; Kiljunen et al., 2022). This move to behind-the-screen management was driven not only by lockdowns but also by the need for infection control and resource coordination in a crisis. Research by Glette and others (2024) on Norwegian healthcare leaders

underscored how, when confronted with the pandemic's challenges, leaders had to swiftly adapt

routines, embrace digital solutions, and protect both employees and patients. Effective leadership proved crucial for maintaining operations and staff morale under these conditions. In sum, the pandemic created a natural experiment in digital leadership: health organizations had to test the viability of remote management at scale and speed (Meiryani et al., 2022). This situation offers a unique context to examine core questions in the literature: Can leadership be as effective when delivered virtually? What new challenges arise in a healthcare setting when communication and supervision are mediated by screens?

2.4 Challenges and Opportunities of Leading from Behind the Screen

There has been growing evidence that remote leadership has significant benefits and challenges for organizations (Caniëls, 2023; Steude, 2021). On the one hand, digital leadership has the potential to improve efficiency, flexibility, and reach (Tagscherer & Carbon, 2023). In addition to providing the means for leaders to assemble teams quickly from anywhere, leaders can share information with remote stakeholders more broadly than before. Leaders can be more creative in tapping into employee talent pools, as they can adapt to a wider employee population, without geographic constraints (Sedefoglu et al., 2024). In health care, remote manager practices provided the ability for many campus administrators and support staff the ability to work safely from home and enabled clinical supervisors to provide coordinated care across different units without being physically present. Employees with the right infrastructure, often saw the value of less commuting and the options for home and work to be better aligned, so they saw value (Garavand et al. 2022). In fact, Terkamo-Moisio and colleagues (2024) documented that many health and social care professionals supported the use of digitalisation and remote leadership, where the professionals that were the most supportive tended to have more education or remote work experience. These sentiments are consistent with much broader literature review analyses that indicate that the leaders of the digital age can do a better job of capitalizing on the potential to create a more-connected and empowered workforce using collaboration platforms and enabling autonomy to give employees more options on how they conduct their work (Cortellazzo et al. 2019). When implemented effectively, remote leadership can flatten hierarchies and navigate toward more project based team, and create more immediacy in communication, less gatekeeping from office barriers (Ghar, 2024).

However, moving to behind-the-screen management comes with serious risks.

One fundamental challenge is the “loss” or less reliance on rich, face-to-face communication signals that support meaning making and the building of relationships. (Morrison-Smith and Ruiz, 2020). Without hallway conversations or in-person meetings, some employees have expressed that the communication under remote leadership is too formal or one way. (Kravets, 2025). This suggests that if leaders are only transmitting information online and failing to listen and have dialogue, employees can feel disconnected or unsupported in their virtual environments. Another essential issue is trust. There are challenges to trust in remote environments, where managers' oversight is inherently limited and where employees may feel they have to “prove” they are working. If this implicit expectation is not managed successfully, it can create stress or irritability or lead to micromanagement. Prior work has focused on trust and confidence as the pillars of team success in virtual spaces (Soomar, 2020). Hurmekoski et al, (2023) reported that nurse leaders themselves cited “the importance of trust in remote leadership” noting a need for clear guidelines while figuring out new ways to create trust without physically seeing employees. In addition, for both leaders and staff, there is digital fatigue and uncertainty. Daily video meetings, where needed, are exhausting for employees in all shifts and make it difficult to maintain engagement or attention, a popularized phenomenon termed “Zoom fatigue”. (Johnson and Mabry, 2022). Also, not all employees are digitally literate or proficient with all digital tools; the uneven levels of

comfort can add stress and training require, or worse. For some, the shift to virtual platforms felt chaotic and “uncertain,” in particular where organizations did not have remote work policies established beforehand. (Topping et al., 2022). The conclusions of the literature present a complex picture: remote leadership is the emergent practice with potential; however, delivering on those benefits in health care is predicated on attending to challenges in communication, equitable access to technology, and trust and clarity.

3. Material and Methods

The study used a qualitative approach to explore health system employees' insights of remote management practices in detail. A qualitative study was appropriate given the focus on individual experiences and subtle interpretations of management success or failure (Turner et al., 2021). An interpretive phenomenological approach was adopted to understand the significance that participants assigned to working under behind-the-screen management practices during COVID-19 (Darley et al., 2025).

The population and sample consisted of employees working in the Israeli health system during the COVID-19 pandemic and who experienced some sort of remote or digital management. To ensure a large mix of roles and settings were represented, we used purposive, and snowball sampling strategies (Makwana et al., 2023). The data was collected through semi-structured interviews and focus group conversations. We conducted 30 individual interviews (approximately 60 minutes each) through video-conference platforms (Zoom or Microsoft Teams; depending on the participant's preference). We conducted 4 focus groups (5 participants in each group for ~90 minutes) through a secure online meeting platform. For data analysis, we utilized a thematic analysis approach of coding and themes development (Dawadi, 2020).

4. Results

The findings offer a rich and nuanced account of health system workers in Israel and their varied experiences with remote managerial practices as a result of COVID-19. Findings from interview and focus group data identify six themes related to employee experiences, which allow for understanding of employees' perceptions of organizational effectiveness related to digital leadership.

Theme 1: Perceived Effectiveness of Digital Communication Practices

The participants had mixed experiences with digital communication during the pandemic, clearly recognizing the role of virtual channels- like Zoom and email- in ensuring continuity, while also expressing their opinions on the depth and quality of communication. As a health worker expressed, *“It felt like we were being talked at, not talked with. I missed those spontaneous talks in the hallway where information was exchanged and emotional support was provided.”* Another stated, *“Sure, we received daily messages from management; we were being inundated with information, but that was just noise at a certain point... there was no opportunity for conversation.”* These experiences were reflected in Morrison-Smith and Ruiz (2020), who emphasized that the digital platforms failed to provide the multimodal elements of in-person communication which are necessary for engagement, relationship building, and mutual understanding. Similarly, when considering the limitations of unidirectional digital communication, Kravets (2025) highlighted that it could impede engagement and trust. The findings underscore the need for dialogic communication strategies as opposed to merely informative communication channels when communicating remotely.

Theme 2: Impact of Remote Management on Employee Engagement and Motivation

Many participants felt that remote managerial behaviors had both motivational and

demotivating effects. One nurse said, *"I liked that my manager checked in with me every morning. Even if it was a message, it showed they cared."* However, others reported feeling disconnected, stating: *"There was no team. It was very much everyone was in their own bubble and I lost motivation."* Ultimately these quotes reinforce the work of Terkamo-Moisio and others (2024), who found that regular, empathetic, and purposeful digital relational interaction from managers enhanced workplace motivation and employee relationships among health workers, particularly when connected to a collective sense of purpose. However, as noted by Santos and others (2023), digital fatigue among health workers also arises from excessive screen time driven mostly by virtual interactions without genuine social connection. Thus, to achieve motivation, it is important to consider the quality and individualization of remote managerial practices.

Theme 3: Perceptions of Remote Managerial Decision-Making Efficiency

Several respondents stated while digital platforms provided more rapid decision-making than when decisions were made in real time via a meeting, that the decisions being made also came with a sense of distance from the decision-makers to which had been made. One administrator remarked, *"Decisions were made faster, but we weren't involved in them-- we just received an email saying 'this is the new rule.'"* Another suggested, *"Some of the decisions seemed rushed, it was if they did not know what was going on the ground."* These responses are reflective of Sanusi and others' (2023) findings of a sense of speed in digital decision making; yet contextual and frontline voices were absent in these decisions. Similarly, Haque and others (2023) emphasized the need for virtual leaders to proactively include diverse voices to ensure legitimacy and effectiveness from a collective response to crisis. Collectively, these data suggest that screen-mediated leadership is structured within a tension between efficiency and inclusivity.

Theme 4: Influence of Digital Practices on Manager-Employee

Relationships

Respondents constantly spoke about a weakening of the employee-manager relational link. As one participant said, *"I used to feel a bond with my manager. But when everything went online, it felt distant just updates and calendars."* A second participant added, *"It is hard to feel connected to someone you see in a video square once a week."* These examples reinforce the descriptions found in the research by Hurmekoski and others (2023), who noted that building trust is a significant problem in remote healthcare leadership, particularly with infrequent, if ever, meetings in the same room. Soomar (2020) observed similar issues, adding that trust in a virtual work team takes more than just being in control - it also requires new ways of interacting: informal check ins, demonstrating empathy, etc. The research highlighted the need for intentional relationship-building processes focused on digital management that address the deterioration of social bonds in the workplace.

Theme 5: Challenges and Benefits of Behind-the-Screen Management

Study participants expressed contrasting views about remote leadership. Some of the responses indicated that remote leadership presented an opportunity for flexibility. One participant noted, *"Working from home gave me time with my kids-I was more balanced, and I think I worked better."* Conversely, other participants indicated they struggled. One shared, *"The flexibility worked against me. There was no structure, so it was hard to separate work and life... and not everyone knew how to enable and use the technology."* We left with this sense of duality on the topic of remote leadership supporting Caniëls (2023) and Tagscherer & Carbon (2023)'s conclusions that while digital leadership increases flexibility and reach, the right digital infrastructure and digital training or development is necessary to support successful digital leadership. The literature indicates the positives are not universally gained by all, Garavand and others (2022), demonstrate that those with better digital literacy and appropriate home set-ups experienced greater satisfaction with digital leadership. This theme indicated that remote leadership is not universal, it requires tailored individual systems of support, if it is to be supported in-term and long-term.

Theme 6: Perceived Effects on Job Performance and Productivity

Productivity perceptions under remote management were strongly mixed. One clinical worker commented, *"I was productive in some ways—fewer interruptions; but in other ways, it was hard to coordinate care without seeing people face-to-face."* Another participant stated, *"Sometimes I felt like I was just getting through the day, not putting out my best work."* These observations align with the observations of Meiryani and others (2022), who argued that productivity in remote healthcare work was context dependent and influenced by the availability of digital tools, role clarity, and emotional wellbeing. Likewise, Glette and others (2024) pointed out that in a remote setting, sustained performance depends on leadership flexibility and resilience-building strategies. Acknowledging that digital management supports performance, this must also be paired with strong systems that are sensitive to the challenges of frontline work.

5. Discussion

The COVID-19 pandemic was a major disruptor regarding how leadership and management practices were engaged across all disciplines, but particularly in healthcare where risk tolerance were high and contexts dynamic (Choflet et al., 2021; Crain et al., 2021). This study aimed to examine the perceptions of health system employees in Israel regarding the effectiveness of digital, behind-the-desk managerial practices implemented during COVID-19. Using a qualitative method including interviews and focus groups with healthcare practitioners, the study identified six main themes: digital communication, employee motivation, decision-making efficiency, manager-employee relationships, the dual nature of remote leadership, and perceived impacts on productivity. These themes present a nuanced view of digital management, highlighting both opportunities and persistent challenges in the transition to remote leadership in healthcare contexts.

The first significant finding concerns the mixed utility of digital communication. While digitally communicating on platforms like Zoom and email allowed for continuous communication, it also lacked the depth of face-to-face communication. These findings are consistent with Morrison-Smith and Ruiz (2020), who argued the multimodal cues afforded to meaningful communication are often not replicated in digital communication tools. Similarly, Kravets (2025) argued that digital communication can become overly formal, and unidirectional, resulting in disengagement with little chance for clarification and assessing our mutual understanding. Even though the findings underscored the need for both health care message clarity and emotional support from the organization's knowledge workers, an important lesson we learned was the need to pattern communication as dialogic not merely informative communication. The study suggests that whenever one is using technology they need to consider how to design for communication, empathy, and feedback loops, to keep the depth of communication intact.

Employee engagement and motivation under remote leadership has presented a complex issue. While some participants enjoyed their managers establishing consistent virtual check-ins, others reported feelings of isolation and lack of motivation without the cohesion of working within a team environment. Therefore, it is clear this duality has been addressed in the work by Terkamo-Moisio and others (2024), when they classified empathetic, purpose-based digital engagement as having a positive contribution to employee motivation in a remote healthcare team. On the other hand, they addressed how the previous findings by Santos and others (2023) about digital fatigue, but in the short term can even be damaging in the long term to motivation and well-being. The consequences outlined imply the need to find balance: frequent supportive managerial contact is beneficial once it is viewed authentically and in regards to an employee's own emotional states, rather than only been procedural.

The study also uncovered tensions around remote decision-making for managers. While many of the interviewees recognized the potential efficiency gains from the use of digital tools to speed up decision-making, they were also concerned about being left out of decisions. This reads

much like Sanusi and others (2023), who claimed that in remote management contexts, inclusion is sacrificed for efficiency, though as Haque and others (2023a) suggested, it is important to have diverse and frontline voices, to achieve legitimacy and responsiveness, in decision-making when using virtual tools. Overall, it seems remote leadership has the potential to expedite administrative workflows, however, decision-making should not forsake its democratic roots (Makowski, 2023). In healthcare contexts, where buy-in from staff is essential to implementing change, digital tools should act as enhancers—not replacements—for collaborative governance (Mauro et al., 2024).

The other important insight was related to the ways in which digital management has impacted manager-employee relationships. The move to remote interaction limited relational bonds, and this made sustaining trust and empathy more difficult. These conclusions connect with these authors' articles and conclusions, Hurmekoski and others (2023), when they highlighted building trust in virtual healthcare teams may require new strategies, such as informal check-in meetings, relational leadership strategies, and Soomar (2020) who emphasized that trust in digital environments needs to be built through considering teams' process and respecting caring and dialogic interactions. If these relational investments are not made, leaders will sink into transactional, caretaker mindsets that lead to disconnection and disengagement. This study outlines that leadership effectiveness in digital spaces extends beyond technical abilities to include components of emotional intelligence and the intentional building of social connections.

The ambiguity of behind-the-screen management was also frequently debated.

While some colleagues enjoyed the autonomy of remote work, including improved work-life balance, others felt disjointed and the structure remained ambiguous. The findings reflected the observations of Caniëls (2023) and Tagscherer and Carbon (2023) who noted that digital leadership, as one example of behind-the-screen management, could extend autonomy and distance, if carefully supported by and allowable infrastructure, physical structure, digital readiness, among other boundaries. Garavand and others (2022) also noted that digital satisfaction was not only contextual for individuals, but also dependent on individual digital learning and working environment. The findings point to a need for greater flexibility and individualization in remote leadership (and remote management) to account for differing employee needs, individual digital's capabilities, and home-work context to be effective.

Finally, the study investigated how digital management shaped employees' perceptions of job performance and productivity. Some employees reported higher productivity because they were not interrupted as often by being at home, but others found that coordination was more difficult, and their work was less impactful. This study is consistent with the work of Meiryani and others (2022) who found that performance in a remote healthcare context was contingent on role clarity, emotional status, and access to digital tools. Glette and others (2024) also highlighted that, resilient and adaptable leaders were important to foster productivity in a virtual environment. Thus, digital management can enhance performance when strong support systems are in place, and can hinder coordination and diminish care quality without these supports (Cosa & Torelli, 2024; Ingsih et al., 2024). In sum, the shift to a remote behind-the-screen approach to leadership requires careful reconceptualization and adaptation of traditional managerial and reporting practices to the digital realm; it is important you consider the quality of your communication, the nature of your relationships, the nature of inclusive practices, digital equity, and psychological safety.

6. Conclusion

This research provides a nuanced understanding of health care employees' perceptions of remote managerial practices while working from home. Employees experienced digital communication tools, employee engagement, decision-making processes, relaxational dynamics, flexibility, and productivity in varied ways. The study found that digital communication tools provided operational continuity and efficiency throughout the pandemic crises, but there were also

real challenges relating to weakened relational ties, digital fatigue, the breakdown of processes, and variability in activity and performance. This study aligns with the literature that highlights the complexity of the duality of remote leadership, which indicates that while digital management may enhance flexibility and autonomy, it relies on leadership strategies, access to the requisite technology, and not being too distant to notice emotional and relational needs during remote work (Terkamo-Moisio, 2022; Santos et al., 2023; Hurmekoski et al., 2023).

A synthesis of the results highlights that remote leadership in healthcare is not as simple as a single solution. The views of how effectively the managerial practices were implemented depended to a large extent on the quality and frequency of communication, the extent to which an inclusive or participatory approach was taken in addressing challenges and decisions, trust-building mechanisms, and the agency of the leaders and followers in advancing their digital literacy. Managers who worked with and demonstrated empathy or emotional intelligence, who provided high quality communication and dialogic style and commitment along the course of the relational process were more required to maintain motivation and cohesiveness of a team.

Conversely, ineffective example practices incorporated unidirectional communication from leaders without inclusion on decisions, and trusting relationships preceding the occurrence of alienation from team relationships, movements towards less motivation, and subsequent lower-level performance. Previous studies (Sanusi et al., 2023; Kravets, 2025), have pointed out that effective virtual leadership requires going beyond an effective transactional communication style to build authentic relationships with team members based on emotional intelligence capabilities in a digitally mediated approach. Realistic and effective virtual leadership requires hybrid-type leadership - digital engagement in a human-centered way to achieve digital and human coexistence.

While the study has offered useful understanding, it has also raised additional concerns, constraints and questions remain to be explored. The research outlined employee experience within a global crisis; this likely altered their experience of being led in unanticipated ways that may not be transferred into normal post pandemic working realities. As outlined in the findings, additional research on sustainable managerial practice in hybrid healthcare systems, equitable digital literacy training and remote working policy are needed. There is also real value in being able to assess the long-term impact of remote leadership on organizational culture, employee retention, and patient care. Ultimately, as healthcare systems continue to grapple with the digital age, leadership also needs to evolve beyond form but in function-essentially, not just the mechanisms of the digital age, but the values of trust, communication and inclusiveness. Only when health leadership is able to do the above will it flourish in the role of virtual leadership behind the screen.

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