NURSING PRACTISE IN A HEALTHY ENVIRONMENT:

EXPLORING THE NURSES DESCRIPTION OF THEIR PRACTISE IN A SUMMER CAMP SETTING.

BY

BARBARA HAGUE

A Thesis presented to the University of Manitoba in partial fulfillment of the requirements for the degree of Master of Education.

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DEDICATION

To my family, Tom and Tyler; to my friends who encouraged me.

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I would like to thank the members of my thesis committee for their guidance and confidance. I would also like to thank the Manitoba Camping Association for their help in assiting me with understanding the problem and the nurses who so generously gave time to participate in the study.

NURSING PRACTISE IN A HEALTHY ENVIRONMENT: EXPLORING THE NURSES DESCRIPTION OF THEIR PRACTISE IN A SUMMER CAMP SETTING

Every summer, thousands of children attend summer camps. Most of these children at some point during their stay at camp will meet the camp nurse. This study describes the camp nurse's job and identifies the factors which influence how the nurses operationalize their role. Ten Registered Nurses were purposively selected and were asked to describe what they did as the nurse at the summer camp and how they decided on those activities. Interviews were audiotaped and each nurse was asked to complete a demographic form. Field notes were kept. The nurses ranged in age from 27 to 65 and reported an average work experience in nursing of 12.1 years. Three nurses were diploma prepared and seven had a baccalaureate degree. All the nurses but one were female. When not nursing at summer camp, the nurses were employed in a wide range of clinical settings. The greater part of their nursing experience had been in acute care health facilities.

Transcripts of the interviews were analyzed for recurrent themes. The nurse's activities were described under five themes. They spent most of their time restoring and maintaining the health of the camper. Nurses described activities

such as treatment of injuries and inflammatory conditions. They also dedicated time to prevention activities which included teaching the children how to avoid injury and illnesses and insuring that health standards were maintained in the camp. A significant amount of the nurse's energy went into administrative functions.

Very few nurses had job descriptions. Usually the job was self defined by the nurse or was influenced by what previous nurses had done. The degree and type of expertise the nurse possessed was an important factor in determining the nursing activities undertaken as well as the degree of autonomy the nurse had and the time available to her.

It was apparent that there is little standardization of the nurse's practise in summer camps and the operationalization of the role is primarily dependent on nurse's skill and initiative as well as her working relationship with the camp administrator. While the nurse's practise tends to be directed by the demands of acute illness and injury, the nurses described opportunities for an expanded role.

TABLE OF CONTENTS

CHAPTER I:INTRODUCTION

"Among the established ideals of society, the value of a healthy life stands at the forefront, and the nursing profession is valued as a facilitator of health." (Bilitski, 1981, 18).

Health is the "in " concept of the 80's. The Federal Government of Canada challenges Canadians to achieve "Health for all" by the year 2000 (Epp, 1987). But, what is health? Health, as an adjective, describes a philosophy of care (health promotion/ maintenance), a system (the health care delivery system), practises (good health practises, holistic health practises), behaviors (Kellar, 1981). Researchers study health beliefs, health behaviors, health values, health locus of control, health professionals, health problems and health needs (Reynolds, 1988). Descriptively, there is an implicit understanding of what is meant by all of these terms. The noun, health does not enjoy such implicit understanding. Yet, it is health, the noun, that we seek to achieve and measure. When definition of the basic term is surrounded by confusion and lack of clarity, achieving consensus on health indicators becomes elusive.

Health is a central concept to the discipline of nursing.

Nurses facilitate, enhance, restore, maintain and promote health. (Registered Nurses Act of Manitoba,1980). However, the struggle for a clear definition of the term health is a major factor in the lack of understanding or consensus on how this central concept guides, defines or drives the practise of nursing. Discrepancies between the theoretical writings about health and the operationalization of health highlight the gap in understanding the concept (Reynolds, 1988).

The purpose of this study was to describe the practise of nurses working in an environment where the main focus of nursing practise was achievement and maintenance of health. The environment in this study was that of youth camps. Nurses who take on "camp nurse" positions often find that, as well as working in a non-traditional practise setting, role expectations are unclear, and /or ambiguous. The premise underlying this study is that through operationalization, nurses reveal their understanding of concepts. Bilitski (1981) states that "the potential benefits of systematically describing one's personal and professional philosophy should not be underestimated" (p.17) in theory development. While it is beyond the scope of this study to develop theory, the data describing how nurses operationalize health may help future researchers in the development of theory.

BACKGROUND AND SIGNIFICANCE OF THE PROBLEM

It is a basic assumption of this study that nursing practise is holistic. Bilitski (1981) describes nursing as a dynamic system interacting with the environment and composed of theory, practise, research and education. (Figure 1).

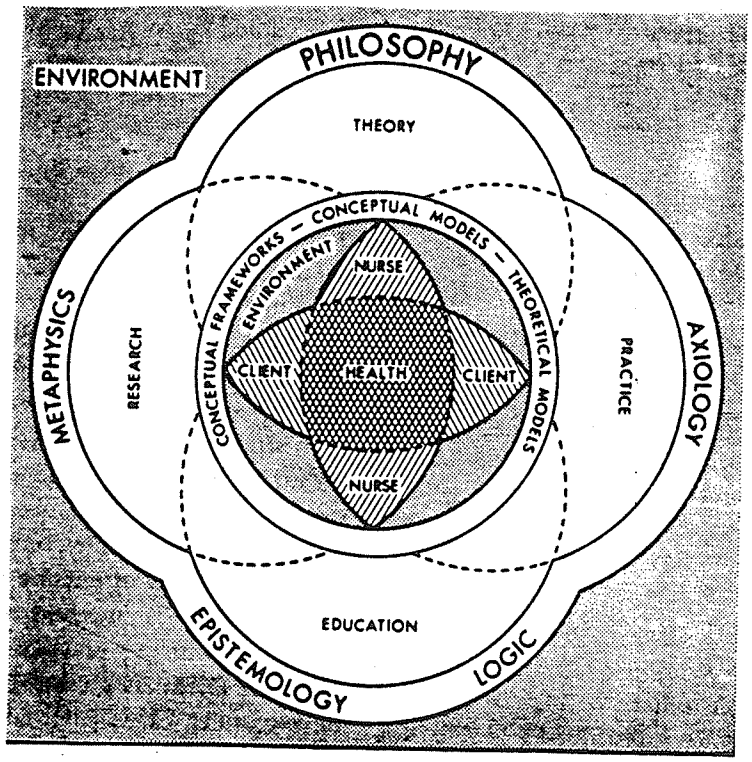

Figure.1 System of nursing science

In Figure 1, the four concepts are unified by the phenomenum of health, which is described as a state of existence reflecting the interaction with the environment. Health exists on varying levels, from optimum to non-existence. The environment consists of all living and non-living things surrounding a system. The client strives to maintain harmony with the environment and the nurse is concerned with all the variables affecting health and ways to facilitate the client's efforts to maintain or regain it. This clearly moves nursing away from a primary illness orientation and into a wholistic orientation. The health of an individual is affected by their physical, social and spiritual needs and requirements as well as their ability to care for themselves. It also is affected by the philosophy, the education, the experience, the role expectations and the skills and energy of the caregiver, in this case, the nurse (Bilitski,1981; Benner,1985).

The second assumption of this study is that health is wholistic and is a personal value. The subjective and wholistic characteristics of health aggrieve the problem of measurement. The literature reflects many models and definitions of health (Kellar, 1981; Engel, 1984; Bilitski, 1981; Reynolds, 1988; Shaver, 1985). These definitions

of health do not consistently support a holistic approach (Kellar, 1981). The subjectiveness of the concept is evident in the literature. Parse, Coyne and Smith (1985) elicited 762 descriptors from interviews with 400 subjects. They found that individuals and disciplines viewed health from their own vantage point. Keller (1981) identified 42 definitions /descriptions of health and non-health in an extensive review of the health literature. Because of the difficulties operationalizing the concept, researchers have studied concepts which are more easily measured, such as health beliefs and health values. This fractionalization of the concept fails to acknowledge the wholism of the concept of health.

Summer camps offer an opportunity for children to experience healthy environments, to learn life and leisure skills, to develop interpersonal skills and to foster independence. Each of these objectives could be described as an objective of health (Kellar,1981). For the nurse, camp is an opportunity to practise nursing in an arena of health. To address the health needs of the "healthy" camper, the nurse must extend her practise beyond the traditional boundaries of primary care for individuals and into a framework that encompasses community assessment, health promotion, and prevention, as

well as assessment and treatment of actual health problems (American Nurses Association Standards for nursing services in camp settings, 1978). The nursing literature supports the concept of wholistic health care delivery by the camp nurse. However, there have been few studies that describe or support this wholistic practice by camp nurses. Camp nurses traditionally, have been viewed as the providers of first aid, emergency care and TLC (tender lovng care) for the homesick. The job descriptions reviewed were functional, addressing requirements for Cardio Pulmonary Resuscitation certification and record maintainance (Manitoba Camping Association Standards, 1986). Without minimizing the importance of these activities to the well-being of the camper, it is fair to say that they represent a narrow approach to nursing practise. This lack of clarity regarding role expectations and standards of practise has led to wide variations of practise.

CHAPTER II: LITERATURE REVIEW

Although organized camping began over 100 years ago, it was not until the 1930's that the literature reflected the impact of the fields of psychology, social work and education on the theory and practise of camping (McNeil, 1957). Blumen reported in 1937 that the objective of a camping experience was to promote the development of adequate personality functioning and successful group living. By 1966, a new camping philosophy evolved. It was aimed at providing a social environment under adult guidance which would expressly solidify the child's psychological and emotional maturity (Weisman, 1966).

Much of the research on the effects of camping was done in the 50's and 60's and addresses social skill development and special needs groups. Few of the early studies are multifactoral and thus require careful critique. Supplementing the research papers are descriptive articles from professional journals which focus on the daily activities and routines of camp life. (Bodzioch, 1986; Frankin, 1984; Moffat 1983; Robinson, 1985; Sessoms, 1979; Travis, 1984).

Role of Camp Personnel

The studies conducted on predictors for chosing successful camp counsellors in the 50's and 60's, identified four varia-

bles: maturity of the cousellor,(Perry, 1963; Yasutake,1959); advanced education (Gilbert,1951), leadership characteristics (Kammeyer, 1959; Lumpkin, 1957) and previous experience as a camper. (Pixley,1942). However, Massie (1951) was not able to demonstrate statistical significance for counsellors with two years or more of college education and Ciochine's (1948) findings also supported that age and education had little bearing on job performance. Perry (1963) and Ross (1971) also found that the length of the pre-camp training experience was statistically significant in predicting success. No studies examining beliefs, attitudes or the effect of past camping experiences were found.

Role of the Nurse

There is a paucity of research related to camp nursing. Greenbaum (1977) surveyed 29 camp nurses regarding their responsibilities and perceptions of their role as camp nurse. Twenty-six nurses reported that they saw their role extending beyond the infirmary walls and included health teaching and preventive care as well as emergency care, nutritional counselling, provision of psychological support and general responsibility for environmental safety. Greenbaum identifes demographic data regarding the subjects' age range, educational preparation, parental status and the

years of experience as camp nurse. However, she makes no attempt to factor this data with other variables such as job satisfaction and role definition. The generalizability of these findings is limited due to the small sample size (29), low return rate (43.3%), and unreported statistical significance of the findings. The question of why some nurses undertook specific activities and others did not, is not addressed. This is the only research study that attempts to describe the role of the camp nurse.

The major non-research resource used in relation to camp nursing is Hamessley (1977). While recognizing the inherent problems associated with poorly defined job descriptions and the ambiguity of practise principles, she advocates that camp nurses shift the emphasis of the health program from therapy to health promotion. She describes the functions of the camp nurse in the maintenance of physical and emotional health promotion, sanitation codes, environmental safety, health teaching as well as primary intervention related to first aid and medical conditions. Hemessley's work is frequently used as the primary reference for camp nursing. Her work however, is experiental and based on her personal beliefs, and values related to nursing practise.

Czupryna (1984) identifies that it is the responsibility of

the camp nurse to establish a primary prevention program. She prefaces her discussion with the comment that the hardest job that the nurse will face is persuading the camp management that primary prevention must be an integral part of the camp health program. This document is narrative but it's importance relates to the inclusion of environmental health as an integral part of a total health program. She describes the primary health/ preventive program to include asssessment of housing, water quality, nutritional programs, flora and fauna hazzards, assessment of educational needs of campers and staff as well as a detailed population profile. Czupryna's salient point is that these aspects of program planning are nursing functions.

Health Care Provided in Camps

Rotman and Schmalz (1977) studied the health visits of 320 campers and 92 staff with the goal of producing a health profile that could direct the nurse in establishing primary prevention programs as well as to insure that the camp nurse was adequately versed in the treatment of the primary health problems. The researchers compared the demographic data to the data in the infirmary log and plotted the incidence and timing of major health problems. Of the 8,873 visits analyzed, they found the frequency of visits increased with

the age of the camper and that females had a 3:2 visit ratio with males. The major reasons for visits were respiratory disorders and medication administration. Physical trauma incidents constitued approxiamately 16% of the visits. It is of interest that, of the 9,000 visits, only 292 children required admission to the infirmary and only 117 required referral to a physician. Specific recommendations of the study are related to the need for further research into sound preventive strategies.

Asnes et al (1974) tracked similar data in their study. The objective was to identify the types of medical problems a physician might encounter in a camp setting. They analyzed 1412 physician-camper encounters in four camp settings. Of 675 campers, 37% were male and 63% were female. Campers' ages ranged from 6-15 years. Findings indicated that respiratory disorders constituted the majority of health contacts. Sixty percent of the infirmary visits resulted in the administration of a medication. The study confirmed earlier findings (Barrett,1969; Meyer,1963; Stanilonis,1966) that physical trauma, while a reality, occurs at a much lower rate than in an unsupervised setting. In fact, trauma constituted only 8.2% of the visits in this study. The authors conclude that a registered nurse could provide the health care required in the camp setting and that camps do not require the expertise of a medical practitioner.

Standards

The American Nurses Association (ANA) developed standards for nursing services in camp settings (1978). The standards protect the welfare of the children attending camp and provide direction for the camp nurse. Standards also serve as legal guidelines in the absence of formal legislation. The ANA Standards are based on the following assumptions:

" 1. the health program in a camp contributes to an environment which is healthful, enjoyable, educational and safe for camp participants.
2. the health program of a camp is a co-operative effort of the nurse, the camp director, the physician, other camp personnel, the parents of the campers and the campers themselves.
3. The nurse is responsible for the administration of a program designed to meet the health and safety needs of children and adults in camping settings." (1978,p.1).

The standards direct that the camp nurse must be a registered nurse, licensed to practise and experienced in first aid and emergency care as well as pediatric nursing. Standard III states that the nurse is an active participant in the development of the health program and is responsible

for program implementation. Specifically, Standard III directs that as well as including an emergency care program. the staff should receive training in safety and environment practises, exercise, rest and nutrition, developmental tasks, as well as emotional and social health. A program must be developed to promote the total health of the camper,

The Saskatchewan Registered Nurses Association (1981) identifies three functions for the camp nurse. They are: establish a safe environment which will be conducive to the maintenance of the health of campers; contribute to the attainment of health for all campers; and to provide appropriate first aid treatment in the event of an injury or accident. While the function statements suggest that primary prevention is the responsibility of the camp nurse, the descriptors of the health program are illness oriented. Primary prevention is identified in reference to hand washing, prevention of spread of contagions and camp sanitation.

The College of Nurses of Ontario also provide guidelines for camp nurses (1987). The introductory statement for camp nursing states, "Whether the campers are children or adults, handicapped or not, the emphasis is on health oriented experiences in a health promoting environment" (p.1). The job description however, applies limits to this practise by

targeting maintenance of the health centre, developing policy related to treatment of illness and providing care for the ill as the primary responsibilities. The job description also directs that the role may be filled by a registered nurse or a registered nursing assistant. These two qualifiers seem limiting, if not incongruent with the philosophy statement.

The Manitoba Camping Association (1986) has developed standards which guide camp accreditation. The standard related to health identifies that the physician or registered nurse on site must be currently licensed. Scope and role definition are not addressed.

Summary:

Most of the camp nursing literature is descriptive and based on indivdual beliefs and practises. The research studies are minimal and their scope is narrow and illness oriented. While camps focus on health, there is no evidence that this philosophy is applied to the health programs. The research studies do support that meeting the health needs of the campers is the practise mandate of a registered nurse. However, the boundaries of the practise remain undefined.

CONCEPTUAL FRAMEWORK

Symbolic interaction (Blumer,1969; Meltzer, Petras & Reynolds,1975) provides the sensitizing framework for this study. A sensitizing framework provides global direction and guidance for the study but does not define specific measurement criteria. It provides the direction in which to look versus prescribing what must be seen. (Blumer,1975). It also allows for refinement and indepth understanding of a concept through observation and description.(Denzin, in Blumer,1970).

The basic element of symbolic interaction theory is that the individual and society are inseparable and are mutually interdependant. Behavior is the result of reflection and interpretation of internal and external stimuli. There are three assumptions of symbolic interaction theory. The first assumption states that "humans act toward things on the basis of the meanings that things have for them. The second assumption is that the meaning of such things is derived from or arises out of, the social interaction one has with one's fellows. The third assumption is that these meanings are handled in, and modified through an interpretative process used by the person in dealing with the things he encounters" (Blumer, 1969, p.4).

When symbolic interaction is used as a framework for

thinking about nursing practise, or the operationalization of nursing practise, responses can be conceptualized as reflecting the nurse's values. Similarly, health is subjective but reflects the views and beliefs of one's internal and external environment.

STATEMENT OF PURPOSE

The purpose of this study was to describe the nursing practise in a camp setting from the perspective of the nurse and to identify what factors influence the choice of nursing activities.

DEFINITIONS

For the pupose of this study, a camp is defined as a summer camp facility providing a camping experience to children and registered with the Manitoba Camping Association. A nurse is a Registered Nurse who has worked as a camp nurse within the past two years.

RESEARCH QUESTIONS

In this study, the following research questions were investigated:

1) How do camp nurses describe their practise in a camp setting?

2) What factors influence the selection of nursing activities of the camp nurses who are employed in a camp setting?

LIMITATIONS

The findings in this study portray only the perceptions and motivation of the participating nurses and may not be representative of all nurses who provide health care at summer camps. The conclusions are also limited by the quality of the interactions. The nurses in this study practised in camps guided by the Manitoba Camping Association Standards and these standards prescribed the nurse's role. Finally, time constrained the period and extent of the data collection.

CHAPTER III: METHODOLOGY

Introduction

The intent of this study is to describe the scope of nursing practise in a camp setting and to identify what factors influence the nurse in defining that practise. When a nurse decides to work in a camp, there is little written information or formal structure to assist her to define her practise. Consequently, nurses create their own practise parameters. The extent of variance in nursing practise and and the factors which influence the way a nurse practises are unknown. As a result, health professional are under-utilized in some camps while in other camps, they may be assigned responsibilities far beyond their competency. To develop the fullest description of camp nursing practise, as well as to provide a data base for setting practise standards, a description of the actual practise by a variety of camp nurse has been undertaken.

The choice of the research method should be defined by the problem (Woods, 1988). The underlying concepts and basic assumptions of symbolic interaction, which guide this study, state that human beings do not merely react to stimuli but also define their actions based on their subjective inter-pretation of the encounter (Blumer, 1972). Meaning is derived

from social interaction and created from experience. Reality is constructed from each person's unique viewpoint and that viewpoint is influenced by their world of experience.

Design

A descriptive and exploratory design was used for the study. The design was emergent which allowed for maintainance of flexibility and responsiveness to the subjects (Lincoln & Guba,1985; Shelley, 1984). Data were collected by audiotaping open ended interviews between the nurse and the interviewer and by collecting data related to demographic information of a questionaire sheet (Appendix A). Field notes were kept by the researcher to document behaviors of the nurses during the interviews and descriptive details of the interviews that the nurses did not wish to have audiotaped. Audiotapes were transcribed and analyzed, data reviewed and compared. Categories that emerged from the data were researcher defined. The demographic data were reported descriptively.

Setting

Interviews were conducted at a setting agreed upon by the nurse and researcher. Criteria for choice of location was bounded by convenience, quiet and privacy. The decision for

the interview location was at the discretion of the camp nurse. While most interviews were conducted in the home of either the researcher or the nurse, two interviews were conducted in other locations- one in a public library and one in a work environment. Both alternative locations were quiet, private and had few external distractions.

Sample

A purposive convenience sample of ten (10) nurses was selected from a list generated from two sources: responses to an advertisement inviting participation in a study about camp nursing which was placed in the nurses publication (Nursescene) and names of camp nurses provided by Camp Directors. Only Registered Nurses who had been employed as a camp nurse in a summer camp accreditied by The Manitoba Camping Association within the past two years were selected. The decision to choose only Registered Nurses who worked in accredited camps was made to assure that all nurses were working under similiar standards and work conditons. While the Camping Association Standards require only that the nurse is currently licensed, Licensed Practical Nurses are legislated by their Act to practise under direct medical supervision and thus, were not included. Many nurses do work in unaccredited camps. However, as the wide range of work

conditons and expectations reflected too many extraneous variables that influence nursing practise, they were also excluded. As the study design required that the nurse reflect on her experience and describe her activities, it was felt that the recall of nurses whose experience was more than three years old could experience difficulty accurately recalling the information.

Morse (1986) identifies convenience samples as those individuals who are available and who want to participate in the study. It is acknowledged that not all persons are equally informed in a setting. Therefore, individuals who could provide the richest description of their practise were chosen. In this way, the sample was chosen to maximize variation sampling (Lincoln and Guba,1985). Subjects who could provide data associated with the widest range of variables were selected. Experienced nurses with differing levels of academic preparation and different types of camp experience were chosen.

The study group ranged in age from 27 to over 65 with a median age of 34. The subjects of this study had worked in nursing for an average of 12.1 years at the time of interview but the range of years employed in nursing was two to thirty four years.

Three nurses were diploma prepared, five had a Bachelor of Nursing degree and two had Bachelor of Arts degrees. Three

nurses listed their nursing practise area to be teaching, one listed public health, three identified emergency/critical care or adult surgical care as their specialty, one nurse was a clinical specialist in Pediatric Diabetes, one nurse worked in many areas of the hospital, and the last worked in a Native Community. Nine of the nurses were female and one was male. Four of the nurses were parents and eight had attended camp as a child. Of the eight, only one identified that it had been a poor experience.

Ideally, sampling should continue until redundancy occurs and no new information is obtained from additional subjects (Lincoln and Guba,1985). However, as the amount of data generated by qualitative research is voluminous, the sample size was kept to ten. All nurses selected had the ability to speak and understand English and expressed a willingness to participate.

Data Collection

Data collection took place over a five week time period from January to February, 1989. Each nurse was contacted by phone and following an explanation of the study, the nurse was invited to participate in the study (Appendix B). None of the nurses contacted refused to participate after receiving an explanation of the purpose of the study. Interviews lasted one to two hours.

Data were collected by tape recording open ended interviews and through completion of a demographic data sheet (Appendix A).

Questions to guide the interview were developed from the conceptual framework and the literature review. (see appendix C). A journal was kept by the investigator throughout the study to record thoughts about the study and problems encountered.

Validity and Reliability

The question of rigor and scientific merit must be addressed carefully when a qualitative research design is chosen. Traditional tests of validity and reliabilty cannot be applied without adjustment. Lincoln and Guba (1985) suggest that the essential quality of trustworthiness be assessed through consideration of credability, dependability, transferability, and confirmability.

Credibility was gained through direct and indirect clarification questions during the interviews. The data were analyzed concurrently with data collection and unusual descriptions clarified for intent. Subjects agreed to participate in a followup telephone interview to validate the intent or meaning of comments or to provide more information following the transcription of the interview. Samples of the

direct quotations from the transcripts were incorporated into the final report to illustrate coding and category assignment.

Transferability applies when deciding if the findings of the study apply outside of the study. A full description of the subjects, verbatim accounts of their descriptions and the circumstances surrounding their descriptions provide the reader with information on which to judge if the findings are transferable.

Dependability and confirmability were enhanced through the scrutiny of the thesis committee. Content validity of the questions was addressed by submitting the interview questions to two nurse experts. They were camp nurses with research experience who commented on the relevance of the interview guide to address the research questions. Reliability was addressed by using a verbatim transcription of interviews and employing colleague examination to establish reliability of data coding and categorizing. Interrater reliability on category designation and data coding agreement was 74 percent.

Protection of the Rights of Subjects

Each nurse participant had the study explained by the investigator and was given an opportunity to ask questions. Participation was voluntary and each participant was advised

that they could withdraw from the study at any time. All nurse participants gave written consent to participate (Appendix D). The nurses were identified only by code number and information was held in confidence. Once data had been transcribed, the interview tapes were erased. Transcripts were held in the investigator's home in a locked cabinet.

Summary

Data collection for this study involved audiotaping of open ended interviews with selected camp nurses who described their nursing practise in a summer camp for children. Qualitative methods were used for data analysis.

CHAPTER IV: DATA ANALYSIS AND INTERPRETATION

In this chapter,the analysis and interpretation of the data are organized around the research questions that the study was designed to answer. The coding strategies are delineated and the resulting clusters of codes illustrated with exerpts from the interview tapes. The field notes are reported and the impressions and interpretations of the investigator are summarized.

The data were analyzed on an ongoing basis throughout the study. In keeping with the sensitizing framework, the responses of the nurses were taken into consideration with each subsequent interview.

In the management of the data, coding activites were both inductive and deductive. The conceptual orientation that guided the study provided the deductive coding scheme while the inductive codes emerged from many re-readings of the verbatim transcripts and the field notes. Coded segments were grouped and themes identified and named by grouping clusters of codes (See Table 1). The first inspection of the data identified all the descriptions of nurse activities and descriptions of factors influencing those activities. Subsequent refinement of codes applied the concepts of the sensitizing framework to the group coded segments. Overlapping segments were cross-referenced to illuminate the informants' perspectives as accurately as possible.

TABLE 1

NURSES DESCRIPTIONS OF THEIR NURSING ACTIVITIES

DESCRIPTIONS	THEMES	CODES
A.nursing activities	restorative	first aid, meds, acute conditions,treatments assessment,emergency, primary care,trauma, emotional health
	maintenance	chronic conditions, meds, maintaining wellness.
	prevention	environmental control accident proofing, safety, teaching, cleanliness
	promotion	health teaching, safety, integration
	administrative	organization, communication, policy
	other	non nursing
B.factors	definition of role	self assigned,job description, peers
	autonomy	relationship with administrator, structure, self assigned
	time	wellness of children, experience, self direction
	expertise	experience, skills, knowledge

The Nurses

Although the sample was described in Chapter III, some additional information is presented here to give the reader a better picture of the nurses who participated in the study. All the nurses approached agreed to participate in the study. Their reasons for participation related to personal concerns they had about the scope of their nursing activities, their personal liability as camp nurses, and a desire to see these issues clarified.

When asked why they had decided to become a camp nurse in a particular year, the majority of the nurses indicated they had received strong pleas from organizations to which they belonged and which also ran summer camps. Only the diabetic educator nurse was required to attend as part of her job description. Three nurses stated that they sought out the job because they wanted a different nursing practise experience.

All but two of the nurses enjoyed their experiences as camp nurse. The two nurses who did not enjoy their time at camp cited poor relationships with the camp administrator as the major factor influencing their negative experience. Three other nurses identified poor relationships and conflicting perceptions of their role by the administrator as causing them some difficulty. For the most part, the nurses enjoyed a

collegial relationship with the camp administrator and were included in the planning of day to day activities. Two nurses, other than those who described an overall negative experiences, had no or very little contact with their camp administrator and worked very autonomously.

DESCRIPTION OF CAMP NURSING PRACTISE: THEMES

In this section, the findings from the interviews and observations will be presented. The first research question was "How do nurses employed in camp settings describe their practise?"

The interview transcripts elicited numerous descriptions of nursing practise. From the process of analysis, described in detail in Chapter III, 36 codes were identified. For example, when one informant commented on the administration of first aid, all transcripts were searched and coded for references to that aspect of care. After all the transcriptions were coded, consolidation of rough codes into more representative groupings was done. Repeated scanning of the coded segments revealed common themes. The themes were health restoration activities, health maintenance, prevention of illness activities, health promotion, administration and unrelated duties. For some themes, there were many supporting statements, while for others, only a few clear statements emerged. When statements could be coded into two

or more categories, the statement was assigned to the most representative category. The description of nursing practise that emerged does not lend itself to hierarchial or lineal modeling although it was very apparent that the nurses priorized their activities.

THEME 1: Health Restoration

The first theme emerging from the data was called health restoration. Health restoration activities encompass care directed at treatment of acute conditions such as first aid, acute inflammations and "homesickness". In the context in which they occurred, some restoration activities undertaken by the nurse also could have been interpreted as health maintenance and prevention activities.

This theme is further subdivided to describe the nursing activities involving A) acute trauma, B) acute inflammatory conditions and C) psycho-social health.

A)Acute Trauma Management

Trauma care encompassed a wide range of activities from treatment of scrapes and cuts to more serious injuries such as possible fractures.

" A child fell in one of the units and hit her head and the kids relayed that the head had snapped back and so there was a question as to whether it wasn't a neck injury."

"Anyway, the long and the short of it is that she had a severe comminuted fracture of the tib fib that went right into the joint."

Some nurses were concerned about their ability to handle potential emergencies safely, while others expressed less concern because they worked in camps that had physicians on site or they had established a working relationship with the community physician. None of the nurses interviewed expressed complete confidence in their competency to diagnose or treat serious injuries outside a health care setting. Only three of the nurses indicated they had taken advanced first aid courses. Most of the nurses had received basic first aid instruction in their nursing program.

Injuries ranged from minor to life threatening. The nurses treated everything from heart attacks to minor burns to mosquito bites.

"One child burned herself fairly badly with a hot marshmellow, on the face. It was a second degree burn, around her mouth and nose."

"Things were going really well and sure enough, around 11:40 at night, someone was complaining of chest pain and I didn't know, I mean if he was on digoxin but he never had a history of heart attack... So sure enough, the nitro didn't work and he ended up having a mild MI."

While most of the nurses expressed concern about their ability to manage acute trauma, two nurses described their frustration about the lack of "serious" incidents.

"I thought I would be dealing with emergencies that would arise. There would be fractures, there would be things happening suddenly where you need attention and you need evacuation to a medical doctor. So I anticipated some of these things and well, diabetics or poison ivy rashes or things like that. But I didn't expect to be babysitting".

Primarily, the nurses described their role in treatment of trauma to be one of first aid, with the drama of handling serious emergencies usually just a potential threat.

"I felt that most of what I did was first aid and motherhood and they were using my RN for insurance purposes. A lot of them could have dealt with most of the problems on their own. There were times when

I thought it was helpful but those were more vague times. It was first aid, to know when to treat and when to take to the doctor."

"So after the morning medications, there was often a lot of first aid kinds of things, slips, cuts, falls, slivers. That would go on all day."

The number and severity of incidents was directly related to the degree of ruggedness of the camp terrain, the rigor of the camp program, the age of the campers and the degree of supervision given to the campers.

B) Acute Inflammation

Children of camp age and in group settings are prone to bacterial, viral and fungal conditions. Any of these infectious diseases can quickly become epidemic in a camp. Diagnosis, treatment and control of infectious conditions consumed a large proportion of the nurse's time and required different skills and knowledge than were required for treatment of acute trauma. Those nurses who had children , and those who had community nursing experience were more familiar with treating acute inflammatory conditions. In fact, if these children had not been at camp, these conditions would have been treated by either the family physician or the parent.

"A lot of kids came with ear infections. You know, summer colds, in the water and out, rashes."

The types of acute inflammatory conditions ranged from colds, sore throats, ear infections, to poison ivy, mosquito bites to infected wounds, and gastro intestinal upsets. The nurses expressed many concerns about their expertise in diagnosing acute conditions , especially the respiratory and gastro intestinal disorders.

"I'm not an eye, nose and throat specialist and this was something that he (the physician) showed me during that time- what I should be looking, what was questionable and what I should be sending into ...".

Because these health conditions are not predicable, they posed organization and time management challenges for the nurses.

Differentiating physical disease from a homesickness was problematic. Most of the nurses recognized that homesickness was often manifested by physical symptoms. They also recognized that the attention given for treatment of the physical complaint also was the therapeutic treatment for homesickness.

"I would assess them. You see, a stomach ache can be a very valid kind of thing after some of the camp food.

But if I kind of thought that if it seemed to be tied into homesickness or they didn't want to go swimming, I would sort of talk to them for awhile. Then the counsellor would come by and say, what's up? I would say, well, I think it's this and then they were really tough."

Once the assessment was made, the nurses expressed that they often felt uncertain about the most appropriate way to treat the problem.

"I can recall where a child had skinned her knee. It was a really bad abrasion and I probably should have sent her into the doctor. I soaked it in Dettol and picked out what I could of the gravel. But it got infected of course and she had to go in for daily dressings.....she ended up with a nastier scar than she might have. I don't know. The water down there is polluted. Apparently it is the most polluted lake in the Whiteshell. I didn't know that and I should have been told because I usually send my kids in swimming to clear up their cuts but I had to keep some of them out because of that."

Thus, the interventions prescribed by three different nurses for a similar conditions could vary from no treatment to

prescribing a medication, to transportation to a physician for treatment.

C) PSYCHO-SOCIAL HEALTH

Homesickness is a normal experience that most children experience. Most of the nurses had very little experience treating homesickness as children who are hospitalized have parents with them for support. Yet the success of the camping experience for the child often hinged on the nurse's skill at restoring the child to emotional wellness.

> "Homesickness was a big thing and the bad cases would come down to me. And some of these kids would cry for 3 or 4 days straight..... I don't have much patience with it but they did have a really good article on it, on homesickness, which really straightened out my thoughts on it."

> "There were also a lot of homesick kids and it was surprising, because these kids would really get sick. They'd be vomiting, they'd have diarrhea, they'd have fevers of 103 and they were really sick kids. And if you looked at what was happening, you could really see it progress into an illness. And as soon as they could talk to their moms on

the phone they were okay. They would become asymptomatic. I had never thought a child could do that."

Differentiating homesickness from emotional illness also posed a challenge. Some of the children came to camp from very turbulent backgrounds and the nurse had to deal with children who needed security and attention. Sometimes the attention seeking manifested itself in physical conditions.

"We were having a kid who would hyperventilate and become unresponsive. He was on two occassions and he became really excited. It would build during the week and by the end of the week, I was basically getting him to rebreathe into the bag, getting him a little more alert and then he was fine. I spoke with his social worker and this was something that was common and had been happening at school regularly."

Other children acted out by becoming very dependant and coming to the infirmary regularly and still others resorted to running away.

As well as treating and supporting the homesick campers, many of the camp nurses discussed their role in restoring the emotional as well as the physical health of the staff members. Summer camp experience is a 24 hour job and despite

some time off, counsellors could become burnt out quite easily.

> "For the cabin with the kids with muscular dystrophy, for the person who was in charge of turning, they would be up 14 or 15 times a night turning people and getting them comfortable so I would arrange that in fact that person would be allowed to sleep all morning and we would just cover. Staff health was a priority."

Sometimes, the nurse herself would volunteer to assume the responsibilities of the staff person in order to give them a break.

SUMMARY OF RESTORATIVE FUNCTIONS

Treatment of acute trauma and acute inflammatory diseases demanded a large proportion of the nurses' time. While the health problem was usually minor and not life threatening, the nurse was required to have the skill to cope with any eventuality. For the most part, the nurses expressed lack of confidence in both their diagnostic and treatment skills for acute physical or emotional conditions. This resulted in little standardized treatment protocols.

THEME II: HEALTH MAINTENANCE

The second theme emerging from the data was the maintenance of the health status of a child. Some children came to camp with lifelong health conditions requiring continuous to periodic health supervision. Some of the health problems were minor, such as allergies and chronic constipation, some required daily management such as diabetes, asthma and epilepsy and some were life threatening such as the choking seizures of the children with cerebral palsy. The amount of time that the nurse spent providing care for these children was proportional to the number of children with chronic or lifelong health problems attending that camp, the opportunity for complications to occur and the degree of threat to life caused by the child's physical condition. Thus, for the children with food allergies, the nurse's primary responsibility was to inform the kitchen of the need for special diets. However, for the diabetic children, the nurse co-ordinated the care of the children with all the camp staff.

"So that the nurse who is responsible for the diabetes cannot possibly be responsible for for 300 children, diabetic and non-diabetic. We'd have a camp nurse and a diabetes nurse basically and so there is a resource

to meet the diabetes need, because the diabetes needs are so complicated."

A) Special Needs Camper Care

While two of the camps in the study did target only children with special needs, the philosophy of most camps was to integrate the special needs child. Therefore, for example, it was not unusual for the nurses in a general camp program to assume responsibility for maintaining regulation of a diabetic child. In most circumstances however, they had only a supporting role as the child was well controlled.

"(Did you, the nurse, give the insulin?) Well, it depended. I had one kid who was seven or eight who didn't give it himself but with the others, I monitored only."

Unfortunately, the nurse was never sure of the kind or severity of the health conditions she would encounter and few of the nurses had expertise in the management of lifelong conditions. Therefore, when children with severe physical and mental handicaps were integrated into traditional camp settings, the nurses were very challenged. These children required an enormous amount of expertise, creativity and time if the camping experience was to be a positive one for the child.

"We had one little girl who had a urinary catheter. She was in a wheelchair. This person was swimming with floats on. She was horseback riding. We adapted a seat for her to get her on the horse and it was a wonderful week for herself. There were moments when her cabin mates would sort of resent the responsibility that they had to assume and express their anger and annoyance. You'd just sit down and say, hey, this is life for ...".

For these children, the "less grand" aspects of first aid took on new significance. For example, the nurse's alertness and attention to treatment of minor cuts and scrapes could mean the difference between a child being able to stay at camp or being sent home with a severe infection.

In the specialized camp for handicapped children, the nurse was instrumental in creating a "camping" type of environment while still insuring the basic care requirements were met.

"I felt this is a holiday for people and so no one was woken up at six a.m. for medication. They got their medication at lunch.....I taught people how to be very tactful if a child needed an intermittent catheterization at two in the afternoon, how to conveniently take him away from his group or what we did sometimes was start the program at 2:15 so the

child could have their catheterization and still be part of the program."

The children with special needs required a staff member with expertise in their field and a nurse who could adapt the principles of care into a community environment.

"Sometimes people's views of these kids with physical handicaps is to coddle and protect, and these children can go down soap slides and they can go camping overnight. You just go out there and catheterize them...who cares, it's still sterile."

B) Administration of Medication

The task most discussed in relation to health maintenance was the administration of medication. The nurses expressed surprise at the number of prescription and non-prescription drugs that the children brought to camp.

" Well, I suppose I gave out 60 meds but not for 60 kids. One kid might be receiving four meds or whatever so the number of children receiving meds could be 20-30 (out of 100).

The medication administration procedure was not as clear as the nurses expected and this led to some confusion for them. For example, rather than physician orders for the

medications, parents gave consent to administer drugs brought into the camp. The parent instructions were not always clear and the nurse sometimes found herself facing a dilemma.

> "One kid was on antibiotics. They were her mother's but she sent them along because her mother used to pop a few when her throat was sore. She was one of those kids with tonsillitis".

How and when the medications were administered was the nurse's decision. In some camps, the children would simply line up at the infirmary at the specified medication hours and as each child received the pills, the nurse would note the administration of the medication on the log sheet. In the camps for special needs children, there were many more medications to give and many more difficulties in administering them.

> "I remember my first day. I was so glad xxx was there with me because she had been a counsellor the summer before and she knew a lot of the clients. So when I walked into the dining hall for the first camp, I had to give out the lunch meds and there were 60 campers and 20 staff. I said okay, now I need to find so and so and she would whip through the dining room and find so and so. And because I didn't know who the people were, I didn't have a clue who any of the people were.

And some didn't swallow their pills the right way or they had to have them put on a spoon or they had to have them put in food. I kept those medical files up to date so the next year if I hadn't come back, they would have known that Joe needed his med put in with a little bit of ice cream."

While not all the camp nurses faced a challenge as great as this one, administration of medications required careful decision making. Many children brought "prn" or " as needed" medications to camp with them. However, the criteria for determining the need was often vague.

"A lot of hyperactive kids on Ritalin. That was one thing I found that I didn't think was right. It was giving a child Ritalin prn. That meant it was being handled one way at school, and at home a different way and now at camp another way. What I think is hyperactive may not be hyperactivity to another adult."

"One little guy was to start on Prednisone at camp and I said no. His asthma had gradually worsened over the summer. He was at camp a few days before his prednisone was to start on Wednesday. Actually his father brought it into the camp after the camp had started. He was becoming more and more congested, wheezing more and more."

Because of the child's worsening condition, the nurse decided not to start the child on the medication, despite the parents consent. The child was sent home and immediately admitted to hospital.

Not all the medications brought to camp were prescribed. Several nurses commented on the finding that the children had analgesics and anti-emetic medications in their cabins. One young boy even had his own enema. While the children were aware that all medications were to be held in the infirmary, they did not consider these to be medications and were upset when the nurse confiscated them.

C). Consulting/ Advising

In addition to assessing the physical condition of the children, the nurse often advised the camp administrators or counsellors of the need for changes to the camp routine to insure that the campers and staff would remain well.

> "Well, you know, in the afternoon, we had a lot of kids with Down's syndrome that I would spend a lot of time making sure they rested. They had heart murmers and by that time, they were just whipped and pooped out."

The camp nurse often made recommendations in relation to maintenance of staff health as well. Sometimes, this involved drawing the administrators' attention to the fact that the

counsellors were staying up late each night and becoming exhausted and subsequently ill. Other times, the nurse had a role in advising on a counsellor's health problem.

> "The epilepsy for example. If the person is having more seizures than normal, or there is some kind of stressful situations causing it, then it would help to be on the problem solving end of it. Just take her off that responsibility for now and give her something else."

SUMMARY OF MAINTENANCE FUNCTIONS

Along with treatment of trauma and acute infections, provision of health care to campers with mild to severe lifelong health conditions demanded a large proportion of the nurse's time. For those campers with severe congenital health problems, a specialized level of expertise was required to ensure that the "camp" feeling and objectives were met while maintaining safety for the child. For the majority of children with lifelong health concerns like asthma and allergies, the nurse had two functions. The primary role was to sustain the health of the camper. The secondary role was to assist and support the child or counsellor to incorporate their health concern into a healthy lifestyle.

THEME III: PREVENTION FUNCTIONS

Prevention activities are any activities undertaken by the nurse to prevent illness or injury to the campers or staff. Included in this theme are activities directed at environmental control. This aspect of the nurses' role experienced the broadest diversity of activity descriptions. Prevention activities are organized around a) environmental control and b) prevention of physical injury and illness.

A) Environmental Control

Environmental conrol encompasses both the natural and man made environment. While it is virtually impossible to "accident proof" any outdoor setting,the nurses described aspects of environmental control as their responsibility. Several discussed prevention interventions in relation to control of the local flora and fauna.

> "For example, poison ivy. We've been taught in nursing that prevention is the best cure. So let's teach. This other camp I go to, one of the first things that we do is teach what poison ivy looks like. You show them exactly and you show them the six characteristics that are peculiar to this plant. You will identify it. You can prevent it if you can identify it. So, one of the goals then is to make sure these people know. There's poison ivy growing abundantly around there."

Other nurses described insisting on the use of insect repellent when the bugs were very bad.

Monitoring safety standards was another way nurses attended to environmental control. Sanitation standards guided the control of camp wastes but when the standards were not adhered to carefully, a potential health threat existed. Two nurses played an important role in maintaining the sanitation standards of the camp. While sanitation control was not identified as a specific task, their assessment of the camp environment led to concern that the campers were at risk of disease and injury because of improper disposal of the garbage and unsafe food management.

> "There were screens (on the kitchen) but there were still too many places that they (the flies) could get in."

In this camp, there was also a problem with mice getting into the food. The nurse who gave this example refused to eat the food prepared in that kitchen. She did however, cajol the camp administrator into setting some mouse traps, which she provided and into hanging some fly strips.

Adherence to food preparation standards was critical to avoid outbreaks of diarrhea and food poisoning. Only one of the nurses extended the prevention aspect of her role into monitoring of the standards for food preparation.

" I took my role as far as checking sanitation in the camps pretty seriously....One of the people who was working in the kitchen became quite ill and she was a young girl and I was having difficulty getting her to stay out of the kitchen.....so finally I said, look I'll go in and clean up the kitchen tonight....I started looking around and I realized that the kitchen was in really bad shape. And not knowing how industrial kitchens are to be maintained, I went and they had a couple of books there .....I realized that we had some problems as far as the way we were storing food stuffs. What I did basically was talk to the head cook and asked if he wanted me to talk to the people who were working there or what or how they wanted to handle it but something had to change."

As part of their environmental assessment, all the nurses reported that they checked out the implementation of the safety regulations.

"The waterfront program was excellent. Most of them were trained in first aid and they knew what they were doing."

One nurse described her concern that the cabin counsellors in

her camp did not have Cardio Pulmonary Resuscitation or first aid training and she made recommendations to the camp administrators to revise this standard for the following year. Other nurses participated in the training of the counsellors in first aid administatration as part of their job.

While the nurses recognized it was not an expectation of their job, it was apparent from their reports that they had all informally evaluated the implementation of the health and safety standards.

B) Prevention of Physical Injury and Illness

The nurse enforced the health rules of the camp. For example, all the counsellors and campers were aware of the need to protect themselves with hats, sunscreen and insect repellents. The enforcement of those rules fell to the nurse.

> " Oh I would insist to the counsellors that your kids are wearing runners and socks, not just runners, because if they aren't wearing socks, they're going to get blisters and they're going to be sore for the rest of the week."

In many camps, the nurse assumed the responsibility for insuring that the counsellors knew the basics of first aid

and had the correct equipment in their first aid kits when they were away from the main camp site. While not purely a prevention activity, having sufficient knowledge and supplies could prevent complications from an injury sustained by a camper.

> "It was my responsibility to get all the outtrip first aid kits ready and to inform any of the counsellors of the health status of any of the campers and if there were some who had allergies and required medication."

The nurses were designated as the cabin inspectors. They were given a list of inspection criteria which were primarily related to safety concerns. For example, in one camp, the criteria for fire control was insuring that a pail of sand was outside the cabin door. Proper storage of clothing was viewed as an injury prevention activity as opposed to a neatness standard. While this was a very nontraditional type of nursing activity, the nurses felt it had validity.

Providing proper nutrition to the children is an excellent illness prevention strategy. Again, while not part of their identified role, the nurses talked about the adequacy and appropriateness of the food for the needs and food preferences of the age groups and at least informally had assessed how the camp met the nutrition standards.

"Well I found that the next year the girl who ran it had been the assistant the year before. Her background wasn't nutrition and I think that's really important for a camp cook. Of course, the nutritional aspect is done with the supervisors of the whole camp. The diets are made out prior to the camp so you find that they're pretty good now. I really have very little complaint about the food. They have for the most part, enough milk, lots of fruit and vegetables. Maybe more cold cuts than necessary."

SUMMARY OF PREVENTION ACTIVITIES

Prevention activities related mainly to monitoring of standards and prevention of physical injury. While recognizing prevention as an important activity, most of the nurses discussed their interventions very casually. These were not assigned tasks and the nurse's assessments were done either in response to overt problems or professional values. Two of the nurses volunteered information about their role in prevention. However, while the other nurses responded to a verbal probe to identify information about this aspect of their role, once they began discussing prevention, it was apparent that they were actively involved in these activities.

THEME IV: PROMOTION OF HEALTH

Promotion of health activities refers to activities undertaken by the nurse to empower the child to control and understand their personal health. The activities undertaken involved individual or group teaching, skill building and support. For example, the nurses discussed the teaching they did with adolescent girls about menstruation.

> "They came in packs. They would come in groups. Only one would come into the office. They would hum and ha and I would have to figure out what this was all about. Eventually, it would come out. They actually had this sort of stuff stock in the infirmary and I would tell them about options such as tampons and if you're not in the water too long, then it probably wouldn't be a problem. That was interesting, I was really surprised at some of the attitudes. We're not so enlightened."

The nurses encouraged the girls to accept the normal healthy changes that their bodies were experiencing and to learn to understand their body functions.

The nurses also described times when they were required to advocate for one of the counsellors or campers who had a health problem.

" We (the nurse and the administrator) had a bit of a run in that had to do with the health status a counsellors who happened to be an epileptic and was having petit mal seizures. She (the administrator) wanted me to tell this person that she couldn't go on an outtrip. After doing an assessment, I didn't think that was my role. She was problably as well as she's ever going to be so she may as well get on with her life. Basically, it was up to her but if she was feeling stressed out, it may not be such a good idea. That really posed problems because xxx wanted me to come down on her side. I guess she saw the position as having that sort of authority, that you could just veto certain person's activities."

Other health promotion activities focused on general health education. One of the nurses invited herself to participate in one of the camp games. As part of the whole game she set up a health station where the campers gained points by correctly answering health related questions.

"I set up the hospital. I was one of the stops and what happened was, the kids would come in and they would answer questions and they would get so much money if they got them right and they would be health related issues, oh we would talk about, first aid types

of things, what does poison ivy look like and another was, what food was a good source of protein. Things they would take back and remember and fun things that the young ones might not know much about but the old ones would and they would teach. If you want to pull in health and when you think, a lot of the life skills that you're trying to develop at camp are, they're not different than the things we try and teach people."

SUMMARY OF HEALTH PROMOTION ACTIVITIES

The health promotion activities were primarily informal. Any "formal" activities were dependent on the initiative of the nurse and the amount of time available. A number of nurses recognized the potential for more involvement in health promotion but had not thought to initiate it.

THEME V: ADMINISTRATIVE FUNCTIONS

The literature on camp nursing focuses mainly on the health related activities of the nurse. However, it was clear from the interviews with the nurses in this study that they had administrative responsibilities as well. It was apparent that the way the nurse made decisions, organized tasks related to the health care of the camp, communicated with other administrative staff, initiated policy development and enforcment greatly impacted on the daily operation of the camp and the health of the campers.

> "I ended up taking on a lot more role than just nursing. I ended up in charge of the program when they were away on top of the nursing duties. So if I said a program can't run because it doesn't accommodate enough people or because they need a specific thing at a specific time, they just accepted my decision and acted accordingly."

Any activities involving organization, policy issues, and decision making were categorized as administrative.

A).Organizational Activities

Organizing a system and process to manage the campers' health information was often the first job undertaken by the nurse upon arrival at camp. The collection of health

information on the campers and camp staff is a standard set by the Manitoba Camping Association. The management and use of the data however, was the nurse's prerogative. For example, the child's medical hisory and health concerns were documented on a medical form, completed by the parent before the start of camp. Upon arrival, all health forms and medication were given to the nurse. The nurse assessed the information on the forms and decided what actions might be required. This activity occurred within atwo to four hour period and demanded excellent organization and decision making skills of the nurse as the children and nurse usually arrived together or within hours of each other.

> "I hated the first day. There was always some parent who wouldn't send the pills or they'd send three different kinds of pills in the same bottle."

In most camps, there was no specific procedure outlined for gathering, assessing or organizing data.

> "I remember the first day. There were two Mary's and both of them had exactly the same names. One was on phenobarbital and the other wasn't. No one really knew who was who. When you say, are you Mary so and so, they will say yes. So I gave the medication to the wrong person. But

I thought two persons in the same room called Mary was something that could have been avoided."

In some camps, all the children were assessed upon arrival by the nurse while in other camps, the nurse selectivly chose the campers she wished to assess. Once the nurse had reviewed the health forms, it was the nurse's responsibility to determine what health information should be made available to which staff. Kitchen staff were alerted about allergies that a child might have. However, whether the counsellors were alerted about the allergy was a decision made by the nurse. For new camp nurses, the lack of policy and procedure was problematic. For example, most nurses were accustomed to keeping track of medication administration by using med tickets. Yet, this did not seem to be a broadly used procedure and each nurse was required to design her own system.

"I decided to make up med tickets. I thought that was the best way to keep track of who was getting what drug etc, but again, I think I sort of decided that on my own I guess."

Each nurse interviewed expressed concern about the lack of a consistent procedure and the time they spent putting some

order into this task. Some questioned if their decisions might be putting the camp in legal jeopardy.

> "But I did wonder - if there are lots of kids there and you're recognizing something wrong and nothing happens with it, do you have a legal responsibility. Like if I recorded somewhere that these were my findings and nothing was done about it, do I have a responsibility to take it further and tell the ... Health commission it is there."

Organizing and running the camp infirmary was a specific task written into the job description.

> "...and then there was the infirmary. It was kind of a organized disaster so I had to go through all the stuff and find our what had expired and get rid of all that stuff I thought was totally unnecessary."

In most camps, the amount and type of equipment and medications stocked in the infirmary were at the discretion of the nurse. There were no standardized supply lists. Consequently, some units were stocked with intravenous solutions, narcotics and excessive amounts of over the counter medications while others were missing necessities.

"..and the equipment in there (infirmary) was basic, very basic, but they did bring in an awful lot of things like antihistamines and various things. I thought there was overstocking of some of these items. They had a lot more than they need. Many other things, you didn't have. I brought down bandaids, that sort of thing."

"They didn't have a BP machine. So if you ever gave a child any of the medications for their bee sting or whatever, which I did one time, you couldn't even monitor their vital signs."

For the most part, the nurses described the units as being excessively stocked as opposed to understocked and in some instances contained equipment and supplies beyond the capabilities and legal mandate of the nurses.

"I remember there was stuff that I chucked out and thought, they don't have a need for these things. I don't know if they had ever used any of these things in the past or some nurse just went crazy when she got to order for the infirmary. There were airways there that were there from the time I started until the time I left. I remember getting rid of the equipment for the ear and eye. I think it was a little too extensive actually."

"If I thought there was always a physician there, that would be one thing. But I know they don't always have a physician and there had been evidence in the narcotic book of people giving out narcotics for severe headaches and that sort of thing."

Administration of the infirmary included identifying the appropriate medical support in the community. Some of the nurses took time to personally visit the community physician and discuss criteria for referring campers. Other nurses had not identified the name or number of the nearest physician to the camp.

B).Policy Development

Several nurses discussed their role in developing health policies and procedures for the camp. Sometimes the nurse was asked to be involved in this activity by the camp administrator. In other camps, the nurse initiated the activity. The most common request for policy input was in relation to first aid and Cardio Pulmonary Resuscitation standards. The nurse identified the level of competency that should be expected from each counsellor in order to maintain an acceptable safety standard in the camp. Two of the nurses in the study extended their involvement by developing policy and procedure manuals and job descriptions after their job commitment was completed.

C) Decision Making in Relation to Health Concerns

The position of the nurse on the organization chart of the camp was not always clearly understood by the nurse, administrator or camp staff. This lack of clarity affected the real or perceived authority the nurse felt she had to make decisions about health related concerns. Many times, the nurses expressed that they felt they were the most qualified to make a medically related decision. However, when the camp administrator was not of the same opinion, then it was not uncommon to see the administrator limit the nurse to interaction with the campers and staff only in the infirmary. In some camps, health decisions were made collaboratively between the camp administrator and the nurse.

> "I came back and talked to my director and told him what I thought was going on and that I thought that the other staff didn't think I was giving good care. He made a good point which I hadn't even thought about and which governs camp policy. If we had to go to xxx, we had to go by boat and it was dark and dangerous. He said I should think about it and jointly we would make the decision."

In this difficult situation described by the nurse, a counsellor had broken a leg. Both administrator and nurse had

equally important roles to play in insuring the counsellor received the best care.

The lack of clear assignment of decsion making authority for health issues became problematic when the nurse and the administrator did not agree. Some the nurses acted without support from their directors, some gave in to the director's decisons and called it a "character building experience" while others renounced their responsibility for the consequences if the director's decision prevailed.

SUMMARY OF ADMINISTRATIVE FUNCTIONS

The administrative aspects of the camp nurse's job were the most overlooked and poorly defined functions. There were no guidelines or policies to help the nurse organize the medical care for the campers and subsequently the standard of care was dependent on the abilities of the nurse. The responsibility for making camper related health decisions was not always given to the nurse and the nurse was not always included in the administrative meetings.

THEME VI: DUTIES AS ASSIGNED

As in most jobs, the nurses were assigned to jobs that certainly could not be categorized as even non-traditional nursing activities. Most frequently, these jobs were the things that needed to be done to maintain the day to day operation of the camp and included things like "liming" the toilets and washing the infirmary linen and floors. They were not time consuming and the nurses did not object too

vigorously to performing them. However, some nurses were involved in other aspects of the camp program and conducted courses in canoeing and outdoor education. The nurses involved in these types of programs fully acknowledged that their nursing position did not get as much of their attention as it should have.

RESEARCH QUESTION TWO:

The second research question asked "what factors influence the selection of nursing activities undertaken by the nurses who are employed in a camp setting?" As a probe to elicit information, the nurses were asked how they decided what activities they should undertake as a camp nurse. Using the same process of reviewing the transcripts for descriptions of influencing factors, four categories of influencing factors were identified. The categories were definition of role, degree of autonomy, time, and degree of expertise.

FACTORS INFLUENCING THE SELECTION OF NURSING ACTIVITIES

FACTOR 1: DEFINITION OF ROLE

From the data, three influences were identified that shaped role definition: 1)job descriptions; 2)information obtained from other camp nurses; and 3)from their own professional experience.

1)Job Description

Some nurses received a written job description. A few even had a procedure manual that provided some definition on the scope of their practise.

"Yeah, I had a job description. It (the camp) was pretty good that way, other than the physical setup. I got their complete manual. I went to a meeting prior to going to camp where the counsellors met and we talked

about the program a lot. But they also talked about the nurse's job so the counsellors would know what that was all about and what they would use the nurse for."

Most of the job descriptions were limited and none identified performance expectations.

"I had a pretty sketchy one (job description) and basically, it walked you through a day. The nurse checks the cabin and stuff like that."

Workplans and organization schedules, drafted by the previous nurses were more often available.

2) Information From Other Nurses

The greatest influence on role definition was information given by previous nurses. Most of the nurses interviewed said they had discussed the job expectations with other camp nurses.

"Well, the reason I was asked (to go to camp) was that I was jobless. I had finished (Nursing School) on Friday and on Monday I went to camp. They asked me four days before camp. I just asked if I could have the phone number of the previous camp nurse, just to speak to her, to ask what I could expect. This girl gave me the best advise. All they want is a Mom with good common sense."

In Greenbaum's study (1980) approximately half of the

nurses indicated that they would never return to camp. Therefore, it is a concern that nurses are so dependant on other nurses to define their role. Even in the most established camps, peer influence outweighed written expectations. For example, one of the nurses felt she did not have an option to initiate health education programs because of the traditional way in which the camp had always been run and the traditional expectations of the nurse. These expectations were not written but were passed on from nurse to nurse by means of "notes" and informal communication.

3) Self Definition of Role.

Approximately half of the nurses said they defined their own job. Their definition was based on their previous nursing experiences.

> "Well, I expected to be looking after any injuries or hurts or whatever else that might occur at camp because you have injuries that occur because of the rock, germs...and with my experience in schools, I treated children who got hurt in schools, you more or less felt it would be at the same level."

Commonly, nurses whose nursing expertise had been primarily in emergency departments, approached the job from a first aid / trauma focus and it was not surprising to

see their infirmaries stocked with intravenous solutions and many types and forms of medications.

> "I was coming from pretty much of a hard line. Give me a history, let's do a physical examination and let's do it quickly and if there 's no problem, then there's no problem. I came into an environment where I had to coddle and cajol and I knew there was no problem with them health care wise but I needed to boost their spirits. Well, I had a real problem with that. I was at the hard problems, the medical problems."

Conversely, the two nurses who were educators spent more time teaching and focusing on developing life skills. Past work experiences greatly influenced the primary focus of the job.

However, definition of role was also influenced by the nurse's personal experiences. For example, if a nurse had experienced bedwetting with her own children, she tended to be more comfortable dealing with the child's problem. The nurses with children often prefaced their comments with phrases like, "my child had the same problem " or "when my child had that problem, I did....".

While the experienced nurses felt reasonably comfortable relying on their experience to guide them, the less experienced nurses found it very stressful to work without

clearly defined responsibilities. With no experience base to rely on, reference textbooks, instructions on the medication packages, and the other staff members became her primary source of information for emergency and first aid treatment.

When the nurses returned to camp for a second year, all of them stated that they were influenced by their experiences from the previous year.

FACTOR TWO: DEGREE OF EXPERTISE

Each nurse brought differing levels of nursing expertise to the camp practise. Because the camp administration did not clearly define the performance expectations of the nurse, the decisions that the nurse made and the activities undertaken by her were influenced by her level of nursing expertise and experience. For example, most nurses had not had previous experience working with bee sting kits. The medication in the kit is adrenalin and requires careful monitoring of the cardiovascular status after administration. As there were no guidelines to direct her activities, each nurse defined the course of action she felt was most appropriate to follow. The less experienced nurses used the label instructions on the kit as the primary guide while the more experienced nurses were concerned that there was no blood pressure machine in

camp to monitor the child after the medication had been given. Other nurses indicated they also made sure all counsellors knew how to administer the medication if the need arose on an outing and how to monitor the child. Some nurses acted at a minimum level that could be expected from a lay person while others reviewed healthcare from a much broader perspective. It became obvious that the standards of care varied greatly in each camp.

Very few of the nurses interviewed had specific nursing experience with children. While the principles of child care are similar to adult care, there are some differences. For example, more experienced nurses made sure they familiarized themselves with the differences in medication dosages for children. Some common anti-inflammatory medications are contraindicated for children. While the experienced nurses knew this, the nurse with the least nursing experience described administering aspirin to the children for headaches and minor ailments. This medication is not recommended for use in children under the age of 12. She administered it because it was kept as a stock drug in the infirmary.

The clinical expertise of the nurse also influenced the kind of intervention undertaken. For example, aside form minor injuries, sore throats and ear infections were the most prevalent health problems the nurse encountered. Some of the

nurses treated these symptomatically and administered pain medications based on the symptoms alone. They did not inspect the child to assess associated signs and symptoms. Other nurses immediately transported the child to the physician for assessment and treatment. When the camp was a long distance from the physician, this usually meant that the child missed a good proportion of the day's activities and the camp time. Some nurses described a routine of inspecting the throats and ears of the children to assess the degree of inflammation and determine if there was a need to take them to local doctor for more aggressive treatment. When there was an outbreak of sore throats and ear aches, a few nurses delivered personal hygiene lectures to the kids and counsellors in an attempt to control the spread of the infection.

FACTOR THREE: AUTONOMY

For the nurses in the study, camp nursing was not only a new type of nursing practise, it was also their first independent nusing practise experience. Even in the camps with physicians on site, the nurses assumed responsibility for primary care, using the physician in a consultant capacity. For most of the nurses, this was the first time their nursing practise had targeted care of the well child. In this milieu, the degree of autonomy the nurse assumed, as

well as her expertise,influenced the kind of decision making that occurred and the comprehensiveness of care received by the child.

The camp administrator was a key figure in determining the degree of autonomy the nurses were given for decision making and defining the scope and nature of their practise. While the nurses acknowledged that the camp administrator was accountable for the health of the camp, they also felt it was their responsibility to recommend the appropriate course of action for issues of health care and unless there was good reason, they expected the administrator to follow these recommendations. As the definition and scope of the nurses' responsibility and authority was not always interpreted in the same way by the nurse and administrator, differences in the expectations for operationalization of the role became evident. For example, one of the nurses with very little nursing experience, described her dismay and frustration when a director overrode her evaluation of the child's health status and discontinued a child's antibiotics, despite her protests that the child still required them.

> "I was directly accountable to the director. One time I documented, medication discontinued as per director's orders. I did not see this decision as therapeutic but was unsure of my position as to the legalities of the matter."

In this same camp, the nurse described her role as that of a babysitter and being "just the nurse". The administrator told her clearly that he was responsible for all decision making, including health. This nurse did not agree but because she felt she had no authority. She responded by limiting the scope of her practise and performed duties primarily related to the expectations of a first aid attendant. All children with other health problems were transported to the local physician. Conflict arose in this camp as the administrator clearly felt that the nurse had no role to play in the total health program of the camp. In this camp, the nurse recognized that the poison ivy near the camp paths was a health hazard. Based on her previous camp experiences, she decided it was her job to use her time to teach the kids how to recognize it and how to protect themselves if they accidently touched it. She was very angry when the camp administrator reprimanded her for taking the children away from their planned activities.

Sometimes the administrators changed their expectations.

> "He took me side and said, I'm the boss. I came Monday morning and by Wednesday I had free rein. He saw me operate and he just left me on my own."

Each director had their own expectations and perceptions of the nurse's role. In camps where the director changed and the nurse was the constant staff person, there was the

potential to cause confusion and anger among the staff.

"I felt most of the time that what I said came first, over anything and really had their (the administrator) support. With one of the administrators, I didn't find that and it certainly made the job a lot harder when you don't feel you can interrupt because, you know, she's doing something much more important and that makes a big difference".

Conflict and tension between the nurse and the administrator was consistently linked to a lack of clarity about roles and responsibilities.

The degree of autonomy the nurse felt she had influenced the type of activities she felt confident to initiate. When given an open ended mandate for health care, some nurses assumed responsibility for health related camp concerns and health promotion activites that clearly extended beyond primary care as well as the expectations of the camp administrator. In two camps, the nurses assessed that the sanitation standards were not being maintained in the kitchen areas. They felt there was a health risk and intervened by providing teaching and supervision to the kitchen staff to insure hygenic cooking facilities.

"One of the things I expressed concern about was the state of the kitchen and nobody could let me know who I should express concern to because there are times

when the head cook was away. There was no one that was clearly designated. One time I did take action. Like I said I was going to do this. I asked them. Do you really want me to do kitchen checks and they said , yes, they would really appreciate it ."

FACTOR FOUR: TIME

All the nurses interviewed were very busy. Their hours were long and certainly not confined to a nine to five schedule. Most of the nurses indicated they needed a holiday when they went home.

Each camp and each camp session was different and to some extent unpredictable. If the camp was primarily for diabetic children, the nurse's time and activities focused around issues related to care of children with diabetes. If a camp experienced an epidemic outbreak of flu or throat infections, the nurse spent all her time caring for the chidren with these acute inflammations.

"The one week I remember that was particularly busy was when we had four asthmatic kids and two asthmatic staff members. It was a bad week. The harvesting was all around. It was a rainy week so the children were all cold. They were all surrounded in new dusts and pollens because the farmers were harvesting. So I ended up sending a couple to the hopsital and one home

and one hung in there and actually became better."

In weeks like this one, the nurse's activities were clearly directed by the acute health problems caused by the enviromnent.

As discussed earlier, in some camp situations the nurse was assigned other duties. which could involve fulfilling dual positions related to the administration of the camp or specific programs, such as Christian Living or canoeing. In other camps, the jobs were more defined and involved work such as washroom inspection or laundry. The amount of time spent doing these other jobs directly influenced whether or not the nurse expanded her activities beyond first aid and medication administration.

> "What complicates my evaluation of camp nursing is that I've always filled other positions. In the first two years that I spent on the outdoor education project, I was essentially the person in charge. So I was responsible for the staff, everything."

OTHER

One of the camp nurses was male. For the most part, the sex of the nurse did not influence the nurse's practise. However, this nurse reported limiting some of the health teaching he might have ordinarily undertaken because of the reaction of the female teenage campers to a male nurse. They reacted to

him in a flirtatious fashion and in this unsupervised environment, he was unwilling to put himself in a compromised position.

SUMMARY

The nurse's practise encompassed far more than first aid. Nurses' primary focus was restoring and maintaining the health of individual campers but illness prevention and health promotion activities were also reported. Different types of expertise were required for each of these kinds of activities. Prevention and promotion activities were undertaken within the broader context of addressing the health needs of the camp community. The nurse also was expected to assume some administrative responsibilities in most camps although these activities were less clearly defined. All camp nurses had some non-nursing jobs. The amount of time they spent doing these other activities impacted on amount of health teaching and health promotion activities undertaken. The presence, absence and assumptions of the job descriptions influenced the activities undertaken by the nurse. For the most part, the nurses did not know what was expected of them as the camp nurse. Therefore, the influence of the administrator on role definition was great. When the nurses were given the freedom to define the role

based on camp needs, the role tended to have a broader scope. This was, however, tempered by the amount of time available.

CHAPTER V: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter includes a summary of the study, conclusions drawn from the findings, implications suggested by the findings and finally, recommendations for futher research.

Summary

In this descriptive study, the researcher investigated the description of camp nursing from the camp nurse's perspective. This included identifying the full range of nursing activities involved in camp nursing as well as the factors which influenced the nurse. The literature describing the responsibilities of a camp nurse was minimal. The available studies of camp nurses focused on the types of health problems encountered by a camp nurse. No studies were found that identified how a nurse defined her role in the absence of a predetermined job description or defined the full scope of the role. Symbolic interactionist theory provided the sensitizing framework for the study. Two research questions were addressed in the study:

1. How do camp nurses describe their practise in a camp setting?
2. What factors influence the selection of nursing activities undertaken by the camp nurses who are employed in a camp setting?

A purposive sample of 10 registered nurses was obtained. All the nurses had worked as a camp nurse in an accredited camp within the previous two years. The type of basic nursing education, work experiences and ages of the nurses reflected a wide range of nursing experience. Nine of the nurses were female and one was male. The nurses had worked between 2 and 34 years at the time of the interview, although the nursing position was a first work experience for one of the nurses. Most of the nurses in the study had a post secondary degree. Eight respondants had attended camp as children and three had had camp experience in other capacities, such as a counsellor or a cook.

Data were gathered in two ways. An indepth interview with the nurses provided the qualitative data. Completion of a demographic questionaire provided descriptive data about the sample. Field notes were kept to document the researcher's thoughts and observations about the interviews. A pilot interview was used to refine methods. Reliability and validity checks as recommended by Lincoln and Guba, (1985) were employed. The final report reflects the perceptions of the investigator.

The interviews were audiotaped and transcribed by the investigator. Field notes of the observations and perceptions of the investigator were recorded. The transcripts of the interviews were coded employing a deductive and inductive

approach to identify common themes or patterns. Statements of significance to the research questions were noted and were grouped into codes, factors were identified which addressed more than one code and finally the factors were gouped into themes. In keeping with symbolic interactionist theory, the researcher's perspective provided direction for the analysis.

Five themes or categories of nursing practise emerged from the responses to the first research question. Nurses described their activities as restoring health, maintaining health, preventing illness or trauma, promoting health and administrative. Some activities could not be categorized as nursing activities but fell into the "other" category. While this category did not specifically answer the research question, the category was considered by the investigator because of the amount of the nurses' time involved. Four factors were identified as affecting the types of nursing activities undertaken by the nurses: how their role was defined, (either externally through job descriptions or by peers or by self definition); the degree of autonomy they assumed; the amount of time they had and the expertise of each nurse.

Discussion of the Findings

It would be misleading to discuss the findings from the two research questions independently as the descriptions of

practise were intimately related to the factors influencing the nursing activities undertaken. For example, health promotion activities were not undertaken if the nurse did not have time because of other assigned duties or if the camp administrator did not allow the nurse an opportunity to become involved in these types of activities. As the nurses were asked to describe what they did as a camp nurse, not what they thought they would like to do, conclusions about expansion of their role can only be speculative.

The transcripts revealed new dimensions to the nurse's job. The nurses assessed the health of the camp community from a broad and wholistic perspective, evaluating camper nutrition, waterfront safety, environmental hazards, sanitation as well as direct health service needs of the campers. Interwoven through the descriptions of injury treatment for an individual were references to related prevention actions undertaken for the benefit of the entire camp as well as administrative actions to reduce the incidence of these injuries.

The role of the nurse in facilitating the mental health of the staff was clearly identified. In previous studies (Asnes et al;1974) nursing activities were identified from entries in a log book which recorded interventions only related to physical care. The support and counselling provided by the

nurse to the camp staff was done in an informal, casual way and therefore, was not recorded. Whether or not they were successful working with the staff, the nurses clearly identified the importance of this function in maintaining camp health.

Health promotion activities were not given a great amount of time. However, they were implemented on an individual and group level by some of the camp nurses. This aspect of camp nursing had not been discussed in the literature.

The administrative aspects of the camp nurse's job had not been addressed in the literature. While not a formal or defined function, most nurse had input into the day to day operation and activity of the camp. Even with a resident physician in camp, the nurse was responsible for camp health care including the administration of the infirmary. Usually the parameters of this responsibility were not clearly defined. Therefore, if the working relationship between the nurse and the administrator was not harmonious, the issue of administrative authority and responsibility was contentious. For example, insuring medical coverage for the camp when the nurse was absent was the administrator's job. In some camps, the coverage was provided by non professional staff in the nurse's absence. The nurses felt this was inappropriate as when they, a health professional, were in camp, there was an

expectation that they would be available 24 hours a day as that degree of expertise was required.

Operationalization of the nurse's job was influenced by four factors: the time required to attend to the immediate needs; the expectations of the camp administrator; the nurse's expectations; and her degree of skill. If a nurse had expertise in the primary care of children, less time was spent transporting the child to a local physician for assessment and treatment. Subsequently the nurse had more time for other activities. Similarly, the expectations of the nurse and the camp administrators determined the way in which health concerns were addressed. For example, if the nurse saw her role as consultative for "more serious" injury, she delegated treatment of minor trauma to the counsellors. If however, she and the camp administator felt it was the nurse's job to provide all aspects of primary health care, nothing was delegated and her time was quickly consumed.

The data from the transcripts suggested that the standards of practise in the camps were not equivalent. Because of the variances in the knowledge and skills of the nurse, variances in quality are unavoidable but the lack of clear performance standards for the camp nurses sometimes placed the nurses in sitautions beyond their capabilities. A nurse who was hired because of her expertise working with children usually did not have equivalent expertise with trauma management.

While the nurses described a wide range of practise activities, it was clear that treatment of illness drove the practise. However, if health is valued in terms of allowing the individual to carry out tasks and fulfill obligations, (Calnan, 1987), then illness prevention could be considered one aspect of the broader concept of health. Health promotion activities were not a priority in most camps. It was apparent from the data that the more time the nurse had to spend on treatment of campers with acute health problems, such as sunburn, cuts, and mosquito bites, the less time there was to concentrate on specific health promotion activities. Several nurses commented on the illness orientation of their job and the message it gave to the campers and expressed concern that "illness" could be seen as a liberator, allowing escape from participation in unwanted activities. In most camps, the only "opt out" option the child had was to be excused by the nurse because of physical illness. One nurse suggested that the infirmary be renamed the health centre as a measure to try and change that perception. The limitations of the research did not allow for exploration of this issue.

CONCLUSIONS

The importance of this study rests with the description of camp nursing practise and identification of factors which affect that scope of that practise. Previous research has not provided this information. The nurses described themselves as more than first aid attendants. This dispells a major myth about camp nursing. While attendance to injury was often the most dramatic aspect of care given, as well as most demanding of immediate attention, the nurses saw their role extending far beyond that of first aid attendant. Interwoven through the descriptions of injury treatment were references to related prevention activities that were undertaken as well as organizational activities that required addressing to reduce the occurence of the injuries. The descriptions of nursing practise carried out by the nurses in this study adhere to the definition of nursing practise outlined in The Registered Nurse Act, Manitoba,1980. The findings indicate that nurses working in camps assess and diagnose health concerns, intervene and evaluate the effect of their interventions. There is also an expectation that the nurse has a broad knowledge base of child health, acute and chronic illnesses of children, mental health, developmental norms, advanced first aid, pharmacology, community health assessment, and sanitation standards. By identifying and describing these

activities, the question of whether camp nurses are engaged in the practise of nursing when they are employed as a camp nurse is answered.

The problem of defining minimal standards for practise remains. While the data provided generic descriptions of the scope of nursing practise, the transcripts suggested that there were wide variations in the quality of practise. In some camps, the nurses had expertise that was under utilized while in other camps, the nurses were functioning beyond their competency base. This problem can in part be attributed to the lack of clear definition of role. When asked what they thought they would be doing as a camp nurse, the majority of nurses felt they would be attending to first aid concerns and giving medications. The findings of this study would indicate that the practise of the nurse extends far beyond this single focus. This means that many nurses went to camp unprepared for the situations they encountered. The influence of the administrator also was evident in defining the practise of the nurse. While camp administrators are required to have a nurse on site (either a registered nurse or a licensed practical nurse) to maintain their accreditation, the standards have not provided clear performance expectations for either the nurse or the administrator and this has led to unsatisfactory experiences for both parties. The "hands

on" approach of some camp directors described by some of the nurses may reflect the uncertainty of the director in the nurse to perform safely and work within the guidelines of the camp. This problem was exaggerated in camps where there is a new nurse every 2 weeks.

LIMITATIONS

The intent of the study was to provide rich descriptive data of the practise of camp nurses. Therefore the small sample size and purposive selection of nurses to participate was appropriate to accomplish the goal but readers must review the results within their proper context.

The credibility of the findings is increased by the researcher's background knowledge of the problem and the familiarity of the researcher with some of the participants. Because six of the nurse participants knew the researcher professionally, they felt comfortable in sharing their experiences openly. A full description of the negative experiences was more difficult to elicit from those nurses not known by the researcher and it is possible some experiences were not discussed.

Credibility may have be threatened by not having each nurse validate the results of the analysis. While there was a mechanism built in to validate intent, the nurses did not

ascertain the categorization of the practise descriptors. A definite limitation was the time of year that the data were collected. All the nurses relied on recall of situations that had happened at six months previous to data collection. On site observation with concurrent interviewing would have decreased the effect of this time lag. The credibility of the data would have be stronger if the camp administrators and counsellors had been interviewed as well as the nurses to validate the nurses' descriptions of specific events.

The reliability of the coding of the descriptors was a limitation of the study. While interrater reliability on the coding was 76% there were areas in which no agreement could be reached, even following refinement of the category description.

IMPLICATIONS

As there are no other qualitative studies of descriptors of camp nursing practise, there was no opportunity for comparisom of findings from this study. However, the findings offer direction for those involved with Camping Associations and camp adiministration.

Camp administrators indicate two major concerns related to the provision of health care to their campers. Firstly, they struggle every year to recruit a licensed nurse in order

to meet the criteria for accreditiation set my the Manitoba Camping Association. Secondly, they rely on the licensure status of the nurse to insure competency. As the number of children attending camp continues to increase and the availablity of nurses decreases, the Association needs to identify a clearly defined health care policy. That policy must reflect the role of the health care provider within the context of the camping philosophy, the health needs of the children and the availability of nurses. Camping Associations need to initate discussions about alternative approaches to providing safe health care to the campers. For example, if a camp chooses to address the provision of safe health care to their campers in a narrowest sense, they may wish to desiginate staff to be trained in advanced first aid and the administration of medications. Assessment and treatment of acute health concerns may be contracted to a local physician who is accessible to the camp. Alternatively, if the camp philosophy reflects healthy life skill development as a goal of the camping experience, the Associations may wish to consider redeveloping the nurse's role as a health specialist and consultant. This nurse could be involved in training the camp staff to prevent and treat minor traumas as well as teach the children prevention. Only

children with unmanagable health concerns would then be seen by the nurse. In this capacity, nurses might consult among several camps. Emphasizing the role of the camp nurse in health maintenance and promotion may be a more appropriate and efficent use of the nurse's expertise as well as addressing the concern of children who use illness as a crutch. Whichever direction camps choose, they must explore and reach consensus on their goal before defining the role expectations of their health care providers. The policy on health care will direct the development of a job description that clearly reflects expectations and standards. The job description should address the the competency standards expected of the nurse. Few professional nurses have a sufficient generalist backgound combined with the range of skill and expertise required for camp practise. The Camping Association should assume responsibility for development of a preparatory course for nurses going to camp for the first time. The course should include reviews of child development, physical assessment skills of children, identification and treatment of common childhood illnesses, community health maintenance, and camp philosophy and the role of the nurse.

RECOMMENDATIONS

On the basis of this study, the following recommendations is made:

1. Organizations that employ camp nurses should consider using the descriptive categories identified in this study as a model on which to base the job description for the camp nurse.

2. The Manitoba Camping Assocation should consider using the descriptive model of the camp nurses' practise to design an educational program to prepare the nurses for their role and to enusure safe care for the campers.

3. Future research studies should be undertaken to elucidate the experiences of camp nurses in all camp settings. A clearer picture of the usual practise of camp nurses, would be provided by surveying all camp nurses.

4. Using the descriptive model of nursing practise outlined in this study, the Manitoba Camping Association should consider establishing a committee comprised of camp administrators and camp nurses to review camp health policies and procedures and job descriptions.

APPENDIX A

DEMOGRAPHIC DATA FORM CODE:_____

age_____ sex_____

Do you have children of your own_____

What is your highest education level_____

How many years have you been practising nursing _____

What is your nursing practise area(s)_____

How many times have you been a camp nurse_____

Did you ever attend camp as a child_____

APPENDIX B

Protocol for approaching nurses

My name is Barbara Hague. I am a student in the Master's of Education program at The University of Manitoba. I am conducting a study about the role of camp nurses.a)Your name has been given to me by your camp director or b)You responded to an ad in the Nursescene last spring and I would like to invite you to participate in this study. The information from this study will help other nurses and administrators understand the role of the camp nurse more clearly.

If you decide to participate, I will set up an interview time with you. This interview will take no longer than 60 minutes. I would ask that you tell me about your practise as a camp nurse.

The interview procedure has no risk other than possible inconvenience. All information will be coded and kept in confidence. Interviews will be tape recorded and the researcher will take notes in order to get a clear understanding of your point of view. The tape recorder can be turned off whenever you request. The tapes will be erased after the interviewer has written out the information. You may review the written transcription of the interview if you wish.

Participation in the study is voluntary and you may withdraw at any time

APPENDIX C

Interview guide for Interviewer

The questions below will be used to guide the interview.

As you know, I am interested in learning more about the nursing practise of nurses who work in summer camps.

Tell me about your nursing experiences and the kinds of things you did at camp?

Probe:Could you think back to your first day and tell me what you did and how you made the decision to do that activity?

Was your first day a fairly typical day? If not,tell about the differences.

How did you decide what you were going to do as the camp nurse?

Probe:How did you learn to be a camp nurse?

Did you think you would be involved in different kinds of activities than you were? If yes, tell me about the differences.

Probe:What would you define as the ideal practise of the camp nurse?

Tell me how you define health. Can you give me some expamples of how your definition influenced the kind of nursing activities you chose?

APPENDIX D

CONSENT FORM FOR NURSES

You are invited to participate in a study which will explore you views on the role of camp nurses.

Participation in this study will include a tape recorded interview of your description and views of your experience as a camp nurse. This interview will take place at your convenience and will last no more than 1 hour. You will also be asked to cpmplete a short information sheet.

All information obtained on the tape recordings will be strictly confidential. The recordings will be erased once written transcripts have been made. The transcripts will remain locked in the investigator's filing cabinet until the study is complete. You will remain anonymous, identified only by a code number.

Participation is strictly voluntary. You may withdraw at any time.

This study is being conducted by Barbara Hague, a candidate for the Master of Education program at The University of Manitoba and is supervised by Dr. Dexter Harvey. The investigator can be reached at 233-7024 or 231-0641 if you have any further questions or concerns. You will be given a copy of this form to keep.

Your signature will indicate that you understand the consent form and are willing to participate.

Date_____

Signature_____ Witness_____

Please check the box on the left if you would like a summary copy of the study. If you wish the study to be mailed to you, please indicate your mailing address below.

_____

_____

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