



Recruiting long-term healthcare missionaries: insights from surveys of those who have gone and those who aspire to go

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Abstract

Background: The CMDA/MedSend Healthcare Missions Leadership Summit is an annual gathering of leaders from 75 mission sending agencies who work around the world in healthcare missions. The summit is jointly sponsored by MedSend and the Christian Medical & Dental Associations (CMDA). The purpose of the meeting is to share best practices, network, and examine cutting edge research issues in the field of healthcare missions.

Objective: The purpose of the 2015 *Launch* survey was to learn from medical missionaries how to more effectively recruit and launch new healthcare professionals and their families into long-term missions. The objective of the 2016 *Relocating for the Gospel* survey was to learn from students and other aspiring healthcare missionaries the obstacles they perceive in their journey into long-term missions. Results were presented at the 2015 and 2016 Healthcare Missions Leadership Summits.

Methods: Two multiple-choice surveys were developed to ascertain the positive and negative factors involved in the decision making process to launch into the healthcare mission field. Participants were invited to participate in the surveys via email.

Results: The 2015 *Launch* survey analyzed 177 responses from healthcare missionaries with 63% of respondents still currently serving as long-term missionaries. 37% of the respondents were missionaries previously. Participants included millennials (n=39), Gen Xers (n=54), and baby boomers (n=84). Responses indicated that key positive factors include personal interaction with a long-term worker as well as a supportive agency, leader, or team to join. The 2016 *Relocating for the Gospel* survey analyzed responses from students and other aspiring missionaries who are millennials (n=79). The strongest overall factor that discouraged missions involvement was student loan debt. Other key obstacles include concerns over being lonely or isolated overseas, as well as difficulty in finding a good fit with a team or organization.

Conclusion: The overall findings from the two surveys include four main points. First, effective launch into missions service is more relationally dependent than informationally dependent. Second, launching into missions service is more like a marathon than a sprint. Third, those who are exploring missions want to join a team so they will not feel lonely or isolated. Finally, aspiring missionaries want a placement that fits them well even if that does not match the top priorities of the agency.

Introduction

Long-term healthcare missionaries are in high demand as the need is great. According to the 2011 PRISM Survey, “The biggest perceived challenge to medical missions is not enough qualified workers.”¹

One part of the lack of qualified workers on the mission field is attrition. As one survey respondent noted, “Launching is one thing. Sticking it out is another.” According to the Global Health Workers Needs Assessment Survey (GHWNA), the average length of service for those who left the field was 4.77 years. The GHWNA Survey examined this attrition and noted that this can exact a considerable toll on those who leave prematurely as well as those who are left on the field shorthanded.²

The initial challenge of finding qualified workers is the other part of the insufficient number of workers on the mission field. While many young health professionals are interested in missions, only a handful of them continue into long-term commitment. Missiologist Ralph Winter, who launched the Perspectives course and the Frontier Ventures think tank, estimates that only about one out of a hundred ‘missionary decisions’ results in actual career mission service.³ In Matthew 9:37-38 Jesus said to his disciples, “The harvest is plentiful but the workers are few. Ask the Lord of the harvest, therefore, to send out workers into his harvest field.” (NIV)

Discussion of the recruitment and launch process for healthcare professionals and their families was part of the CMDA/MedSend 2015 Healthcare Missions Leadership Summit. Well in advance of the summit, a workgroup at In His Image Family Medicine Residency in Tulsa, OK developed a survey to determine how agencies can become more effective in recruitment and launching of long-term healthcare missionaries. The survey was designed to determine what draws (positive factors) individuals to this commitment to service as well as what concerns (negative factors) they weigh when making their decision. The draws and

the concerns match closely with those identified by the qualitative survey published in the 2016 World Evangelical Alliance book *Mission in Motion*.⁴

Participants’ responses in the 2015 survey of healthcare missionaries came from a mix of millennials, Gen Xers, and baby boomers. Most participants were baby boomers, age 51 – 69 years of age as of 2015. Over half of respondents were still serving in long-term healthcare missions while the rest had been previous long-term missionaries.

While the 2015 survey offered worthwhile information on the positive factors, it was difficult to identify the main hindrances to long-term service from the results of that survey. This is probably explained by the respondents’ success in having already overcome the obstacles, and not fully remembering the challenges they had faced initially.

The subject of recruitment was again a topic for the following year’s 2016 CMDA/MedSend Healthcare Missions Leadership Summit. Months before the summit, workgroup members at In His Image conducted a second survey to learn how students and other aspiring healthcare missionaries explore their options when considering relocating for the gospel, whether across town or across the world. The survey further explored concerns that held significant impact for the survey participants, as well as factors that could affect aspiring long-term healthcare missionaries’ decisions. In addition, this survey included questions regarding the ways in which millennials prefer to learn about opportunities to relocate, as well as which life experiences most significantly affect their decision to serve in this capacity.

Methods

For the 2015 survey, a workgroup at In His Image developed an initial qualitative survey of open-ended questions. The workgroup consisted of a former missionary, three resident physicians, two psychologists, and an administrator. They received twenty responses from current medical mission-

aries. The workgroup took those responses and created a Likert-scale draft survey. Respondents ranked each positive factor as “did not help,” “helped a little,” “helped some,” “helpful,” or “very helpful.” The survey was tested and revised using responses from an additional 12 current or recent long-term medical missionaries. (See Appendix A.)

The survey was deployed through Survey Monkey. Questions were presented in random order. Dr. David Stevens sent an email in April of 2015 inviting responses from the 1,609 on the CMDA “e-pistle” list, most of whom are long-term medical missionaries. Percentage of responses selected as “helpful” or “very helpful” were calculated and used to rank the factors. Answers were analyzed using simple statistics.

A workgroup at In His Image developed the second survey in 2016 to learn how students and others might explore relocating for missions. The workgroup consisted of five residents, a psychologist, and an administrator. This group developed an open-ended survey and received 13 responses from attendees to a MissionNext Forum and 29 responses from those who had previously participated in MedicalMissionsMentoring.com, a ministry In His Image offers through the Global Missions Health Conference (GMHC). The workgroup then took those open-ended responses and created a multiple-choice survey, which was tested and revised using responses from 14 additional resident physicians. Respondents ranked each concern as “not a concern,” “a little concern,” “some concern,” “concern,” or “strong concerns.” (See Appendix B.) The survey was deployed via Survey Monkey. Questions were presented in random order.

Dr. David Stevens sent an email in March of 2016 inviting responses from the 1,579 on the CMDA “Your Call” e-newsletter list, most of whom are students, resident physicians, or recent graduates. That CMDA e-newsletter also mentioned the survey twice to solicit additional responses. At the end of the survey, participants were given a free e-book. Percentage of responses selected as “strong

concerns” were calculated and used to rank the obstacles.

Results

The 2015 survey examined positive factors that draw healthcare professionals to the mission field. There were 253 responses for a 16% response rate, which is strong for an email survey. 63% of participants were male and 37% were female. The majority of respondents, 89%, listed their passport country as the United States. All others were less than 5% per country indicated. A majority of the respondents in the 2015 survey were currently serving as long-term healthcare missionaries (63%).

Of the 177 analyzed responses, 39 were millennials, 54 were Gen Xers, and 84 were baby boomers. Random sampling error for this 2015 survey was 7.1% and calculated from 177 responses out of 1,609 who were sent the email invitation. Responses not analyzed included participants who only anticipated going one or two years when they launched, those who only did short-term missions, those who launched first to North America, duplicates (identified by email or IP address), and those responses from individuals over age 70 (23 respondents).

The most important positive factors for participants were the following: guidance or call from God, desire to share the good news, and the desire to provide healthcare to the underserved. One participant aptly stated, “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.” Having supportive friends, spouse and family members rounded out the top six positive factors. (See Table 1)

The survey further explored factors which might draw potential healthcare missionaries to serve in the mission field. Survey participants highly valued personal interaction with long-term workers and having a supportive agency, leader, or team to join in the field. Participants indicated these

two draws to be even more influential in their decisions than short-term missionary trips they had taken.

Table 1. Positive Factors That Missionaries Experienced

%	Draw to Mission Service
98%	Guidance or call from God
89%	Desire to share the good news
86%	Desire to provide healthcare to the underserved
77%	Supportive friend(s)
72%	Supportive spouse (or potential spouse)
70%	Supportive family
70%	Personal interaction with long-term worker(s)
69%	Supportive agency, leader, or team to join
54%	Reading biographies of long-termers
53%	Short-term trips of 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 of two months or more
36%	Perspectives course or other mission course
31%	Sermon(s) or worship or campus ministry

Note: The top six are predictable. Factors 7 and 8 above (in bold) being so high on the list are key findings. Also note that the above numbers total more than 100% because respondents could and did select multiple factors. N=177.

Other factors, while ranked somewhat lower in terms of influence for aspiring long-term healthcare missionaries, are still worth noting. These included reading biographies of long-termers, short-term trips, sermons or worship with their church or campus ministry, their experience with mentors, and conferences about international opportunities.

Mentoring or coaching was ranked helpful or very helpful by 47% of survey respondents and only 16% of participants reported not having a mentor. One survey participant advocated that mentoring is an area of huge opportunity and proposed mentoring could bring in ten times the number of long-term healthcare missionaries to service.

When asked which stages of life were most significant in making the decision to go into long-term healthcare mission work (see Table 2), the top three rated responses indicated participants made their decision during their undergraduate years, their teenage years, or during graduate school/medical school. Other responses included during childhood, in their career, or during postgraduate training or residency. A small percentage reported

they made their decision zero to two years before launching. A key finding is that the average number of stages checked was 2.3.

Table 2. Decision Stages

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

Note: The above numbers total more than 100% because respondents could and did select multiple stages as significant. N=177.

Survey participants were asked if they found using an agency helpful in the decision-making process. Responses included both positive and negative feedback. One participant shared that he/she appreciated the approachability and humility of doctors and nurses in the field as well as the interest those same healthcare professionals expressed in the candidate's life and walk with God. Another participant reported, "The recruiter was very patient and walked with us over the course of several years of discernment."

In contrast, there were also comments from survey participants mentioning that some agencies were not helpful to them as they weighed their options. One participant cited an example of contact with multiple mobilizers and found these to be more obstructive than helpful. Another offered the following: "I contacted workers from two agencies; one didn't have time to answer my questions and the other did."

The 2016 survey examined obstacles students and other aspiring missionaries face in their journey to long-term missions. Of the 178 responses received, 99 were not analyzed. Responses not analyzed included the following: duplicates (identified by email or IP address), responses from participants that had previously relocated for the gospel, responses from participants who were not citizens of either USA or Canada, and responses that were not from a millennial. The 79 analyzed survey responses came from millennials aged 21-35

years old as of 2016. Over 78% had attended the Global Missions Health Conference. The margin of error for the 2016 survey was 11%.

The 2016 survey participants' demographic data differed significantly from the 2015 survey participants. The 79 responses analyzed were from millennials, ages 21-35 as of 2016. More than half of the 2016 survey participants were female (65%) and slightly more than half were married (58%). The largest percentage of participants were specializing in Family Medicine or heading that way.

The highest rated negative factor that aspiring missionaries face is student loan debt (Table 3). The average loan balance for those who indicated student loans as a strong concern was \$200,000. One participant commented that there should be more options for loan repayment while serving overseas. They further noted that they were aware many colleagues had chosen to delay going overseas until their loans were paid off.

For millennials who took the 2016 survey, the next two top rated concerns were the possibility of relocating and then being lonely or isolated, and raising financial support. Other concerns included being far away from family and friends, lack of experience and/or training, fear of burnout, and consideration regarding their children or future children. Another notable concern for aspiring millennial healthcare professionals was finding a good fit with a team or organization.

Table 3. Concerns of Millennials who are Aspiring Missionaries

%	Strong Concerns
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
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
14%	Objections from my parent(s)
9%	Difficult to keep up to date if I lived in another country

Note: Many of the above are predictable. Concerns 2 and 8 above (in bold) being so high on the list are key findings. Also note that the above numbers total more than 100% because respondents could and did select multiple concerns. N=79.

The 2016 survey explored the best way to connect with millennials regarding opportunities to relocate for the gospel. Participants shared the two main ways they as millennials would like to learn of these opportunities. Results indicated that 80% would prefer personal interaction with someone already serving there (Table 4). The second highest ranked answer, selected by 77% of respondents, was through a short-term visit to that location.

Table 4. How Millennials Would Like to Learn about Opportunities

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

Note: Connection points 1 and 2 above (in bold) being so high on the list are key findings. Also note that the above numbers total more than 100% because respondents could and did select multiple connection points. N=79.

Millennials also shared which experiences impacted them most in considering relocating for the gospel. Short-term mission trips ranked first with the Global Missions Health Conference a strong second (Table 5).

Table 5. Experiences that Impact Millennials to Consider Missions

%	Experience
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

Note: GMHC above (in bold) being so high on the list is a key finding. Also note that the above numbers total more than 100% because respondents could and did select multiple experiences.

Discussion

A viewpoint expressed by a missionary was, “It’s not about more people, but rather suitable people.” The question is, then, how can the recruitment process be improved to help more qualified and suitable healthcare professionals choose to launch and then remain in the mission field long-term?

Examining the survey results, we know what concerns many aspiring long-term healthcare missionaries have. We should begin by providing resources to minimize the causes of these concerns. For example, student loans is the number one concern of healthcare professionals. All agree that \$200,000 is a huge amount to have hanging over one’s head. One participant’s response addressed this concern, “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.” However, another wrote, “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.” It would be worthwhile to examine all the resources available to remove or at least lessen this obstacle to help aspiring newly launched healthcare missionaries.

Building relationships between someone in the field and a newly launched healthcare professional is another factor that can counter the concern of being isolated, far away from family and friends. David Frazier, author of *Mission Smart: 15 Critical Questions to Ask Before Launching Overseas*, suggests that the millennial generation seeks mentors, who partially fill the role they had previously valued in their parents.⁵ Mentorship, then, is highly important. Perhaps there is a way to encourage more long-term missionaries to become mentors. Healthcare missionaries mentoring while on home assignment visits may be more effective at mobilizing aspiring missionaries than full-time mobilizers.

It is worth noting that while mentorship is important, not every experienced missionary can mentor, just as not every English-speaking person can teach English effectively. An e-newsletter by MedicalMissions.com (Sep. 2015) reported that over one hundred aspiring healthcare missionaries asked for a mentor, but only 15 practicing healthcare missionaries offered to become a mentor.

Mentoring is sometimes formal and sometimes informal. Christian Community Health Foundation (CCHF) in USA did multiple surveys and identified students who 1) did a rotation early in their training with a Christian physician who is practicing quality medicine and integrating faith in his/her medical practice and 2) attended a healthcare missions conference. Over 80% of these students chose a path to serve the poor through missional medicine for a significant portion of their careers (personal communication with Steve Noblett, Executive Director, Christian Community Health Fellowship, Nov. 2015).

In the article *Developing cross-cultural healthcare workers: content, process and mentoring* Strand, Chen, and Pinkston point out the “younger generations of cross-cultural healthcare mission-



aries are shifting toward shorter terms of service.”⁷ The two-year Samaritan’s Purse Post Residency Program connects recent graduates to a location, provides financial assistance and reliable support, etc. and has helped many go. But one missionary commented that too many of these do not continue long-term. “Somehow convince those who go that that they should go indefinitely, not ‘We’ll go for two years and see how it goes.’ It seems that the two years just ‘inoculates’ them: ‘Been there, done that.’”

Regarding the desire to share about Christ, one millennial stated, “At first sharing the gospel sounded like proselytizing on the street, which I don’t like. But I am drawn to using my skills to build relationships and sharing the good news through authentic conversations.”

The two surveys reported in this paper were done on healthcare missions. Other insights may be found by comparing and contrasting healthcare missionaries and students with similar surveys taken of non-healthcare missionaries and non-healthcare students. Those surveys were recently published in *Evangelical Missions Quarterly* by Brown and McVay⁸ and also posted online at www.launchsurvey.wordpress.com.⁹ This website has full PowerPoint reports on the surveys with additional data not included in this paper. Those can also be a resource for future surveys which could be done every five to ten years to give recruiters up to date recommendations.

As we examine the future of global long-term missions, it is crucial that we pass on the wisdom of the current and former dedicated generation of missionaries so those following have the value of that hard-earned knowledge to build upon.

Recommendations

One recommendation for building relationships with aspiring international healthcare missionaries involves mentoring by those who host short-termers. While hosting, build in small group or one-on-one time with those short-termers

exploring long-term. Maintaining this relationship might help new missionaries not feel so isolated. Therefore, it is recommended that healthcare missionaries who meet an aspiring long-termer should continue that relationship via long-distance mentoring.

Improving the approach to mentoring and coaching could increase its effectiveness, making these stronger tools for recruitment and launching long-term healthcare missionaries. Suggestions for increasing mentorship include providing more than one coach for different areas of healthcare ministry, following the mentee’s agenda, and finding a good match of mentor and mentee so expectations are in harmony.

It is also important to utilize diverse types and approaches to mentoring which coincide with the mentee’s progression along the healthcare missionary track. For example, when mentoring or coaching from long distance, start with practical topics and later address deeper issues. When mentoring or coaching in person, increase the frequency of meetings, listen well, find a book to discuss together, discuss heart issues, and be available by phone, text, and social media. A key resource is www.askamissionary.com with over six hundred answers to two hundred questions including many answers specifically about how to become a long-term healthcare missionary.⁶

Limitations

One significant limitation of the 2015 survey is the confounding variable of recall bias. Not only may it be difficult to remember information, thoughts, and feelings from years ago, but participants may not remember the hindrances or helpful aspects of launching accurately. Another limitation was the potential that participants from different generations understand terms like mentoring or coaching differently. Also, some participants in restricted access countries may not have taken the survey to avoid being identified as missionaries. To reduce that risk the survey did not

use the words “missions” or “missionary.” Also, no consent form was used and participants could omit their email address. The benefit of participating in the survey, i.e. more missionaries would be sent, was implied and not explicitly stated in the introduction: CMDA and others want to learn how to more effectively launch healthcare professionals and their families into long-term international service.

A limitation of the 2016 survey was that all respondents had previous missions interest and were already subscribers to that CMDA e-newsletter list.

Conclusions

Information gleaned from the 2015 and 2016 surveys has revealed important points to consider as we adjust current recruiting and launching practices. It is important to help aspiring healthcare missionaries find a team so they do not feel isolated. If an individual or family has gifts and talents that are not a good fit for the mobilizer’s agency, help them find another organization that would be a better fit.

A second conclusion drawn from the surveys is that launching into long-term missions is like a marathon with multiple stages. The decision to launch is a process that requires patience and the process takes years and, on average, at least two life stages. One participant commented, “The recruiter was very patient and walked with us over the course of several years of discernment.” Another missionary suggested, “Get the children talking early about missions before their minds get cluttered. Be honest with teenagers about the struggles of being a missionary. Instead of teams, recruit short-term apprentices to work alongside long-termers.”

The main survey conclusion is that effective launching is more about relationships than just

more information. After the top six predictable positive factors, personal interaction with long-term workers ranks most helpful by 70% of survey participants. To launch, aspiring long-term healthcare missionaries need meaningful time with those who have experience in the field.

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Appendix A: Survey of Healthcare Missionaries

CMDA and others want to learn how to more effectively launch healthcare professionals and their families into long-term international service. (Yes, we know we need your help!) Can you give about 10 minutes of your expertise? You will first be asked basic demographic information and then about your journey into long-term service. We know your time is short; we only need brief responses. At the end, you may remain anonymous or you may enter your email address to receive the final survey report.

Demographic Information

1. What year were you born?
2. What is your gender?
3. What year did you first enter long term service internationally?
4. Marital status when you entered long term service internationally.
5. How many children, if any, did you have and take when you first entered long term service internationally?
6. If you had any children when you first entered long term service internationally, how many years old was your oldest child?
7. Before you first went long term internationally, how many years did you anticipate being a long-termer?
8. When you first went long term internationally, what was your passport country?
9. When you first went long term internationally, to what region of the world did you go?
10. When you first went long term internationally, to what country did you go?
11. When you first went long term internationally, what agency, if any, did you join?
12. Are you currently serving long term internationally?
13. Years served as a long termer
14. Which of the below fits best:
I am a healthcare professional and single.
I am a healthcare professional and my spouse is a healthcare professional.
I am a healthcare professional and my spouse is not in healthcare.
I am not a healthcare professional but I am the spouse of a healthcare professional.
I am not a healthcare professional and I am single.
I am not a healthcare professional and my spouse is not a healthcare professional.

Healthcare Professional Information

15. Main Specialty During Training
16. What year did you finish your main specialty training?
17. When you first went long term internationally, what were the main things you went to do?

Factors That Helped Your Journey

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 factors as not significantly helpful or definitely significantly helpful for you launching long-term.

18. Conference(s) or retreat(s) about international opportunities
None - Did not help - Helped a little - Helped some - Helpful - Very helpful
19. Perspectives course or other m. course
None - Did not help - Helped a little - Helped some - Helpful - Very helpful
20. Reading biographies of long termers
None - Did not help - Helped a little - Helped some - Helpful - Very helpful
21. Mentor(s)

- None - Did not help - Helped a little - Helped some - Helpful - Very helpful
22. Supportive spouse (or potential spouse)
None - Did not help - Helped a little - Helped some - Helpful - Very helpful
23. Personal interaction with long term worker(s)
None - Did not help - Helped a little - Helped some - Helpful - Very helpful
24. Sermon(s) or worship or other experience(s) with my church
None - Did not help - Helped a little - Helped some - Helpful - Very helpful
25. Sermon(s) or worship or other experience(s) with a campus ministry
None - Did not help - Helped a little - Helped some - Helpful - Very helpful
26. Supportive agency, leader or team to join
None - Did not help - Helped a little - Helped some - Helpful - Very helpful
27. Supportive friend(s)
None - Did not help - Helped a little - Helped some - Helpful - Very helpful
28. Supportive family
None - Did not help - Helped a little - Helped some - Helpful - Very helpful
29. Desire to provide healthcare to underserved
Not a factor - Helped a little - Helped some - Helpful - Very helpful
30. Desire to share the good news
Not a factor - Helped a little - Helped some - Helpful - Very helpful
31. Guidance or call from God
None - Did not help - Helped a little - Helped some - Helpful - Very helpful
32. Samaritan's Purse Post Residency Program
NA - Did not help - Helped a little - Helped some - Helpful - Very helpful
33. MedSend Grant
NA - Did not help - Helped a little - Helped some - Helpful - Very helpful
34. Short-term trip(s) less than two months
NA - Did not help - Helped a little - Helped some - Helpful - Very helpful
35. Short-term trip(s) two or more months
NA - Did not help - Helped a little - Helped some - Helpful - Very helpful
36. Optional: other factor that was significantly helpful for me launching long-term.

Obstacles to Your Journey

When you were first deciding about going into long-term service internationally, there were likely obstacles that were a concern or which hindered or delayed or interfered with your journey. Please rate the following obstacles as not a significant concern or definitely a significant concern as you were deciding whether or not to go long-term.

37. Concerns about being far away from family and friends
Not a concern - A little concern - Some concern - Concern - Strong concerns
38. Established where I was and I did not want to leave
NA - Not a concern - A little concern - Some concern - Concern - Strong concerns
39. Attracted by future opportunities (position, salary, etc.) if I stayed
NA - Not attracted - A little attracted - Some attracted - Attracted - Strongly attracted
40. Feelings of inadequacy
Did not hinder - Hindered a little - Hindered some - Hindered - Strongly hindered
41. Concerns for safety
NA - Not a concern - A little concern - Some concern - Concern - Strong concerns
42. Unsure of God's guidance or confirmation to go long term
Not a concern - A little concern - Some concern - Concern - Strong concerns
43. Difficult to find a match with an agency/organization to send us
Not difficult - A little difficult - Some difficult - Difficult - Very difficult

44. Difficult to find a good fit with a location or team
Not difficult - A little difficult - Some difficult - Difficult - Very difficult
45. Fear of isolation or loneliness
Not a concern - A little concern - Some concern - Concern - Strong concerns
46. Fear of burnout
Not a concern - A little concern - Some concern - Concern - Strong concerns
47. Health issues personal or in my family
No issues - Issues but no concern - A little concern - Some concern - Concern - Strong concerns
48. Concerns about needing to learn another language
Not needed - Needed but no concern - A little concern - Some concern - Concern - Strong concerns
49. Long process/time before launching
Not long for me - No concern - A little concern - Some concern - Concern - Strong concerns
50. Objections from friend(s)
No objections - Objections but no concern - A little concern - Some concern - Concern - Strong concerns
51. Objections from spouse (or potential spouse)
No objections - Objections but no concern - A little concern - Some concern - Concern - Strong concerns
52. Concerns for child(ren) or future children
NA - No concern - A little concern - Some concern - Concern - Strong concerns
53. Objections from parent(s)
No objections - Objections but no concern - A little concern - Some concern - Concern - Strong concerns
54. Concerns about being a single and going long term
Not a single when I went - Single but no concern - A little concern - Some concern - Concern - Strong concerns
55. Raising financial support
Did not have to - Had to but not a concern - A little concern - Some concern - Concern - Strong concerns
56. Student loans
No loans - Loans but not a concern - A little concern - Some concern - Concern - Strong concerns
57. Optional: other obstacle that was a significant hindrance to me launching long-term.

Wrapping Up

58. Which stage(s) of your life were most significant in making the decision to go long -term?
59. How many short term trip(s) less than two months long did you do before launching long-term?
60. How many short term trip(s) of two or more months did you do before launching long term?

Appendix B: Survey of Students and Others Aspiring to Healthcare Missions

CMDA and others want to learn how people may explore moving for ministry or missions. (If you have previously relocated for the gospel, this survey is not intended for you – but for those who have never done so.) We need your help. Can you give 5-10 minutes of input? You will first be asked some questions and then basic demographic information. We know time is precious; we only need brief responses. Near the end, you may remain anonymous or you may enter your name and email address in case a clarifying or follow-up question is needed. At the end of the survey we will give you a free e-book as our appreciation for your help.

1. Have you previously relocated for the sake of the gospel? That is, did you move somewhere for 1+ years for the sake of the gospel (i.e. not for education and not a round trip). If yes, thank you for serving, but this survey is not for you.
2. What is the farthest geographic distance you would most likely explore moving for the sake of the gospel? This would be relocating for several years and not a round trip. And if you are currently in training, this would be some period of time after you complete your education.
 - Cannot consider any move
 - Across town
 - Medium distance away, e.g. 2-10 hour drive
 - Across the country
 - Across the world
3. How many years would you be ok with living that far away?(Living away would still include periodic visits home.)

Factors That May Draw You to Relocate

If you would relocate (across town, across the country, or across the world) for the sake of the gospel, there may be factors that draw you towards exploring such a move. Please rate the following factors as not a draw, some draw, or a strong draw.

4. Desire to provide practical service to those in need
 - Not a draw - Some draw - Strong draw
5. Passion for justice
 - Not a draw - Some draw - Strong draw
6. Encouragement from my spouse, fiancée, etc. (skip this question if single)
 - Not a draw - Some draw - Strong draw
7. Encouragement from a friend or sibling
 - Not a draw - Some draw - Strong draw
8. Encouragement from parent(s)
 - Not a draw - Some draw - Strong draw
9. Encouragement from a pastor, mentor, leader or teacher
 - Not a draw - Some draw - Strong draw
10. Desire for adventure
 - Not a draw - Some draw - Strong draw
11. Ready for a change after finishing education (or military service, etc.)
 - Not a draw - Some draw - Strong draw
12. If friend(s) would relocate to the same place about the same time ...
 - Not a draw - Some draw - Strong draw
13. If someone I know (or may come to know in the future) located somewhere else and I would join them
 - Not a draw - Some draw - Strong draw

14. Desire to share Christ with a specific unreached group or city or country
Not a draw - Some draw - Strong draw
15. Desire to share Christ with others (but no specific group or city or country)
Not a draw - Some draw - Strong draw
16. God's guidance through Scripture
Not a draw - Some draw - Strong draw
17. God's guidance through prayer
Not a draw - Some draw - Strong draw
18. Optional: God's guidance through other ways or other factor(s) that would be a strong draw for me to explore relocating for the gospel

Factors That May Hinder You Relocating

If you would relocate (across town, across the country, or across the world) for the sake of the gospel, there may be concerns that would hinder you from considering such a move. Please rate the following factors as no concern, some concern, or strong concern.

19. Concerns for my children or future children
Not a concern - Some concern - Strong concern
20. I find it difficult discovering God's guidance in a major decision like relocation
Not a concern - Some concern - Strong concern
21. If I would need to learn a new language after I relocate, that would be...
Not a concern - Some concern - Strong concern
22. If I would have to raise financial support to live in a new place for the sake of the gospel, that would be
Not a concern - Some concern - Strong concern
23. If I would relocate somewhere that is less safe, that would be...
Not a concern - Some concern - Strong concern
24. If I would relocate to a place where I may be lonely or isolated, that would be...
Not a concern - Some concern - Strong concern
25. Concerns about being far away from family and friends
Not a concern - Some concern - Strong concern
26. Concerns about my lack of experience and/or training in ministry
NA or Not a concern - Some concern - Strong concern
27. Difficult to find a place that really needs me/where my skills and talents would make a difference
Not a concern - Some concern - Strong concern
28. Difficult to find a good fit with a team or organization
Not a concern - Some concern - Strong concern
29. Difficult to keep up to date in my profession if I lived in another country for years
Not a concern - Some concern - Strong concern
30. I am well established where I am and I would not want to relocate.
Not a concern - Some concern - Strong concern
31. I have good opportunities (position, salary, etc.) where I am and I would not want to relocate.
Not a concern - Some concern - Strong concern
32. Current or potential health issues - mine and/or spouse/kids
Not a concern - Some concern - Strong concern
33. Objections from friends
Not a concern - Some concern - Strong concern
34. Fear of burnout
Not a concern - Some concern - Strong concern
35. Objections from my parent(s)
Not a concern - Some concern - Strong concern

36. My concerns for my parent(s) health or aging
Not a concern - Some concern - Strong concern
37. Optional: objections from my spouse or fiancée or potential spouse
Not a concern - Some concern - Strong concern
38. Optional: concerns about being single and finding a spouse if I relocate
Not a concern - Some concern - Strong concern
39. Optional: concerns about student loan(s)
No loans - Not a concern - Some concern - Strong concern
40. Optional: approximate student loan balance at conclusion of my education
41. Optional: other hindrance that would be a strong concern before I would relocate for the gospel

More About You

42. Do you have a personal connection to anyone who has relocated for the sake of the gospel?

Other Information

47. Which stage(s) of your life or experiences have most significantly impacted your willingness to explore relocating for the sake of the gospel?
48. Optional: what are the main areas in which you may want to serve if you would relocate for the sake of the gospel?
49. What are the main ways you may like to learn about opportunities to relocate for the gospel?

Demographic Information

50. Of what country are you a citizen?
51. What year were you born?
52. What is your gender?
53. Current marital status
54. Which race/ethnicity best describes you?
55. Optional: how many children, if any, do you have?
56. Optional: if you have any children now, how many years old is your oldest child?
57. Optional: currently in training or currently not in training
58. Optional: if you are not currently in training, about how many years ago did you finish your most recent formal education or degree?
59. Optional: during your current or most recent phase of formal education what was (or is) your major/specialty/focus/goal etc.?
60. Optional: if you happen to know and remember your Myers-Briggs Type Indicator, please enter that below.

Wrap up

61. Optional: other comments
62. Optional: how many times have you already attended the Global Missions Health Conference in Louisville?