Abstract

Exploring Health Education, Training, and Continuity of Care in Surgical Humanitarian Missions: A Qualitative Approach

Vincenza Giordano[1], Simone Amato[2], Noemi Giannetta[3], Daniele Napolitano[4], Alessio Lo Cascio[5], Gianluigi Comparone[6], Francesco Gravante[7]

[1] Department of Public Health, University of Naples Federico II, Naples, Italy
[2] Cardiac Intensive Care Unit, Heart Transplant Centre and ECMO, Azienda Ospedaliera San Camillo Forlanini, Rome, Italy
[3] Department of Medicine, Saint Camillus International University of Health Sciences, Rome, Italy
[4] Università Cattolica del Sacro Cuore, Rome Campus, Rome, Italy
[5] La Maddalena Cancer Center, Palermo, Italy
[6] San Pio Hospital, Benevento, Italy
[7] Local Health Authority of Caserta, Caserta, Italy
(Corresponding Author: enza-giordano@hotmail.it)

Citation: Giordano V, Amato S, Giannetta N, Napolitano D, Lo Cascio A, Comparone G, Gravante F. "Exploring Health Education, Training, and Continuity of Care in Surgical Humanitarian Missions: A Qualitative Approach" (2026) *International Journal of Health Supplements* 1(Suppl. 1):76. Supp. DOI: https://doi.org/10.82051/ijhs-2026-1

Introduction. In surgical humanitarian missions, clinical outcomes depend not only on the operation but also on health education, local staff training, and continuity of care. This study explored volunteers' perceptions of these components in low- and middle-income countries.

Methods. A qualitative study based on Interpretative Phenomenological Analysis was conducted. Volunteers involved in at least one mission were recruited through snowball sampling. Data were collected through semi-structured online interviews, audio-recorded, transcribed verbatim, and independently analysed by two researchers following COREQ standards.

Results. Four main themes emerged: health education for patients and caregivers, training of local healthcare staff, wound management education, and continuity of care after the mission. Cultural and linguistic barriers, low health literacy, lack of resources, and economic constraints limited adherence to postoperative care and follow-up. Visual and hands-on educational strategies and side-by-side training promoted skill transfer and local autonomy.

Discussion. Surgical effectiveness is closely linked to sustainable educational interventions and capacity building. Context-adapted, simple, and replicable training models, together with caregiver involvement and collaboration with local staff, are essential to improve long-term outcomes and reduce avoidable complications.

Keywords: Surgical Humanitarian Missions, Health Education, Continuity of Care, Capacity Building, Healthcare Professional Training

Funding: This research received no external funding. **Conflict of Interest:** The authors declare no conflict of interest.