



Client's satisfaction with delivery of animal health-care services in peri-urban Ghana

P.K. Turkson*

Department of Animal Science, School of Agriculture, University of Cape Coast, Cape Coast, Ghana

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ABSTRACT

I assessed the satisfaction in July–August 2005 of 889 livestock and poultry owners with animal health-care services delivery in peri-urban Ghana and determined factors associated with that satisfaction (and with being the owner of poultry versus of other livestock with or without poultry). Overall, 48% of the respondents were satisfied or very satisfied with service delivery, with only 8% in the very satisfied category. Of the 401 owners of poultry and 488 owners of other livestock, 52% and 45%, respectively, reported being satisfied or very satisfied with veterinary services delivery. I found significant differences between poultry and livestock owners in 11 of 15 indicators of quality of animal health-care services; significantly higher proportions of poultry owners gave positive assessments in nine of the indicators. All but one of the 15 indicators tested was significantly and positively associated with satisfaction among all owners, overall. The indicators are proposed as a checklist for Qualitative Rapid Appraisal of Veterinary Services.

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1. Introduction

In many developing countries, the delivery of animal health-care (AHC) services is done by the public sector. The availability and quality of these services can affect the productivity of the livestock sector (Umali et al., 1994). A major challenge in the delivery of services in Africa is the provision of adequate services of an acceptable standard or quality (Cheneau et al., 2004). Van den Bossche et al. (2004) argued that many of the problems related to the delivery of quality veterinary services in Africa could be attributed to the complex nature of providing AHC in sub-Saharan Africa. Those authors proposed two measures of quality of AHC systems: availability and acceptability. An outcome of these is the satisfaction of the livestock or

poultry keeper which could be determined through client-satisfaction surveys. Such surveys provide a feedback mechanism to managers to uncover client's perceptions of strengths and weaknesses (Lin and Brian, 1996).

Client-satisfaction surveys are more common in human health-care than in animal health. An extensive desktop electronic literature search revealed only one paper dealing specifically with customer satisfaction with livestock services, done in Indonesia (Anonymous, 1997). Client satisfaction is referred to as "patient satisfaction" in human health-care literature (Donabedian, 1980; Lin and Brian, 1996; Morgan, 1999). Veerbeek et al. (2001) said patient satisfaction was best defined as a patient's evaluation of (aspects of) a health-care service based on the fulfilment of their expectations. Williams et al. (1998) identified three factors that determined the outcome of a patient's evaluation of services: a positive or negative experience, the perceived function of the service and the culpability of the service for their experience. Vuori (1991) observed that patient satisfaction was not just an indicator of health-care but was a desired outcome of care, and

Abbreviations: AHC, animal health-care; df, degrees of freedom; OR, odds ratio; TO, technical officer; VSD, Veterinary Services Directorate.

* Tel.: +233 42 32709; fax: +233 42 32709.

E-mail address: kobbiecc@yahoo.com.

therefore an essential part of its quality. Client evaluation of services is expected to lead to improved quality of care as patient satisfaction is assessed to find out which services need improvement according to the patient's preference (Veerbeek et al., 2001).

There are complaints about the quality of veterinary services delivery in Ghana, suggesting dissatisfaction (the extent of which is not documented). The Veterinary Services Directorate (VSD) has complained of challenges faced in the delivery of quality services to clients, especially in financing activities. Poor quality of services is reported to result in loss of customers, revenue, material resources, time, morale, staff recognition, trust and respect (Bannerman et al., 2002) and individuals' and communities' apathy towards use of services, all of which might contribute to perceived lack of effectiveness, efficiency and impact.

This paper presents findings of a client-satisfaction survey and perceptions of quality of veterinary services in Ghana. One objective was to compare the perceptions of poultry and livestock keepers of the quality of service delivery. This was based on a perception of some animal owners that veterinary services delivery to poultry owners are comparatively better organised, of better quality and easier to access than services to owners of other animal species. Another aim was to identify which indicators of quality of veterinary services differed significantly on comparing those satisfied and those not satisfied with service delivery in peri-urban Ghana. This would allow for recommendations for improvements in service quality.

2. Methods

The method adopted was that of McCrindle et al. (1996), with a survey as the main activity undertaken.

2.1. Study areas

Peri-urban areas in four regions of Ghana were chosen purposively: Ashanti Region (Kumasi Metropolitan Area and surrounding districts), Greater Accra Region (Accra and Tema Metropolitan Areas, and Ga District), Central Region (Awutu-Efutu-Senya District), and Western Region (Shama-Ahanta East Metropolitan Area and surrounding districts). These regions are in the middle and southern parts of Ghana.

AHC was provided officially in all locations by graduate veterinarians and veterinary technical officers who were staff of VSD. The technical officers were products of the Pong Tamale Animal Health and Production College with certificates in animal health. In addition, in Greater Accra and Ashanti Regions AHC was provided by staff of seven and two private practices, respectively. In all these areas VSD staff provided private services unofficially, termed as "moonlighting" (Turkson and Brownie, 1999).

2.2. Sampling procedure

The common mammalian livestock in peri-urban Ghana are sheep and goats (West African Dwarf type or

crossbreds), and cattle (West African Short horn or crosses between this and Zebu). In the context of this paper "poultry" refer to chicken (local or exotic breeds).

Livestock or poultry keepers visiting government or private veterinary clinics for assistance or to purchase vaccines were chosen purposively to be interviewed because there was no reliable list. Others were identified with the help of Ministry of Food and Agriculture staff in the chosen areas. The snowball technique was adopted to help achieve the targeted numbers within the period of the study. Here, farmers were visited on their farms and they, in turn, identified other livestock or poultry keepers in the area who were interviewed. The intention of including respondents outside the clinic was to achieve targets set rather than form the basis for comparing clinic and non-clinic respondents. The targeted numbers were 150 each for Ashanti and Western Regions and 300 each for Greater Accra and Central Regions, based on the availability of interviewers (one each for Ashanti and Western Regions and two each for Greater Accra and Central Regions, each targeting 150 respondents).

The farmers were categorised as poultry or livestock owners on the basis of respondent's self-classification based on the predominance of the animal species kept. Therefore, some poultry keepers owned livestock, while some livestock keepers also owned poultry.

2.3. Survey instrument and administration

A questionnaire was developed and tested in Cape Coast on 15 livestock and poultry keepers. The questionnaire had 25 questions (14 close-ended with some being Likert-scale type, and 11 open-ended). The questions covered the socio-economic profile of respondents, animal demographics and management, services used and providers, and indicators of quality of AHC services. Among the indicators I used (and their definitions, where necessary) were:

- Accessibility: the ability of the individual to reach and obtain services;
- Effectiveness: how effective the veterinary services were in reducing mortality, disease and dissatisfaction;
- Efficiency: how well the available resources were used to achieve desirable results;
- Equity: the fairness of distribution of services;
- Service quality: the degree to which services met the client's expectations;
- Staff attitude: interpersonal relations of staff;
- Technical competence: the knowledge, skills and actual performance of professionals;
- Affordability: the ability of clients to pay for services;
- Service availability: services being provided when needed;
- Drug availability;
- Vaccine availability;
- Service charge;
- Drug cost;
- Client needs: whether needs of clients were met and
- Getting help: whether help was obtained when needed.

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