



Survey of animal shelter managers regarding shelter veterinary medical services



B.E. Laderman-Jones ^{a,*}, K.F. Hurley ^b, P.H. Kass ^c

^a Placer Society for the Prevention of Cruelty to Animals, Roseville, CA 95678, USA

^b Koret Shelter Medicine Program, Center for Companion Animal Health, UC Davis School of Veterinary Medicine, University of California, Davis, 1 Garrod Drive, CA 95616, USA

^c Department of Population Health and Reproduction, UC Davis School of Veterinary Medicine, University of California, Davis, 1089 Veterinary Medicine Drive, CA 95616, USA

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ABSTRACT

Veterinary services are increasingly used in animal shelters, and shelter medicine is an emerging veterinary specialty. However, little is known about working relationships between animal shelters and veterinarians. The aims of this survey were to characterize working relationships that shelter personnel have and want with veterinarians, identify opinions that shelter managers have regarding the veterinarians they work with, and determine areas for relationship growth between veterinarians and shelter managers. An electronic survey was distributed to 1373 managers of North American animal shelters; 536 (39.0%) responded.

Almost all shelters had some veterinary relationship, and most had regular relationships with veterinarians. The proportion of shelters that used local clinics (73.9%) was significantly higher than the proportion that retained on-site paid veterinarians (48.5%). The proportion of respondents who did not have but wanted a paid on-site veterinarian (42%) was significantly higher than the proportion of respondents who did not use local clinics but wanted to (7.9%). These data suggest shelter managers valued veterinary relationships, and wished to expand on-site veterinary services. Almost all shelters in this study provided some veterinary care, and all respondents identified at least one common infectious disease, which, for most, had a substantial negative impact on shelter successes. Respondents indicated that the most important roles and greatest expertise of veterinarians were related to surgery, diagnosis and treatment of individual animals. Education of both veterinarians and shelter managers may help ensure that shelters benefit from the full range of services veterinarians can provide, including expertise in disease prevention and animal behavior.

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Introduction

In recent years, society's expectations for care of animals in shelters have increased (Miller and Hurley, 2009), requiring shelters to use veterinarians to a greater extent than ever before (Burns, 2006).¹ For example, surveys of Ohio animal care agencies found that the proportion of agencies that had associations with veterinarians doubled between 1996 and 2006 (Lord et al., 1998, 2006). Concurrently, veterinarians have become more involved in animal shelters (Yoffe-Sharp and Olson, 1996; Foley, 2003; Lofflin, 2007; Ellis, 2008). The Association of Shelter Veterinarians (ASV) was formed in 2001,

and in 2014, the American Board of Veterinary Specialties and American Veterinary Medical Association recognized shelter medicine practice as a veterinary specialty under the American Board of Veterinary Practitioners.² Educational opportunities in shelter medicine have increased for veterinary students (Monti, 2000; Foley, 2003; Snowden et al., 2008), as well as veterinary interns and residents, and shelter medicine tracks have become more widely available at veterinary conferences. Additionally, textbooks have been published on shelter medicine (Miller and Zawistowski, 2013), infectious disease management in shelters (Miller and Hurley, 2009), and related fields such as veterinary forensics (Sinclair et al., 2006; Cooper and Cooper, 2007; Munro and Munro, 2008; Merck, 2012).

In many ways, national humane organizations have welcomed veterinarians into their realm. In 1998, the American Humane

* Corresponding author. Tel.: +1 530 9025874.

E-mail address: barbj@pspca.org (B.E. Laderman-Jones).

¹ See: Avanzino, R., 2007. What is shelter medicine, and what is the role of a veterinarian in a shelter? www.maddiesfund.org/About_Us/Maddies_Editorials/What_is_the_Role_of_a_Veterinarian_in_Animal_Shelters.html (accessed 10 February 2016).

² See: Association of Shelter Veterinarians Board Specialty. www.sheltervet.org/board-specialty (accessed 10 February 2016).

Association, in collaboration with a team of 12 veterinarians, published a book on recognizing and reporting animal abuse (Olson, 1998). *Animal Sheltering Magazine*, published by the Humane Society of the United States (HSUS), has regularly included articles on shelter medicine since 2004. Several humane organizations, such as the American Society for the Prevention of Cruelty to Animals (ASPCA), are registered providers of continuing veterinary education. In 2010, the ASV published Guidelines for Standards of Care in Animal Shelters,³ which included a forward signed by the National Federation of Humane Societies, the Society of Animal Welfare Administrators (SAWA), the National Animal Control Association (NACA), the ASPCA, and the HSUS.

While a partnership is undoubtedly developing between the veterinary profession and the animal sheltering community, the relationship has sometimes been strained¹ (Miller, 2007; Scarlett, 2008; Miller and Hurley, 2009). According to Foley (2003), 'many (shelters) have some level of dissatisfaction with their veterinarian', and the expected roles and benefits of veterinarians to shelters may be unclear. It has been suggested that 'shelters often can't afford a veterinarian' (Burns, 2006), and that veterinarians may feel pressured to donate or discount services to avoid being viewed as selfish (Goldberg, 1990; Robinson, 1990).⁴ The benefits of increasing veterinary involvement in shelters have been debated (Levy, 2004; Mangiamele, 2004), and may have variable impact on costs, disease rates and other important outcomes. For example, a study of animal care agencies in Ohio showed no significant association between use of veterinary services and euthanasia rate (Lord et al., 2006). Nevertheless, surveys in that state consistently identified veterinary services as one of the five most pressing needs of animal care agencies (Lord et al., 1998, 2006). The veterinary profession may also benefit from increased attention to shelter practice.

The purposes of this study were to characterize the working relationships that animal shelter personnel have and want with veterinarians, to identify the opinions of shelter managers regarding the veterinarians with whom they work, and to determine areas for growth in relationships between veterinarians and shelter managers.

Materials and methods

A list of 3353 US animal shelters was obtained from the HSUS (A. Rowan, personal communication; Rowan, 2006). This was produced by aggregating lists from three national humane organizations (HSUS, ASPCA and American Humane Association), then further expanding the list by directly asking each listed organization to identify additional sheltering organizations in their own or nearby metropolitan areas, cities, or counties. Only shelters with valid email addresses were included in the sampling frame. An additional 147 email addresses were obtained by electronically distributing requests for shelter managers to participate in the survey to members of SAWA, NACA, and ASV. The final list was sorted alphabetically by organization name in order to identify and eliminate duplicates. The total sample size was 1373.

An email invitation containing a link to a survey was sent to each address using an online survey application.⁵ To maintain as much anonymity as possible, email addresses were not stored with survey responses, and respondents were not asked to provide any identifying information about themselves or their shelters. The survey was given exempt approval status by the Institutional Review Board at the University of California, Davis.

The survey was developed with guidance from shelter veterinarians, survey-research experts, epidemiologists, and statisticians. It consisted of 42 questions related to shelter and respondent demographics, existing and desired veterinary relationships, preventive or screening procedures performed, identification and impact of

infectious diseases, perceived importance of veterinary tasks, perceived knowledge level of respondents and veterinarians, and satisfaction with veterinary services. To assess the importance of veterinary tasks, respondents were presented with a list of 15 tasks and asked to indicate the five most and five least important for veterinarians working with their shelters to perform. Two primary strategies were used to develop the task list. First, tasks that were most often listed in posted shelter veterinary job descriptions on the ASV website and elsewhere were identified and included. Second, experts in shelter medicine were consulted and the job task analysis contained in the Petition for a Recognized Veterinary Specialty in Shelter Medicine Practice⁶ was referred to in order to identify additional activities that were considered important potential contributions of shelter veterinarians. An importance score for each task was calculated by subtracting the number of respondents who chose the task among the five least important from the number who selected the task among the five most important. To assess perceived knowledge levels, respondents were asked to rate their own levels of knowledge and those of the veterinarians who worked with their shelters in the subject areas of shelter operations, cleaning and disinfection products and protocols, vaccination products and protocols, population management (e.g. quarantine, isolation, segregation, adoptability, euthanasia decisions), diagnosis of common shelter infectious diseases (e.g. upper respiratory infections, canine parvovirus and canine distemper infections, feline panleukopenia, dermatophytosis), treatment of common shelter infectious diseases listed above, diagnosis and treatment of other medical problems, and behavior of shelter animals (including stress reduction, behavioral assessment, and behavioral and environmental enrichment). Rating choices were 'not at all knowledgeable,' 'slightly knowledgeable,' 'knowledgeable,' 'very knowledgeable,' and 'not applicable.' The last choice was provided for respondents who did not work with and therefore could not rate the knowledge level of veterinarians, but was also an available choice for respondents' ratings of themselves.

Twenty-three shelter managers with whom the first author (BEL) was acquainted pilot-tested the survey, and revisions were made based on feedback from this group. Survey invitations were sent to 1373 managers of animal shelters. To encourage participation, the invitation stated that respondents would be entered in a prize drawing. Additional invitations were sent five times at approximately 10-day intervals to those who had not responded. Only respondents who identified themselves as the 'director' or 'manager' of an eligible animal shelter were included. Eligible shelters were those operated by a government department and/or a tax-exempt non-profit organization that had a central facility for housing dogs and/or cats and operated an adoption program.

Statistical methods

Categorical data were summarized using counts and percentages. Respondents were grouped into four regions (Northeast, Southeast, Midwest and West) as previously described by Blagburn et al. (1996). In data analysis, a 'regular relationship' with a veterinarian was defined as one or more of the following: veterinarian as director, veterinarian on board of directors, paid on-site veterinarian, regular use of local veterinary clinics, and regular visiting volunteer veterinarian. Chi-square tests of homogeneity were used to evaluate the distribution of categorical response variables between groups. Proportions of respondents indicating different veterinary relationships were compared using Fisher's exact tests. Differences in the distribution of ordinal variables between shelters with and without certain veterinary relationships were evaluated using Kruskal–Wallis tests. Comparisons of ordinal ratings of respondents' own knowledge levels and their appraisals of the knowledge levels of veterinarians in different subject areas were made using Wilcoxon signed-rank tests for paired data. The Wilcoxon rank-sum test was used to compare ordinal ratings of knowledge levels by shelter managers who were veterinarians with ordinal ratings of knowledge levels by shelter managers who were not veterinarians. *P* values <0.05 were considered statistically significant.

Results

Five hundred thirty-six responses were received from managers of shelters that met all eligibility criteria (39.0% response rate.) All managers completed the entire survey except for 43 respondents who left the last four questions unanswered. Responses from these questions were not included in data analysis, so incomplete responses were included with complete responses in all analyses. The response rate for shelters in the West (145 responses of 313 invitations, 46.3%) was significantly higher (*P* = 0.012) than response rates for shelters in the Northeast (101/282, 35.8%), Southeast

³ See: Newbury, S., Blinn, M.K., Bushby, P.A., Cox, C.B., Dinnage, J.D., Griffin, B., Hurley, K.F., Isaza, N., Jones, W., Miller, L., et al. Guidelines for Standards of Care in Animal Shelters. Association of Shelter Veterinarians. <http://www.sheltervet.org/assets/docs/shelter-standards-oct2011-wforward.pdf> (accessed 10 February 2016).

⁴ See: Kirkwood, S., 1999. A prescription for better veterinary relations. http://www.hsi.org/assets/pdfs/eng_prescrip_vet_relations.pdf (accessed 10 February 2016).

⁵ See: www.surveymonkey.com (accessed 10 February 2016).

⁶ See: Petition to the American Board of Veterinary Specialties for Provisional Recognition of a Recognized Veterinary Specialty in Shelter Medicine Practice under the American Board of Veterinary Practitioners. <http://www.sheltervet.org/assets/docs/SMP-Petition.pdf> (accessed 10 February 2016).

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