Recruiting Long-Term Healthcare Missionaries
Highlights from 2015 and 2016 Surveys

November 10, 2016
John McVay, M.S.E.E, M.Div.
David Stevens, M.D., M.A. (Ethics)

NEED
PRISM Survey 2011
“The biggest perceived challenge [to medical missions] is not enough qualified workers. Highly visible, large conferences generate thousands of responses from enthusiastic young health professional students expressing interest in cross-cultural service; but only a handful of these ever actually persevere through to actual long-term commitment. Why is this so? How to close this huge “interest to commitment gap” should be a high priority for the missions community.”

Ralph Winter, founder of the U.S. Center for World Mission
“Only about one out of a hundred ‘missionary decisions’ results in actual career mission service.”
FIRST SURVEY 2015

Email from Dr. David Stevens sent twice in April 2015 to 1,609 on CMDA e-pistle list

“CMDA hosts a summit ... [with] representatives from 75 organizations to network, cross-pollinate best practices, discuss issues and learn how to be more effective....

A focus this year is to learn how to more effectively **recruit and launch**

healthcare professionals and their families. You are the experts who can tell them how to do it. Taking this 10-minute survey before April 30 will help recruit and launch staff to join you.”

DESIGN

- A workgroup of CMDA members at In His Image (one MK, a former missionary, two residents, two psychologists, an administrator) developed the initial open-ended survey and received 20 responses back from current medical missionaries.
- Then that workgroup took those open-ended responses and created a Likert-scale draft survey.
- This draft survey was tested and revised using responses of an additional 12 current or recent long-term medical missionaries.
EXAMPLE

“When you were first deciding about going into long-term service internationally, there were likely factors that helped or hindered your journey. Please rate the following 18 factors as not significantly helpful or definitely significantly helpful for you launching long-term, e.g.

Mentor(s)

<table>
<thead>
<tr>
<th>None</th>
<th>Did not help</th>
<th>Helped a little</th>
<th>Helped some</th>
<th>Helpful</th>
<th>Very helpful</th>
</tr>
</thead>
</table>

Supportive spouse (or potential spouse)

<table>
<thead>
<tr>
<th>None</th>
<th>Did not help</th>
<th>Helped a little</th>
<th>Helped some</th>
<th>Helpful</th>
<th>Very helpful</th>
</tr>
</thead>
</table>

DISCLAIMER

- Retention is more important than launching. PRISM and MedSend surveys covered retention already.
- Two Launch survey comments:
  “Launching is one thing. Sticking it out is another. You can launch a thousand ships, but if they all sink in the harbor, you just cluttered up the harbor and got nowhere.”

  “For me, it's not about more people, it's about suitable people. I've been supervising missionaries for 15 years and would prefer less who stay longer and accomplish more.”
LIMITATIONS

• Participants
  – Recall bias
  – Missed those in restricted access countries who did not want to risk being identified with survey
  – Different people and different generations may understand terms like mentoring or coaching differently

• Survey Design
  – Based on initial open-ended survey with 20 responses
  – May have missed factors such as passion for justice, call to domestic missions

RESPONSES

• Total received 253
• Currently a long-termer: yes 63%, no 37%
• Did not analyze those who
  - Only anticipated going 1-2 years when they launched
  - Only did short-terms
  - Launched first to North America
  - Duplicates (identified by email or IP address)
  - Born before 1946
ANALYSIS

39 Millennials
54 Gen Xers
84 Boomers
= 177 Total Analyzed

Margin of error 7.1%

Analysis
– Simple comparisons of percentages from subsets
– Potential for future: ANOVA comparisons, data mining

Positive Draws
EXAMPLE: DRAW #1

Guidance or call from God

98% Guidance or call from God
i.e. 98% of responses analyzed were Helpful or Very Helpful.

Comments:
“The only thing to overcome all the obstacles is a deep conviction of God's leading plus the opportunity to see real needs and practical ways to meet them. A half-hearted conviction is not enough.”
“Does deep conviction come through prayer and/or other means?”

SIX PREDICTABLE DRAWS

98% Guidance or call from God
89% Desire to share the good news
86% Desire to provide healthcare to underserved
77% Supportive friend(s)
72% Supportive spouse (or potential spouse)
70% Supportive family
WHICH ARE DRAWS #7-8?

Consider the below seven draws and check your estimate of the next two factors medical missionaries found most helpful ...

- Conference(s) about international opportunities
- Mentor(s)
- Personal interaction with long-term worker(s)
- Reading biographies of long-termers
- Sermon(s) or worship or other with my church
- Short-term trips two weeks or less
- Supportive agency, leader or team to join

Choose your answers to the last question before continuing.
FACTORS #7-8
THAT IS, “THE SWING VOTES”

The next two draws medical missionaries found most helpful...

- 43% Conference(s) about international opportunities
- 47% Mentor(s)
  - 70% Personal interaction with long-term worker(s)
- 54% Reading biographies of long-termers
- 47% Sermon(s) or worship or other with my church
- 53% Short-term trips two weeks or less
  - 69% Supportive agency, leader or team to join

AGENCY HELPED

Survey Comments

“I was very impacted by the humility and approachability of several of the career MD’s and nurses I met with my organization, as well as their genuine interest in what God was doing in my life at the time. It was a large factor in my choosing to join this organization.”

“The recruiter was very patient and walked with us over the course of several years of discernment.”
AGENCY DID NOT HELP

Survey Comments
“I contacted workers from two agencies, one didn't have time to answer my questions and the other did. I ended up with the one who had the worker who fielded my questions. I would strongly suggest that all workers be ready to help people interested in missions.”

“Had contacts with multiple mobilizers, they were more obstructive than helpful.”

“Our mission has definitely improved in their recruiting process.”

SUGGESTED APPLICATIONS

70% Personal interaction with long-term worker(s)
69% Supportive agency, leader or team to join

1. Missionaries on home assignment may be more effective at mobilizing than stateside based mobilizers.
2. Missionaries who host short-termers should build in small group or one-on-one time with those exploring long-term
3. Missionaries who meet an aspiring long-termer should continue that relationship via long-distance mentoring
SURVEY CONCLUSION #1

Effective launching is more relational than informational

DRAWS #9-16

54% Reading biographies of long-termers
53% Short-term trips two months or less
47% Sermon(s) or worship or other with my church
47% Mentor(s)
43% Conference(s) about international opportunities
39% Short-term trips two months or more
36% Perspectives course or other m. course
31% Sermon(s) or worship or other with campus ministry
MENTORING/COACHING

Helpful/Very Helpful 47%
No Mentor 16%
Recommendations:
Assuming that any experienced missionary can mentor is like assuming anyone who speaks English can teach it effectively.
Much of this can be coaching - may need more than one coach for different areas.
Mentoring: Follow mentee’s agenda
Long distance: start with practical topics. Later deeper issues.
In person: frequent, listen well, find a book to discuss together, discuss heart issues, be available by phone, text, social media

MENTORING NEEDED

Survey Comment
“Mentorship, mentorship, mentorship; There are too many siren songs to pull those that indicate desire to serve away from their track. This is the HUGE opportunity to bring 10 times the number to service.”

MedicalMissions.com e-newsletter results September 2015
• Over 100 asking for a mentor
• But only 15 offering to become a mentor
This mentoring ministry seeks to match a mentor with someone who aspires to become a healthcare missionary. This will not be time consuming. Connect monthly by phone, Skype, or email. After a few months decide to continue or not.

Here are the steps to get started

1. Update your MedicalMissions.com profile
   Your information will be kept confidential and only accessed by mentors and mentoring administrators.
2. Tell us about your interests and experiences

MEDICALMISSIONSMENTORING.COM

ASKAMISSONARY.COM

175+ questions
600+ answers to those questions
8,000 unique web visitors per month
2,000 subscribers to quarterly e-newsletter

Answers from experienced missionaries about:

- Guidance: calling, country choice, fear, obstacles, parental opinions
- Funding: support raising, financial need, retirement, debt, options
- Mission Agencies: how to select, denominations, going independently, why join
- Singles/Families: spouse differences, children, dating, single on the field
- Training: preparation, degrees, bible, language, cultural, mentors
- Professional Skills: healthcare, education, business, engineering
ASKAMISSONARY HEALTHCARE

“I’m just beginning university and I’m interested in healthcare. Do you recommend I become a physician, nurse, nurse practitioner, or physician’s assistant?”

“I’m a medical student. What specialty do you recommend for healthcare missions?”

“I’m in nursing. Should I get further training in community health, home health, pediatrics, or obstetrics, etc.? Should I get a master’s degree? Should I get hospital experience here before I go overseas?”

“I’m a resident physician. Should I get more clinical experience here before I go overseas? What about an MPH? Should I do a fellowship in infectious disease? Can a physician be “too” trained?”

Decision Stages
### DECISION STAGES

58. Which stage(s) of your life were most significant in making the decision to go long-term? (check all stages that were significant)

- 45% Undergraduate
- 43% Teenage Years
- 42% Grad school/med school
- 29% Childhood
- 25% Career
- 22% Postgraduate Training e.g. Residency
- 18% Zero to 2 Years Before Launching

### MULTIPLE STAGES

Comments:

“What helped me launch most was my desire to fulfill the commitment I made to God to serve Him as a child wherever He would send me. I was holding nothing back even after the many years of preparation.”

“Strong CMDA student chapter.”

Average number of stages checked 2.3
SURVEY CONCLUSION #2

Launching is like a marathon.

SECOND SURVEY 2016

Email from Dr. David Stevens sent in March 2016 to 1,579 on CMDA *Your Call* e-list. Also listed in that newsletter twice.

“One purpose of CMDA, as well as the GMHC website and conference, is to support those who want to begin a journey into healthcare ministry, whether across town or across the world, whether to a safe neighborhood or a dangerous place. Please take this survey so we can learn how people may explore moving for ministry or missions. Your input will help CMDA and also help develop the GMHC website and future conferences. We only need brief responses and you may remain anonymous.

At the end of the survey we will give you the e-book *Preach and Heal* with revolutionary strategies by a young pioneer on the frontier of modern healthcare missions. This book by Charles Fielding MD is endorsed by Franklin Graham, Rick Warren and many others.”
DESIGN

• A workgroup of CMDA members at In His Image (five residents, a psychologist, an administrator) developed an open-ended survey and received 13 responses from attendees to a MissionNext Forum and 29 responses from GMHC attendees
• Then that workgroup took those open-ended responses and created a multiple choice survey.
• The survey was tested and revised using responses from 14 additional resident physicians.
• Deployed via Survey Monkey, where appropriate questions were presented in random order.

RESPONSES

178 Total received responses from 1,579 emails sent
74 Responses not analyzed
  Duplicates (identified by email or IP address)
  Had previously relocated for the gospel
  Not a citizen of USA or Canada, Not a Millennial or GenXer
104 Responses analyzed
  79 Millennials (21-35 yrs. old as of 2016)
  25 Gen Xers (36-51 yrs. old)

Attended Global Missions Health Conf. Louisville
  29% Three or more times
  19% Twice
  29% Once
  22% None
LIMITATIONS

• Respondents had previous missions interest and were subscribers to CMDA missions e-list
• Analysis
  – Simple comparisons of percentages from subsets
  – Potential for future: chi-squared analysis and also look for which concerns go together
• Small sample size with pre-existing interest in international medical missions
• Response rate: 11%
• Margin of error: +/- 11%

Strong Concerns
CONCERN #1

35% Strong concern about student loan(s)
Average loan balance for these at end of education: $200,000
Comments from 2015 Launch Survey:
“I do not know if we would have made it to the field if it were not for MedSend! I could see us getting established at home as we paid off loans and then got comfortable, even though we had a strong call to go into missions.”

“We need more options for loan repayment while serving overseas. Many colleagues are delaying going overseas until loans are paid off as they are not comfortable with the duration of loan repayment with MedSend.”

SIX PREDICTABLE CONCERNS

35% Student loan(s)
32% Raising financial support
27% Being far away from family and friends
26% My lack of experience and/or training
23% Fear of burnout
22% My children or future children
WHICH TWO ARE OTHER STRONG CONCERNS?
THAT IS, “THE SWING VOTES”

Check the next two concerns millennials probably selected:

☐ Difficult to find a good fit with a team or organization
☐ Difficult to keep up to date if I lived in another country
☐ God's guidance in a major decision is difficult to find
☐ If I would need to learn a new language
☐ I would relocate somewhere that is less safe
☐ If I would relocate where I may be lonely or isolated
☐ Objections from my parent(s)

Choose your answers to the last question before continuing.
WHICH TWO ARE OTHER STRONG CONCERNS? 
THAT IS, “THE SWING VOTES”

Two concerns CMDA millennials selected most from this list:

- 21% Difficult to find a good fit with a team or organization
- 9% Difficult to keep up to date if I lived in another country
- 15% God's guidance in a major decision is difficult to find
- 19% If I would need to learn a new language
- 15% If I would relocate somewhere that is less safe
- 32% If I would relocate where I may be lonely or isolated
- 14% Objections from my parent(s)

CONCERNS #1-6

Millennials (N=79)
- 35% Student loan(s)
- 32% IF I WOULD RELOCATE AND BE LONELY OR ISOLATED
- 32% Raising financial support
- 27% Being far away from family and friends
- 26% My lack of experience and/or training
- 23% Fear of burnout
- 22% My children or future children
SURVEY CONCLUSION #3

Help aspiring missionaries find a team to join
so they won’t be lonely and isolated

CONCERNS #7-12

Millennials (N=79)
21% DIFFICULT TO FIND A GOOD FIT WITH TEAM OR ORGANIZATION
19% If I would need to learn a new language after I relocate
15% God’s guidance in a major decision is difficult to find
15% If I would relocate somewhere that is less safe
14% Objections from my parent(s)
   9% Difficult to keep up to date if I lived in another country

GenX (N=25) major differences with millennials
39% DIFFICULT TO FIND A GOOD FIT WITH TEAM OR ORGANIZATION
26% Difficult to keep up to date if I lived in another country
4% Objections from my parent(s)
SURVEY CONCLUSION #4

Help aspiring missionaries find a good fit with a team and an organization even if that does not match your priorities.
Connecting

How to Connect?

Consider these nine connection points and check your estimate of the two main ways that millennials would like to learn about opportunities to relocate for the gospel.

- Conference
- Email
- Friend or family member
- Meeting at church
- Pastor, mentor, leader or teacher
- Personal interaction with someone already serving there
- Short-term visit to that location
- Social media
- Web browsing
HOW TO CONNECT?

Consider these nine connection points and check your estimate of the main ways that *millennial* respondents would like to learn about opportunities to relocate for the gospel?

- 67% Conference
- 53% Email
- 39% Friend or family member
- 32% Meeting at church
- 56% Pastor, mentor, leader or teacher
- ✓ 80% Personal interaction w/ someone already serving there
- ✓ 77% Short-term visit to that location
- ✓ 6% Social media
- ✓ 18% Web browsing

EXPERIENCES

Which stage(s) of your life or experiences have most significantly impacted your willingness to explore relocating for the sake of the gospel? (check one or more that were significant)

- 80% Short-term mission trip(s)
- 59% Global Missions Health Conference (GMHC)
- 42% Reading biographies
- 35% Mentoring relationships
- 35% Sermon(s) or worship or other with my church
- 25% Perspectives or other missions course
- 19% Other conference(s) besides GMHC
CONCLUSIONS

1. Effective launching is more relational than informational

2. Launching is like a marathon

3. Help aspiring missionaries find a team and not be isolated

4. Help aspiring missionaries find a good fit even if that does not match with your agency
IMPORTANT SURVEY COMMENTS

Pray for God's insight into the problem of too few workers.

Pray specifically and intentionally.

Pray. Revival is preceded by committed prayer.

Pray that the Lord of the harvest will send workers into His fields.

FOR MORE ON 2015 AND 2016 SURVEYS

www.launchsurvey.wordpress.com
  Slides and executive summary
  Full reports with how to connect, experiences most helpful, etc.
  References Cited
  Acknowledgements
  Leave additional comments or questions
  Enter your email address to receive future revisions of these reports

Article on 2015 Survey of Non-Medical Missionaries
  Evangelical Missions Quarterly fall 2016

Presentation on 2016 Survey of Non-Medical
  Missio Nexus Webinar March 2, 2017

launchsurvey@inhisimage.org