



THE IMPACT OF INTEGRATING AND USING INNOVATIVE TECHNOLOGY AND ELECTRONIC HEALTH IN THE CONTINUING CARE UNIT ON THE PATIENT'S WELL-BEING?

Nemah Mashalⁱ

Girne American University (GAU),
Northern Cyprus

Abstract:

This study looked at how technology and e-health tools affected patients at Clalit Hospitals' Continuing Care Unit in Jerusalem. The researcher used the Unified Theory of Technology Acceptance and Use. Talked to patients and their families to see how they felt about the technology in their healthcare. The technology made patients feel safer and more secure. Patients at Clalit Hospitals Continuing Care Unit in Jerusalem were able to manage their symptoms, and they did not feel so alone anymore. What is nice is that patients at Clalit Hospitals Continuing Care Unit in Jerusalem could get help quickly without having to go back and forth to the hospital. This made everything easier. It definitely made the care better. When it comes to costs and effort, technology has saved a lot of trouble. Patients at Clalit Hospitals Continuing Care Unit in Jerusalem did not have to travel all the time for checkups. Most patients at the Clalit Hospitals Continuing Care Unit in Jerusalem were satisfied with the health-monitoring devices and digital services. However, some people had problems with apps that were too hard to use. They just wanted to talk to their doctors more often. The study also found out that technology helped share information and make treatment plans that were right for each patient at Clalit Hospitals Continuing Care Unit in Jerusalem. Some people were not sure about this. Some people were worried that technology would replace caregivers, and they were nervous about keeping their health information safe. Overall, patients at Clalit Hospitals Continuing Care Unit in Jerusalem were more willing to use e-health apps if they were easy to use. They got plenty of help. The e-health apps also had to work with the hospital system. The main thing is that when you combine technology, ongoing support, proper training, and a medical team that cares for patients at Clalit Hospitals Continuing Care Unit in Jerusalem, patients get better care. However, there is a balance to strike. You have to keep in touch and pay attention to things like culture and language so that everyone gets the care they need at Clalit Hospitals Continuing Care Unit in Jerusalem.

ⁱ Correspondence: email mashal-na@gmail.com

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1. Introduction

1.1 General Background

Healthcare is changing fast, with new technology and e-health tools becoming a big part of the care we get every day. It is nice to see that it has made getting help a lot easier. People do not have to wait long for appointments, and both patients and doctors can save a lot of time. As more people get older or deal with health issues that never go away, digital solutions like e-health tools are more important than ever (Das, Subudhi, 2022). Especially for people who need regular care at their homes. Some studies have found that being able to use eHealth tools makes a difference for people who are dealing with chronic health issues. Patients who are good at using tools like eHealth tools are better at following their treatments and usually feel healthier overall. It seems that teaching adults and people with chronic illnesses how to use these eHealth tools and technology really works. Especially if the lessons are fun and made just for each person who is learning, and the lessons are about eHealth tools (Attwood S, Penney TL, O'Leary R, et al., 2020).

The data extracted from the audio-recorded interviews (5 interviews) and the written notes (30 interviews) were analyzed using thematic analysis, relying on the recorded excerpts to provide direct quotes, while the written notes were used to confirm and reinforce the themes.

1.2 Specific Background

Israel's Clalit Health Services is pretty much at the forefront of digital healthcare. They've got more than 4.7 million people using electronic health records, telemedicine, and all kinds of apps. But here's the thing: despite all that technology, the continuing care units still struggle to really deliver the best patient care, especially around Jerusalem. The city is a mix of cultures, religions, languages, and it's got its own set of tough geographic hurdles. It's not as simple as plugging everyone into the same digital system.

1.3 The Knowledge Gap

E-health is everywhere in Israeli healthcare, but honestly, we still don't know much about how it really affects patients in continuing care units, especially in Jerusalem, where the culture and geography add extra layers. Most studies just look at things like readmission rates, skipping bigger questions about patient well-being, how people feel mentally, socially, or even spiritually (Lee DWH et al., 2014). Another thing, researchers tend to ignore foreign caregivers. But these workers make up a huge chunk of Israel's home care workforce, and their language and cultural struggles make it tough for them to use new technology. That's a gap nobody's really tackled yet.

1.4 Study Contribution

We set out to see what happens when patients in the Continuing Care Unit at Clalit Ramat Eshkol Hospital in Jerusalem use technology and e-health tools. We wanted to hear how patients feel, but also what their families and caregivers think about all this. So, we sat down and talked with 35 people- patients, family members, and foreign caregivers - to get their real opinions (Luigi M et al., 2020; Okumuş et al., 2019). After these conversations, we dug into the results to spot patterns and get a sense of where things stand. There's not much info yet about how people in Israel use tech in healthcare, so this study gives us some new answers.

2. Literature Review

Healthcare is changing fast. Technology and e-health are now a part of how people take care of their health. E-health literacy is important because it helps people find, understand and use health information without getting lost online. When patients know how to use the internet and digital tools, they can take care of themselves (Luigi M et al., 2020). They are more likely to follow their treatment plans and get better. Teaching adults digital skills is a good idea. When people have the tools and knowledge, they can use health technology more effectively. It is not just about learning the basics. Feeling confident about managing a disease also makes a difference in how people use digital tools. One study looked at 289 patients. Found that self-confidence is very important for e-health literacy (Schramme, 2017). There is a model called the Unified Technology Acceptance and Use Model. It helps explain why people use technology or not. Four things are important: whether people think it will help them, how easy it is to use, what others think about it, and whether they have what they need to use it. Healthcare teams use this model to understand why staff use health record systems or not. However, not everyone has access to digital tools. Older adults, those with less education, or those living alone, often struggle to keep up. The digital divide is real. It affects their ability to access resources (Alcaraz et al., 2018). We need training programs that are designed for them. Some hospitals are now using home hospitals to provide care outside of the hospital. In Canada, one project started with 45 patients. Grew to almost 900 patients in five years. This type of care uses monitoring and can shorten hospital stays, reduce costs and improve patient satisfaction and health. But the success of care depends on things like how easy the systems are to use, how good the tech support is, and how fast the medical team responds. With all the progress we have made, we are still trying to figure out how much e-health improves patient well-being, especially in long-term care or among different cultural groups (Asmarawati et al., 2020).

We need to do research on how cultural and religious differences affect the way people use health technology. There is still a lot to learn before we can get the most out of this push in healthcare. E-health and healthcare are closely. We need to understand how e-health can help improve healthcare. Healthcare and e-health are changing the way

we take care of our health, and we need to make sure that everyone has access to these tools (Gopinath et al., 2022).

3. Materials and Methods

3.1 Methodology and Rationale for its Selection

We decided to do some research. We wanted to see things from the patient's point of view. We wanted to understand what the patients feel and what they mean, not just look at numbers. We picked this method for some reasons. The main reason is that our research looks at how patients, their families, and caregivers see and experience how technology affects their well-being. It makes sense to use a method that focuses on what people think and feel (Hagerman et al., 2015).

Another reason is that this kind of research is flexible. When something unexpected comes up during interviews with patients, we can go with it. That is important when looking at something like how patients feel about their care. The people in this study are patients with illness and caregivers from various backgrounds. They need space to talk. In-depth interviews let them talk freely and share their stories. We want to create an environment where patients and caregivers feel comfortable sharing moments and speaking honestly. We want to understand what is happening to patients and caregivers. Patients and caregivers are at the heart of this study. We want to hear the patients' stories and understand the patients' experiences. We are looking at how technology impacts patients, their families, and caregivers. This kind of research helps us understand patients and their experiences (Ketelsen et al., 2017).

3.2 Study Population and Sample

The study included everyone who was registered at the Clalit Continuing Care Unit in Ramat Eshkol, Jerusalem. 450 Patients, their families, and foreign caregivers. Researchers chose participants carefully, which is common in research when you want people who can really talk about the topic (Chow, Yang, 2005). They focused on people who had experience using technology in continuing care because they would have honest and detailed stories to share (Marmot, 2010). The group was quite diverse. There were patients with illnesses, family members who helped with care, and foreign caregivers from many different countries.

This way, the study didn't just focus on one perspective. In the end, the sample had 35 people. Ten patients were aged 45 to 78 with conditions like heart failure, COPD, diabetes with complications, or cancer. Fifteen were family members. Spouses, kids, siblings (Malkin, 2020). 28 to 70. The last ten were caregivers from countries like India, the Philippines, Ethiopia, Sri Lanka and Uzbekistan, aged 22 to 55. They stopped recruiting once they reached what researchers call "saturation". They kept interviewing people until nothing new came up. Most qualitative studies reach this point with around 12 to 20 participants. Since they wanted a mix from each group, they went up to 35 (Aitken et al., 2017).

3.2.1. Interview Documentation Methodology

Because the people in the study wanted to keep their information private, we used two ways to write down what happened in the interviews.

- 1) We recorded five of the interviews. Only because the people we talked to said it was okay. This way, we could get quotes for our analysis.
- 2) For the thirty interviews, we took lots of notes during and after the conversations.

Our supervisor told us to do it this way. We did this because some people did not want to be recorded, or it was not a time to use a recorder. We made sure to write down everything we observed within one day of each interview. This helped us get the information correct and make sure it was trustworthy. We did this with all the interviews, including the ones with the people who did not want to be recorded and the ones that were done in a way that did not allow for a recorder.

3.3. Research Instruments

We used interviews to collect our data. This way is really good because people can share a lot of details and stories, and we can also ask questions about things that surprise us. To help us with the interviews, we made a list of questions in Arabic, Hebrew, and English (Onmek et al., 2020). We looked at what other people found out about e-health taking care of patients, how patients feel and the UTAUT framework. Our interview guide had six topics. First, we asked a question to get to know the person we were talking to. Then we talked about technology, e-health, and how patients feel, and we asked about what they know, what they have been through, and how these things affect their bodies, minds, and social lives (Dijkstra, 2019). We also talked about getting healthcare and how technology changes that. We asked about money and whether it is worth it. Things like saving money, not having to stay in the hospital as much, and secret costs that people do not always talk about. We also talked about whether people trust and are happy with their healthcare, patients, families and caregivers and some of the problems they have. We also looked at the quality of healthcare: how information is shared, changes in medicine and worries about privacy. All of that.

Most of the interviews were in person in the participants' homes. If someone could not meet us in person, we talked on the phone. Each interview took 40 minutes to one and a half hours, and we recorded everything after we made sure it was okay, with everyone (Konerding, 2013).

4. Results

We spoke to 35 people, including patients, their families, and foreign caregivers, using interviews that were not too structured. When we looked at what they had to say, we found five things that show how new technology and e-health affect the well-being of patients in the Continuing Care Unit. We went through the interviews one by one: first, we got all the information, then we figured out what everyone meant next, and we grouped ideas. After that, we tried to understand what it all meant, and lastly, we came

up with some solid conclusions about the Continuing Care Unit and how new technology and e-health impact patients in the Continuing Care Unit (Yang et al., 2014).

The data extracted from the audio-recorded interviews (5 interviews) and the written notes (30 interviews) were analyzed using thematic analysis, relying on the recorded excerpts to provide direct quotations, while the written notes were used to confirm and reinforce the themes.

A. Modern Technology, E-Health Tools, and Patient Well-being

The study found that modern technology and e-health tools have really helped people get healthier. Most people felt safer and more at ease using devices to track their health and talk to their healthcare teams. Out of 35 people asked, 33 said these tools made them less anxious and feel safer. One person shared their story: *"Since I started using the sensor, I sleep better. I'm less scared. I also don't have to prick my fingers, and to be honest, the finger pricks hurt a lot. After a while, I couldn't feel my fingertips."*

Another person talked about how important home healthcare's *"I can message them for free and share my blood pressure or blood sugar readings so they can help me."*, Also 28 people said that digital monitoring made it easier for them to track things like blood sugar or blood pressure and respond fast to any changes in their health, 25 People felt that regular video calls and online chats helped them feel less lonely and more connected with their healthcare providers. On the other hand, 12 people were worried about the reliability of healthcare services, especially if equipment breaks down or there's no internet. While digital health technologies help people feel more comfortable and involved in their care, some worries remain about how reliable they're.

B. Access to Healthcare

Digital health technologies have made it easier for people to get healthcare. Of the 32 people interviewed, 91% said that telemedicine and remote monitoring helped them avoid going to the hospital, making care more convenient and comfortable.

One person added, *"I can use the phone or WhatsApp anytime to get answers from the team,"* and that they can contact them regularly for answers and feel okay doing so.

Furthermore, 83% agreed that technology helped them get consultations faster than traditional methods, and 74% reported that online communication made it easier to stay in touch with their healthcare teams outside of working hours, which helps their care.

Some problems came up. Fourteen people had trouble using healthcare apps because of language differences, especially when speaking with caregivers, in countries, and nine people said that weak internet and unreliable electricity made it hard to access digital health services.

C. Cost Efficiency and Effectiveness in Healthcare Delivery

The results are pretty clear: technology helped people cut costs. Out of everyone involved, 30 people (86%) noticed they spent a lot less on transportation. Another 27

(77%) said they avoided hospital admissions because they could catch health problems earlier (Bouzid et al., 2018).

One participant put it this way: *"There's a lot more to it. I don't need to call an ambulance every time my dad's health gets worse, no more constant trips to the ER or clinics, and way fewer hospital stays."* Still, 8 people (23%) said they ran into some hidden costs, things like buying the equipment and paying for internet or data. Even so, 25 participants (71%) felt technology gave families back precious time, so they could actually be with their loved one and not just run errands or sit in waiting rooms (Holmes, Perron, 2014).

D. Patient, Family, and Caregiver Satisfaction

Most people felt pretty good about using the technology; 31 out of 35 showed real confidence in the remote monitoring devices and trusted them to catch health issues early. Nine caregivers from outside the country liked being able to talk to the medical team on WhatsApp. But not everyone had a smooth experience. Ten folks, especially older participants, got frustrated with apps that felt clunky and hard to use (Lamanna et al., 2016). One person said, *"Just using it confuses me, and I don't believe in using technology to manage my father."* And 12 participants wanted more face-to-face contact, not just digital chats.

E. Quality of Healthcare Delivery

Technology's made healthcare a lot better, mostly because doctors and nurses can swap information easily. Out of everyone surveyed, 80% said it's helped them share information between different providers. Another 71% pointed out that all this monitoring means doctors can tweak medication so it fits each patient perfectly (Tan et al., 2023). And 57% noticed fewer medical mistakes happening. But it's not all sunshine. Around 31% worry that we're losing the human touch; care feels less personal. One participant said, *"I prefer to visit the medical team in person rather than use technology. I feel safer when I see them, and they examine me physically, not via video on WhatsApp"*. Privacy's another sore spot: 40% stressed about their health data, especially when it comes to privacy codes and tricky security steps (Valles, 2018).

5. Discussion

You see it all over the research: eHealth literacy really matters when it comes to helping people handle their chronic conditions. Folks who know how to use this technology stick to their treatments better and feel healthier overall. In this study, we found that new technology and eHealth tools make a real difference for patients' well-being, and it all comes down to these five main themes:

5.1. Innovative Technology, eHealth, and Patient Well-being

5.1.1 Increased Sense of Safety and Reassurance

Most people in the study, ninety-four percent of them, said that remote monitoring devices made them feel safer. This is really something. It is similar to what was found in research, where patients liked being able to get in touch with their healthcare providers. These remote monitoring devices helped them feel less nervous. In another study, people said they felt like someone was always watching out for them, so they did not spend their days worrying about things going wrong suddenly (Choi et al., 2019). I think knowing that help is available if something goes wrong with monitoring devices helps people feel better. At night. When they are home by themselves, remote monitoring devices make a big difference. Some people noticed a year ago that patients liked being able to take care of their health with remote monitoring devices, and they also liked knowing that their healthcare provider could help them if they needed it. Remote monitoring devices give patients more than information about their health they give patients a sense of being in control, with remote monitoring devices. Remote monitoring devices give patients peace of mind. Remote monitoring devices really do make a difference; they give patients peace of mind with the help of remote monitoring devices (Hogan et al., 2022).

5.1.2 Improved Symptom Control and Increased Self-Confidence

80 percent of people in the study said they could control their symptoms better. This was especially true when they used glucose, blood pressure, or oxygen monitors. They managed their health better with these devices. This matches research. When people have these devices, they make decisions about their treatment. There's more. 63 Percent of participants felt more self-confident and independent after learning to use technology. This matches what Shaw et al. (2025) found. When people get support with technology, they trust themselves more to manage their own health. Helping older adults boost their health skills really pays off. They become more confident. Their ability to handle illnesses gets a real boost.

5.1.3 Concern about Technical Malfunctions

About a third of people are worried about problems and internet issues. This is not a surprise because other studies have found that patients get anxious when they do not know how to understand their symptoms or use their devices. When a device does not work right or gives incorrect results, people start to lose trust in the technology. One study even found that not having technical support, especially late at night, is what frustrates patients the most. Technical support is really important for people who are getting care at home. It is necessary to have technical support available all the time, twenty four hours a day for people who are getting care at home and this is especially true for the technical support because people need the technical support to be available whenever they need it and this is especially true, for the people who are getting care at home and are using devices and need the technical support to help them with the devices.

5.2 Healthcare Access

In a 2024 Ericsson poll, about 91% of participants said that technology eliminates the inconvenience of visiting clinics or hospitals. They may easily communicate with their doctors from home rather than having to deal with traffic congestion or lengthy journeys. Particularly for the elderly, those with disabilities, and those who live far from the closest metropolis, telemedicine has emerged as a true lifeline (Lamichani et al., 2023). Digital healthcare does have many opportunities, but it also presents certain difficulties. The same study discovered that when face-to-face interaction is absent, the doctor-patient relationship can rapidly deteriorate.

The lack of face-to-face interaction is not the only issue; 34% of respondents still favor face-to-face appointments with their physicians. The language barrier is another issue. Language issues make it difficult for about 40% of healthcare workers, primarily from other countries, to use these digital systems. After investigating this matter further, Shaw and his colleagues showed in 2025 how language and culture can impede the uptake of this technology. Unexpected power interruptions and slow internet connections make things even more difficult. About 26% of survey participants stated that telemedicine is a major issue in rural areas due to limited infrastructure (Michelson et al., 2022). As a result, technology has many advantages, especially for people who live in remote places. Digital healthcare can still be improved, though. Telemedicine must be easier to use, more customized, and more user-friendly to be fully accessible.

5.3 Cost-effectiveness and Efficiency

77% of survey members said they were less satisfied with sanatorium visits, and nearly 86% said eHealth offerings saved them money while visiting. This is consistent with previous research that eFitness offerings reduce healthcare prices, typically through eliminating health center debris and complications. According to 1 observation, home-primarily based care programs provide robust, elegant treatment, while reducing costs and minimizing the residuals of medical institutions (Nalul et al., 2022). But nothing is innocent. Nearly 23% of individuals surveyed expressed dissatisfaction with unspoken costs, which include higher device costs, internet spending, and data usage. While eHealth has many benefits, it is important that those who fall short of those extra fees get the help they need.

5.4 Patient, Family, and Caregiver Satisfaction

Most humans were certainly happy. To be exact, eighty-nine percent were satisfied with devices that check their health remotely. This study fits, where humans who roam around were particularly thrilled with fitness services. It allows them to get care in the domestic setting, which is really important. Foreign caregivers comprised twenty-six percent of this group. They only won using tools like WhatsApp. These apps helped their team survive connections. They made them feel much less lonely, to me personally. made their jobs less complicated. Widespread instant messaging often speeds up communication during an emergency (Nalule et al., 2022). On the other hand, approximately twenty-nine

percent of older adults were given pissed off with apps which are tough to use. This is consistent with what previous research has discovered: if the technology feels complicated, older people just don't want to use it now. There is hope. A test using Bligh et al. 2026 confirmed that efforts to improve fitness information could change (Saleem et al., 2022). For victims, it can make a difference in complex situations.

5.5 Quality of Health Care Delivery

Most people, about eighty percent, said they felt the continuity of information had improved, and 71% noted that their medication adjustments had been made more accurate and tailored to them. That aligns with previous research showing that when you carry technology in healthcare, sharing information becomes less complicated, and mistakes begin to harm. There's another study in which they discovered that electronic health data and linked apps supposedly required clinical teams to look over patient information every time they wanted to, which really allowed each person to live on the same page and make care flow easily.

But there's a trap. About 31% were worried that their care could lose that private touch. You can see why and when the entirety goes digital, now and then a piece becomes cold and detached; Various researchers have noted this same tug-of-war between smooth access and connectivity. One notice also stated that some patients feel like the age is pushing out the human side, and that is no longer remarkable in the way that they often experience their care. Then there would be the entire privacy component. Nearly 40% said they were often uncomfortable with anyone looking at their health records. That fits with other studies: privacy and data security are, however, significant headaches for eHealth systems (Ulrich et al., 2018).

5.6 Interpretation of the Results in Light of the UTAUT Model

Performance expectations are important when we examine the effects of using the UTAUT version. Ninety-four percent said it turned into the most important thing for them to just adopt and use the era. Then effort is expected at 80 percent, followed by seventy-seven percent effect and sixty-six percent facilitating conditions. Kohnke and colleagues found the same thing in 2014. Performance expectations are an objective applied to the generation of patients and caregivers. If people take technology seriously.

6. Conclusion

This study makes it clear that the use of Generation and eHealth in continuing-care unit research is important for patients. Almost everyone- ninety-four percent—felt different. Eight out of ten people reported that their symptoms were easier to control. Instead of traveling all the time, 91 percent stayed home, assuming fewer complications and cheaper deliveries. Most elders, about 86 percent, preferred it. Remote tracking? It boosted the confidence of about 9 out of 10 people. And it undoubtedly helped about 71 percent of people feel less lonely and saved a variety of time at home. At its culmination,

health care information went up by up to eighty percent, and scientific errors decreased for more than half the group. It's no longer the best, though. Often worried about a 3rd technology system bug. Four out of ten had concerns about language limitations, security, and privacy. Some simply ignored face-to-face chat—34 percent felt the loss of human interaction. When you study the UTAUT model, humans mostly don't standardize technology because they believe it would help them—94 percent said so. But despite how easy it was to change, it worked great, with 80 percent agreeing. Other opinions mattered as much as seventy-seven percent, and nearly -thirds felt it was easier to work with a proper setup. The limits of the road and the examination were reached. It became clear that they only see one center. Still, it's hard to argue that eHealth isn't right for continuing care. So, what now? Let's run a longer study. Teach victims technology. Make systems less difficult. Break down those language barriers. Really dig into the long-term consequences and fees. And just don't forget human contact. That close care from a continuing care unit? Patients want it—the generation shouldn't take it away.

Table 1: Table of Abbreviations

Abbreviation	Full Term
AI	Artificial Intelligence
AR	Augmented Reality
CDC	Centers for Disease Control and Prevention
COPD	Chronic Obstructive Pulmonary Disease
COVID-19	Coronavirus Disease 2019
EHR	Electronic Health Record
GIS	Geographic Information Systems
HaH	Hospital at Home
HIE	Health Information Exchange
HMO	Health Maintenance Organization
HTA	Health Technology Assessment
ICT	Information and Communication Technology
IoMT	Internet of Medical Things
IoT	Internet of Things
IT	Information Technology
mHealth	Mobile Health
ML	Machine Learning
PHR	Personal Health Record
PROMs	Patient-Reported Outcome Measures
PTAM	Patient Technology Acceptance Model
RPM	Remote Patient Monitoring
TAM	Technology Acceptance Model
UTAUT	Unified Theory of Acceptance and Use of Technology
VR	Virtual Reality
WHO	World Health Organization
WHO-5	World Health Organization Five Well-Being Index

Source: Developed by the researcher (Mashal, 2026).

Ethical Considerations

The wishes of some participants not to have their voices recorded were respected, and the interviews were documented in writing while maintaining complete confidentiality.

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Conflict of Interest Statement

The author declares no conflicts of interest.

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