Results of the PRISM Survey

Patterns and Responses in Intercultural Service in Medicine

Katherine Welch, MD
GMHC 2012

Learning Objectives

- Know the current demographic of medical mission partners
- Identify challenges that medical missionaries face today
- Identify opportunities for mission agencies, churches and partners to strengthen the ongoing work and discern new ways to develop, integrate, support cross-cultural work

Declaration

- I was not on the working group or in any other way a participant in gathering the information and research of this survey.
- I have permission to present this material on behalf of the working group.
- Quotation marks on slides refer to quotations from participants – all other statements are either direct quotes or paraphrased sections from the survey publication

History & Background

- Medical ministry has existed since 14th century in Catholic orders; and 1770s for Protestants
- Medical partners have contributed to the development of modern medicine in many countries

- Yet, medical missionaries have always had to defend the validity of their medical practice as missionary work.

“Missions have been largely content to ignore the need for a developing policy in their medical work, to launch new ventures with little reference to the lessons or the experience of fellow M societies, and to leave the conduct of medical affairs solely to the rank and file of what is after all a highly individualistic profession.”

Survey parameters & definitions

- Online survey (Survey Monkey), and print surveys
- Survey open from Feb 2010 through March 2011
- A total of 419 surveys were completed, with 396 valid responses.
- Medical missions in this paper refer to the enterprise of long-term cross-cultural missionary service through medical work under the auspices of a Christian missionary organization. It does not mean the concept of short-term medical missions or secular medical missions.

Inclusion Criteria

- Medical missionary with a valid license in home country (MD, DO, PharmD, RN, Dentist, MPH, DPH)
- >2 years of time living in host country
- Expatriate medical worker
- Includes missionaries on home assignment
- Officially associated with a Christian organization
- English proficiency so as to ensure comprehension of the survey questions

Who are we? (survey demographics)

- 50% work in private hospitals (including mission hospitals), and 12.5% work in government hospitals or clinics (rises to 24.7% in Asian countries).
- 393 respondents: 49.9% male, 50.1% female
- Mean age 43.8 years old
- Mean years of service 10.8 years
- Citizens of 18 countries represented serving in 67 different countries

Specialties represented

Specialty	Percentage
Family/General Medicine	37.7%
Nursing	17.0%
Surgery & specialties	11.7%
Pediatrics	9.4%
Internal Medicine	5.6%
Public Health	3.3%
Dentistry	2.5%
Therapy/ Rehab	2.3%
OBGYN, Midwifery	2.0%
Psych, counseling	1.3%
Pharmacy	0.3%
Other	5.1%

How many are we?

- Working group of the survey estimates:
- Fewer than 1000 missionary doctors serving two or more years;
- Approximately 1000 nurses, and other allied health professionals serving two or more years

How do we spend our time?

1. Direct medical care
2. Medical education
3. Community health & development work
4. Leadership of health care facilities
5. Building a local faith medical fellowship

Top Challenges

1. Not enough qualified workers
2. Poor cooperation with the local system, bureaucracy ineffective
3. Not enough money or equipment
4. Lack of a strategy to guide it
5. Lack of support from my organization
6. No plan for sustainability

Challenges – responder comments

- Lack of an established role
- Services not needed due to adequate # physicians
- Poor community that is challenging for sustainability
- Poor work ethic
- Lack of leadership in national institutions
- Personal missionary funding to live – money towards projects and teams, but not towards living expenses
- Fatalism of the culture means people do not strive to do well
- Intense forces of competition
- Security issues in a hostile environment

Our Work Satisfaction

- Regarding balance of medical and non-medical aspects of their work:
  - In S America and Asia = most satisfied,
  - In Africa = most unsatisfied
- Workers in Asia spend the least time in clinical medicine
- M's in Africa work in clinical care somewhat more than the other regions
- American and non-American Ms expressed the same degree of satisfaction with the balance of medical and non-medical aspects of their work

Our Work Satisfaction

- The more favorable the attitude of the local government toward their work, the more satisfied surveyed medical missionaries are with the balance of medical and non-medical aspects of their work, and with their role as a cross-cultural medical worker

Our Mental Health

- Anxiety: about 50% suffer significant levels
- Depression: about 30% suffer significant levels
- Both somewhat higher in S. America, Africa, Middle East
- Americans & non-Americans affected equally
- Neither seem to be related to purpose of work
- Depression related to worsened attitude of local health authorities
- Depression & anxiety score strongly correlated

Our perceived need for medical M's

- About ½ do not consider host country to have less need of medical missionaries, but think that host countries have less need of missionaries in traditional roles
  - About ¼ perceive themselves as less needed
- However perceived need for more training in medical education, mentoring, Bible knowledge

Organizational support

- Medical missions requires specific direction from mission leadership:
- Medical missionaries seem to be functioning quite autonomously in these organizations with inadequate strategy and leadership to utilize them well.
- Medical missions needs to be valued for more than just opening opportunities for the gospel
- What does it mean that nearly 40% of respondents perceive their orgs prefer they as individuals leave the medical part of their work?

Organizational support

- Partners to Asia feel most pressure from orgs to leave the medical aspect of mission work
- "It seems to me that mission governing bodies without significant numbers of medical personnel don't seem to understand the needs of medical missionaries or the different paradigms we work under in evangelization, i.e. we should not be treated or utilized under the same paradigms as non-medical ministries such as church planting."

Short term missions

- 65% **disagree** that STM has a significant positive impact on the health situation for local people.

- Reasons given:
- Wasted time & resources
- Poor quality medical work
- No plan for follow-up
- Lack of impact on local ministry
- Malpractice, illegal presence

Short term missions - quotation

- “I am not opposed to short-term teams. But I do feel like the pendulum has swung in a direction where churches/organizations are putting more funds on the ‘team experience’ than on supporting full-time workers who are willing to make cross-cultural ministry their life and not just as an experience. I feel like the American church/constituency needs to be educated on what exactly is ‘best practice’ when it come so relief/development/healthcare and models need to be promoted that follow best practice methods. “

Opportunities: best ways to impact the health of people long term

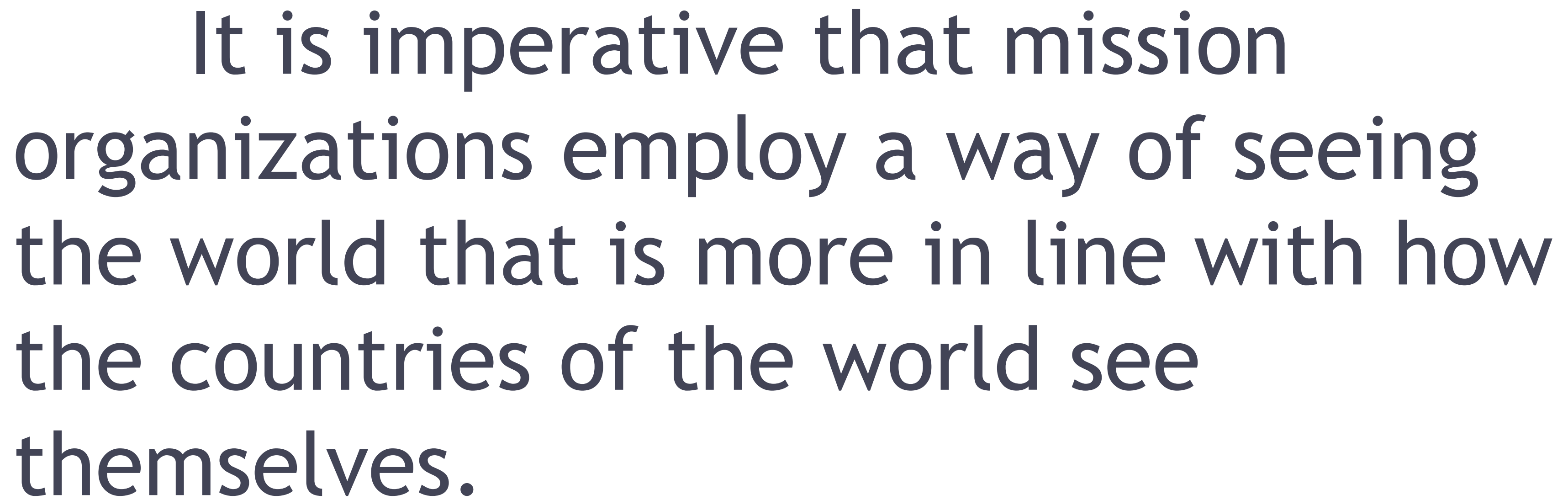
1. Mentoring national like-minded medical workers
2. Training national health workers
3. Using medicine to bring good news to people as part of an integrated response
4. Meeting specific needs, such as HIV/AIDS, mental health, disaster relief, etc.

Opportunities - Highlights

- Biggest opportunity was considered to be mentoring or training national medical workers, especially Christians.
- Improving their own ability to do training or mentoring was reported to be the greatest area of need for further training
- Direct medical care and leadership of medical facilities also considered important ways to positively impact health as well as evangelism

Adapting to changes in global health

- Working with the host national health system
  - Medical education
  - Strengthening rural health care
- Working in gov't hospitals or clinics and/or ensuring compliance with local regulations
- Implementing new technology
- Developing and employing uniform standards of diagnosis and care
- Participating in research projects



It is imperative that mission organizations employ a way of seeing the world that is more in line with how the countries of the world see themselves.

It is time to create strategies and approaches by which medical missions operations can establish legitimacy and effectiveness.

Questions for Future Research

- How might we measure success in medical missions work?
- What do host country partners, nat'l churches and gov'ts think about the role played by medical missionaries?
- Is the medical mission model too generous, and perhaps out of step with global needs, as implied by books such as Easterley's *The White Man's Burden*?
- Current medical missions is not sustainable financially. Should more competitive, for-profit medical models be promoted?

Limitations

- Self-selected population - but healthy response rate 54%
- Not able to assess ministry success of medical missions
- Reached primarily Western workers (future workers may be non-Western)

Contact Info

- CMDA working group: Mark Strand, Alice Chen, Tina Slusher, Alan Pelletier, John Mellinger

- Copywrite @MarkStrand