

Survey Results Part II

Roles and Responsibilities Of Seasonal and Year-Round Camp Nurses:

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Abstract: To explore and document the scope and nature of seasonal and year-round camp nurses, a cross-sectional, descriptive survey was distributed to members of the Association of Camp Nurses. The study and results are presented in two parts. Part I, previously published, provided background on the role of camp nurses and described the study methods (Baird, 2006). Results in the initial paper related to demographics of the respondents and descriptive parameters of the role: requirements for hiring, role preparation, health center staff, work load, satisfiers and dissatisfiers of the experience and factors that influence continuing to work in the camp nurse role. Part II is focused on the year-round camp nurse and some of the practice differences they experience in summer versus off-season camp nursing. Results also compare the experiences and opinions of year-round and seasonal camp nurses related to job aspects including role preparation, requirements, daily activities, and the implications of these findings in recruitment and retention. This study was funded by an ACN Research Seed Grant.

Camp directors and experienced camp nurses readily acknowledge that the role of the camp nurse is a vital one in the camp community. Recruitment can be difficult and finding the right match between nurse and camp means a better season all around.

Continuing to define camp nursing and to understand roles and responsibilities in an ongoing manner is an important component of increasing the health and safety of the camp community. The role of the camp nurse has evolved over time and the literature documenting this evolution sheds light on some current issues (ACN, 2002; ACN, 2002). Earlier studies have made important contributions in building a fundamental base of knowledge about what camp nurses do and how they work (Otto, 1980; ACN, 2002; Lundy, 2003). The reader is referred to Part I of this paper for further background that informed the study design and for the findings of earlier related studies (Baird, 2006)

Study Purpose

The overall purpose of this study was to explore and document the practice of both seasonal and year-round camp nursing as experienced by members of the ACN. Noting similarities and difference in these two groups was inherent in the study purpose and is the focus of the results presented in Part II of this paper.

Background

The commonly-held picture of the camp nurse is a person who gears up to work an approximate six to twelve week season. Some camps may have a consistent nursing staff for the entire season while others provide coverage using a string of nurses working short periods of time. Joining those nurses who identify themselves professionally as a camp nurses is the nurse who may be a camper's mom or the nurse who volunteers for a week or so. Roles and responsibilities vary but the growth of the role and the refinement of expectations and practice parameters continues in a very positive way. The health and safety of the camp community, a vital concern at any camp, is influenced by the role and responsibility of the camp nurse.

The commonly held picture of camp nursing as a summer activity prevails but there are indications that camp properties are being used for extended or year-round programming. As a result,

nurses may be needed to properly staff for these settings. As noted in Part I of this study report, the lead author presented a paper on the challenges of year-round camp nursing at the ACN Symposium (Baird, 2003) in which she pointed out that year-round camp offers a nursing experience that is indeed longer but is also far different than summer camp. The mission and nature of the program, the preparation and composition of the staff, and the camper population may change for different parts of the year. The nurse needs to be prepared for changing populations, activities, and weather extremes as seasonal program differences occur. This affects what staff training is done at different times of the year, the number and nature of problems seen in the health center, and even the rate at which different supplies are used.

Conference groups, outside user groups and schools are common users of camps during the academic year (September thru May). For many year-round operations, schools are a primary user group. The program focus is largely educational rather than recreational although skill-building such as teamwork may be part of all programming. As the school system attempts to accommodate as many of its students as possible into all planned activities, the year-round camp nurse is key in determining which care needs can be safely met. The year-round nurse has the opportunity to work regularly with a wider variety of physical and mental health issues mandating broad experience, clinical judgment, information retrieval skills, and clinical resources. Anecdotal evidence suggests that the addition of the school nurse and teacher to the usual parent and camper team is perhaps one of the most positive components of the year-round camp nursing experience. To understand the similarities and diversities of non-summer camp nursing, there is a need to document them.

The American Camping Association (ACA) recognized year-round camping as a trend in camping (ACA, 2004). The ACN identified that 27% of its members work year-round as camp nurses (ACN, 2002), yet that practice has remained largely undefined. Similarities and differences between seasonal and year-round camp nursing have not been determined. Without this knowledge, year-round nurses primarily draw from mainstream camp nursing practices and literature to meet their needs. An aim of this study and a focus of the results presented here look at the similarities and differences between seasonal and year-round camp nurses. It was anticipated that there would be more similarities than differences but that both would have meaning for future programming.

At the ACN website, Executive Director Erceg provides tips to help new camp nurses experience success, stating that the most important step is to find a camp that compliments the individual nurse's style of nursing and philosophy of care (Erceg, 2007). Findings reported in the first part of this study support that statement and it is anticipated that a comparison of the year-round and seasonal nurses will provide additional information.

If year-round camping programs are on the increase, as predicted by the American Camping Association (2004), it is important to identify the needs of nurses new to this work situation and to know those factors that are seen as satisfiers and detractors. Given the difficulty in recruiting camp nurses, there is obvious value in knowing those factors that will contribute to attracting and retaining nurses for these positions. Readers may be familiar with the 1950s work of Herzberg using employee interviews to determine factors in the work environment that led to satisfaction or dissatisfaction, a theory that has come to be called Herzberg's Motivation-Hygiene theory. Although Herzberg's books are out of print and his theory has been modified over time, a web search reveals many informative summaries are readily available. Briefly, Herzberg identified two types of factors affecting job attitudes: satisfiers and dissatisfiers (NetMBA, 2007). These are not actually opposites but two distinct human needs. Satisfiers are factors related to the psychological need to achieve and grow and include factors such as achievement, recognition, work itself, responsibility, advancement, and growth. Despite the use of the term dissatisfier here, the opposite of satisfaction is not dissatisfaction but rather no satisfaction. Commonly included in these factors are salary, company policy, supervision, relationship with boss, work conditions, and relationships with peers. It is important that factors of both types be addressed in recruitment and retention.

Methods

A brief summary of the methods is included here to assist readers in interpreting the findings. Readers are referred to Part I of the study for further information (Baird, 2006).

Study population: The study population was the ACN membership. The sample consisted of both nurse members and associate members with associate members being asked to direct the survey to the nurse. The ACN's 570 members included 435 nurse members and 135 associate members at the time the membership list was printed for study (L. Erceg, personal communication, January 5, 2004). There is a demonstrated presence of both seasonal and year-round camp nurses.

Instrumentation: A written survey form was developed consisting of both closed and open-ended questions. All members were asked to answer most questions with some additional question to be answered only by year-round nurses.

Study Distribution: Distribution of the study instrument (survey) was via Internet to those ACN members with known e-mail addresses. Survey forms for members without e-mail addresses on file at ACN were sent via first class mail.

Human Subjects Protection: The proposal was submitted to the Institutional Review Board, Charles River Campus, Boston University for review per University protocol and was approved.

Results Related to Year-Round Camp Nurses

Survey Returns: The overall response rate of 17% included 14 (16%) year-round camp nurses and 76 (84%) seasonal camp nurses.

Survey Participants: Year-round nurse respondents were from the Southern U.S. (29%), Mid-America (21%) and North Central U.S. (21%) whereas seasonal respondents were from the Eastern U.S. (36%) and North Central U.S. (21%). In terms of nursing experience, the groups are very similar. The mean years of experience were 21 years for the year-round nurses, and 22 years for the seasonal camp nurses. Year-round nurses had slightly more camp experience: 10.8 years of summer experience for full-time nurses compared to 7.9 years for seasonal nurses, and a mean of 10.3 years of extended season experience by year-round nurses compared to 3.2 years of extended season experience by seasonal camp nurses.

Camp Descriptors: All 14 (100%) year-round nurses work at resident camps compared to 83% of seasonal nurses. There are easily recognizable differences in the camp programs where the year-round nurse is employed. As shown in Table 1, year-round nurses are more apt to work at camps that offer off-site trips, outside-user groups, school programs, conferences, and family camp. Most year-round nurses work with boys and girls (86%) of middle school (79%) or high school (71%) age. Both groups of nurses tend to work largely with healthy participants (71% of the year-round nurses and 88% of the seasonal nurses) with a slightly larger percentage of year-round nurses working with primarily developmentally delayed camps (14% year-round versus 4% of seasonal nurses) and primarily disabled campers (21% year-round versus 3% seasonal nurses).

Employment and Preparation: Requirements for employment were similar for both year-round and seasonal nurses: nursing licensure (100% year-round, 97% seasonal), CPR Professional Rescuer (71% year-round, 70% seasonal), and valid driver's license (64% year-round, 49% seasonal). Both year-round and seasonal camp nurses used similar approaches in preparing for their role although not necessarily to the same degree as shown in Table 2. Of interest in that fewer nurses than expected reviewed their state's youth camp regulations in preparation for their role (36% of year-round, 41% of seasonal nurses).

Satisfiers and Detractors: Given a list of camp nurse role and situation descriptors, participants were asked to rank each as a factor that added to their satisfaction, detracted from their experience, or had neither impact. Table 3 shows the responses of both groups. Location was the most frequently identified satisfier in both groups. In both groups, health center operations, camp

Table 1. Descriptors of the Camps Where Nurses Worked

Descriptor	Year-Round N=14		Seasonal N=75	
	#	%	#	%
Resident camp	14	100%	62	83%
Day camp	4	29%	12	16%
Off-site trips	11	79%	28	37%
Outside user groups	9	64%	9	12%
School programs	7	50%	7	9%
Family camping	5	36%	12	16%
Respite care	3	21%	2	3%

Table 2. Activities Nurses Used to Prepare for Camp

Activity	Year-Round N=14		Seasonal N=75	
	#	%	#	%
Talked with camp director	12	86%	69	92%
Reviewed physician protocols	12	86%	60	80%
Read the camp's healthcare plan	12	86%	59	79%
Read camp nursing literature	12	86%	59	79%
Reviewed camp health forms	11	79%	71	95%
Read health center procedures	11	79%	58	77%
Read ACN literature or visited website	10	71%	57	76%
Renewed CPR certification	10	71%	44	59%
Talked with other camp nurses	10	71%	44	59%

not add or detract from the camp nurse experience for 4 (31%) of year-round nurses and for 24 (33%) of seasonal nurses.

Asked to indicate factors that were most likely to influence whether or not the nurse would continue to work in camp nursing, both groups of nurses most frequently identified family plans and needs (year-round 10 [77%], seasonal 39 [54%]). Salary was a distant second most frequently factor (year-round 4 [31%], seasonal 26 [36%]). Year-round nurses indicated responsibilities as the third most frequently noted influencing factor while seasonal nurses noted health center staffing third.

staff, and professional challenge were in the top five frequently cited factors. Similarities in the two groups were also seen in the frequency of factors identified as detractors or dissatisfiers, with year-round nurses identifying health center adequacy, amount of time off, and health center staffing most frequently and seasonal nurses identifying amount of time off, opportunity to leave camp, and health center staffing.

Salary was neither a strong satisfier nor a strong detractor. As a satisfier among year-round nurses, salary ranked thirteenth as a satisfier for 5 (38%), and ranked tenth as a detractor for 2 (15%), and neither added or detracted satisfaction for 4 (31%). Two year-round nurses checked that salary was not applicable. The year-round nurse responses regarding salary are similar to those of seasonal nurses with salary ranked twelfth as a satisfier for 28 (38%) and tenth as a detractor for 9 (12%). Salary did

Benefits: Respondents were asked to identify benefits provided or available, with or without employee contribution. Salary, housing, meals, and laundry facilities were the four most frequently cited benefits by both year-round and seasonal employees. Table 4 (next page) shows the availability of benefits for both groups. Reduced/waived fee for child's camp, ACN membership, and CPR renewal were other frequently identified provided benefits. Of interest are the areas full-time employees frequently associate with full-time employment: paid sick and vacation time, health insurance, and a retirement plan. Health Insurance was available to only 3 (21%) paid sick time to 2 (14%), paid vacation time to 1 (7%), and a retirement plan to 1 (7%). As shown in Table 4, these same benefits are more frequently available to seasonal employees.

Table 3. Factors Adding or Subtracting from Job Satisfaction

Factor	Year-Round N=13					Seasonal N=73						
	Satisfier		Dissatisfier		Neither		Satisfier		Dissatisfier		Neither	
	#	%	#	%	#	%	#	%	#	%	#	%
Salary	5	38%	2	15%	4	31%	28	38%	9	12%	24	33%
Housing	6	46%	2	15%	2	15%	37	51%	8	11%	14	19%
Meals	6	46%	3	23%	2	15%	42	58%	11	15%	16	22%
Health center adequacy	6	46%	6	46%	1	8%	55	75%	8	11%	10	14%
Health center staffing	6	46%	4	31%	2	15%	34	47%	22	30%	12	16%
Health center operations	10	77%	3	23%	0	0%	50	68%	8	11%	14	19%
Record keeping	8	62%	3	23%	2	15%	39	53%	15	21%	19	26%
Camp location	12	92%	0	0%	1	8%	66	90%	1	1%	5	7%
Camp administration	7	54%	4	31%	2	15%	56	77%	11	15%	5	7%
Camp staff	10	77%	2	15%	1	8%	61	84%	5	7%	7	10%
Health center coworkers	6	46%	0	0%	1	8%	40	55%	7	10%	6	8%
Amount of time off	5	38%	5	38%	0	0%	25	34%	23	32%	12	16%
Opportunity to leave camp	4	31%	3	23%	1	8%	27	37%	23	32%	11	15%
Non-nursing responsibilities	6	46%	3	23%	2	15%	30	41%	8	11%	24	33%
Computer access	6	46%	0	0%	2	15%	27	37%	21	29%	7	10%
Continuing ed access	2	15%	1	8%	4	31%	12	16%	13	18%	23	32%
Camp activities	7	54%	0	0%	4	31%	44	60%	14	19%	13	18%
Committee participation	4	31%	1	8%	3	23%	12	16%	14	19%	17	23%
Professional challenge	8	62%	0	0%	3	23%	58	79%	4	5%	9	12%

Table 4. Benefits Provided or Available*

Activity	Year-Round N=14		Seasonal N=75	
	#	%	#	%
Salary	12	86%	60	83%
Housing	11	79%	60	83%
Meals-all	10	71%	61	85%
Laundry facilities	6	43%	45	63%
ACN membership	6	43%	24	33%
Reduced/waived fee for child's camp	6	43%	29	40%
CPR renewal	4	29%	17	24%
Health insurance	3	21%	12	17%
CE expense allowance	3	21%	11	15%
ACA membership	3	21%	8	11%
Licensure fee	3	21%	11	15%
Meals-some	2	14%	6	8%
Paid sick time	2	14%	15	21%
Paid vacation	1	7%	14	19%
Dental insurance	1	7%	9	13%
Retirement plan	1	7%	13	18%
Paid time off for CE	1	7%	9	13%
Professional subscriptions	1	7%	11	15%
Other professional dues	1	7%	2	3%
LTC insurance	0	0%	3	4%

*With or without employee co-pay

Work Load: A question was included to get a sense of the typical work week in terms of work load and staffing. The question depended on recall but 63% of respondents indicated their numbers were either actual or fairly accurate. Camps varied tremendously in size and duration of the season but in general, using mean scores of responses, year-round camps had about half as many attendees off season (mean=132 year-round, 224 seasonal), about one-quarter the number of seasonal staff and had twice the number of permanent staff. Camper visits to the health center were about one-seventh the

summer weeks' number and staff visits were about one-tenth the number seen in the summer. Off-season campers received about half the number of scheduled medications and had one-quarter the number of short stays in the health center. There was about one-seventh the number of phone calls to parents off-season compared to summer.

There are differences in the nature of visits to the health center. Given a list of common reasons for health center visits, year-round participants were asked to identify those they saw more often, less often, and with about the same frequency. This information is shown in part in Table 5. Predictably, issues associated with winter months are seen more often and those issues associated with summer months are seen less often. Of interest is that 5 year-round nurses (36%) saw fractures more often in the off-season and another 5 (36%) saw fewer fractures.

Informational Needs and Resources: Study participants were asked to indicate informational needs important to their continuing growth in camp nursing. The most commonly identified needs of year-round nurses were in the areas of: camp nursing practice (8, 51%), psychosocial and behavioral issues (7, 50%), injury management (6, 43%), and policy/procedure writing (6, 43%). Seasonal nurses identified their needs as: injury management (36, 51%), Psychosocial/behavioral issues (34, 49%), and new public health issues (17, 24%). Health and safety promotion was identified at similar levels by both groups of nurses (year-round 4, [29%]; seasonal 22[31%])

Camp nurses frequently use other medical professionals and organization as resources. Given a list of commonly-used resources, year-round nurses were asked to identify those resources they used more often off-season, those they used less frequently, and those used with about the same frequency. The only resource identified as being used more often was the school nurse indicated by 29% of respondents. Those resources identi-

Table 5. Variations in Health Center Common Complaints during the Off-Season Months

Seen More Often*	Seen Less Often*	Seen with Same Frequency*
Cold-related issues	Burns	Headache
Sore Throats	Heat Problems	Toothache
Upper Respiratory	Insect Bites	Sprain
Infections	Poison Ivy	Splinters
	Seasonal allergy	Abrasions
	Earache	Contusions
	Skin Problems	Muscle Soreness
	Head injuries	Behavior issues
	Athlete's foot	Dietary issues
	Eye issues	
	Diarrhea	
	Home sickness	

*Common complaints in each category are listed in decreasing order of frequency.

fied as being used less often off-season (in order of frequency indicated) were the camp physician (35%) and the dentist (29%). The two resources used to the same extent throughout the year were parents (35%), and colleagues (35%). Of interest, 10 (59%) of the year-round nurses indicated they did not use their state camp regulatory body as a resource at all.

Discussion and Implications for Practice

Full-time camp nurses (14) represented 13% of the total respondents. Despite this small number, the data is rich with information. The percentage of year-round nurses is similar to Lundy's study participants where 12.8% were year-round nurses (2003) although ACN reported year-round nurses comprised 27% of its membership at the same time period (2003).

Position Requirements: Camp nurse recruitment is commonly identified as difficult and may account for the few requirements for employment as shown in Table 1. A valid nursing license and CPR certification would appear sufficient qualifications to land a job in camp nursing. More year-round nurses than seasonal are required to have a valid driver's license. During the summer months, many camps have a designated driver to transport people to medical services, pick up prescriptions or supplies, or run other health center-related errands. It may be that the nurse's presence on-site takes precedence when participant levels are higher. Survey results support lower participant numbers, health center visits of campers and staff, and fewer off-site for medical services year-round and most likely fewer staff members to do these errands. The nurse may be one of few year-round staff available.

Given the scope of responsibilities for the nurse, and the observation that most year-round nurses are the sole health professional on-site (at least during the off-season months), the requirements for employment seem insufficient. Camp directors may be easing their hiring expectations due to recruitment difficulties but the reality of the role and the needs of even a healthy camp population imply that the opposite should be the case. Hiring nurses not adequately prepared for the role can easily lead to them being overwhelmed and results in premature turn-over. The goal should be a stable and experienced workforce.

Nurse Preparation: Nurses took a number of approaches to preparing themselves for their year-round camp nursing role adding to their existing knowledge and experience base. The year-round nurse group is an experienced one so many are building and updating their knowledge bases year-to-year. Programs and published materials need to address both the novice and experienced camp nurse. These results indicate there is a small but well experienced group of camp nurses who might help identify needs and resources for others in both formal and informal ways.

More time was spent on the nurse's own continuing education during the off-season months (71% of participants) with a variety of sources used. Attending a camp nurse workshop, brushing up on clinical skills, and reviewing state youth camp regulations were used by less than half of the year-round nurses. These approaches would all seem to be useful and there are creative approaches to make these more available. ACN could make a very useful contribution, for example, in expanding Erceg's tips (2007) content to include a check list of preparation activities and listing sources. Many camp physicians are very willing to have the nurse spend a morning in their office updating skills for evaluat-

ing ears, sore throats, orthopedic injuries, etc. Because year-round nurses frequently work with school nurses, a day spent shadowing a school nurse could be a valuable exchange in validating skills and acknowledging local resources. Many nurses are seekers and are easily able to identify their learning needs and use the internet, library, or state public health agency to obtain updated information. Others may benefit from more specific direction. Prompting year-round camp nurses to make contact in an on-going manner with others in similar situations could help establish a network for identifying preparation resources.

Influencing Factors: Study participants were experienced nurses. The need for camp nurses will best be met by recruiting new nurses but also retaining experienced nurses if not at their current camp then at least within the larger camp community. Knowing factors that nurses see influencing these decisions is helpful. Both year-round and seasonal nurses indicated that family plans and needs is the single greatest determinant, more so for year-round nurses (77% versus 54%). Although camps may dismiss family needs and plans as not within their control, camps might be better served by looking at how flexibility and being open to alternative approaches to staffing and accommodations might positively influence this situation. "What would make this position more workable for you in terms of your family plans and needs?" is a good opening for discussion. Job sharing, modified housing, and novel approaches to staffing modeled on what some service industries have been doing may make positive differences.

Responsibilities and salary were the second and third (31%) most important influences. Opportunities for growth and professional challenge were among factors ranked next (23%). Open discussions between the year-round nurse and the camp director about responsibilities can help in determining nurse skills that could be useful in program planning, risk management, and other committees. Nurses who come to camp from employment in other settings often have experience from work or community activities that would make them valuable committee members or naturals to lead planning for a new initiative in the camp community. The nurse who is necessarily focused on the health center during peak season activities may make valuable contributions to other camp activities during off-season months. Camp nurses should be encouraged to discuss their non-nursing interests and skills with directors to learn what activities are planned for the coming year and whether there is a match of need and experience. Writing for publication, participating in an ACN or ACA activity, or making connections with other local nurses are examples of ways nurses can contribute in their own growth and professional connectedness.

Factors Affecting Job Attitudes: When someone hears about a position opening, the first question is often, "What's the pay?" This leads us to think that salary is often the most important influence on job attitudes. Salary does influence seeking a position but once hired salary is not a factor leading to satisfaction. It has been identified as fifth in the list of factors leading to dissatisfaction (Herzberg, 2007). The year-round nurse group identified salary as thirteenth on the list of factors leading to satisfaction and tenth on the list of factors leading to dissatisfaction indicating that camps have lots of other factors to use in recruitment and retention. Although camps may make positive statements about their salaries in advertisements, camp nurse salaries are rarely competitive with other settings. Many camps are not even competitive with other camps. The benefits of housing are probably not important to the seasonal nurse who most likely maintains a residence elsewhere and is looking at camp hous-

ing as a short-term situation. Whether the year-round nurse must live on site during the off season and the adequacy of on-site housing as “home” may be of more importance.

Camps wanting to improve their recruitment and retention should look at their operations to determine if factors seen as satisfiers are operational at their camp and to what extent. If nurses are looking for professional challenge, how can that be built into the position? Perhaps the nurse would be interested in participating in the ACA’s Healthy Camp Study (ACA, 2007), or developing some kind of study or educational program within their own interests (ACA, 2007). What is it about the health center operations and record keeping systems that have added to the satisfaction of the experience? Do the nurses see ways to make the good things even better? Camp nurses who see their role as just one band-aid after another, whether on foreheads or into first aid kits, will rarely feel professionally challenged.

Factors identified as leading to dissatisfaction by year round nurses were health center adequacy, amount of time off, and health center staffing. Few camp nurses will have the opportunity to design or work in their ideal health center but sometimes small changes can turn inadequate space into a highly usable one. Nurses should be encouraged to think of how to make a space more workable. I know a nurse who asked for a washer and dryer in the health center and got a clothesline. Well, she didn’t even have the clothesline before so even this was welcomed. A shelf here, a used file cabinet there, or a rearrangement of space may help make the health center more workable. The advantage for the year-round camp nurse is that improvements that can be made by maintenance without large capital expense can often be fit in between other work.

Amount of time off and health center staffing seem closely related as factors leading to dissatisfaction. Year-round camp nurses frequently work alone during the off season and then work with an expanded staff in the peak season. This can mean very long days of working from breakfast meds to bedtime ones. Nurses who have found creative approaches to these long hours need to be encouraged to share their ideas with others. The nurse can also talk with the program director and other key staff members to try to identify alternative planning. How is time for other staff handled? Do they have an evening or afternoon off? Often the winter pace allows opportunities to try scheduling alternatives and evaluate their effectiveness. Maybe a total schedule rework is not needed but knowing that the nurse is free to leave camp Wednesdays for two or three hours will allow the nurse a level of freedom that is welcomed.

Benefits: Year-round camp nurses get a salary (previously discussed), housing, meals, and laundry. Aside from salary, these benefits are fairly easy for most camps to provide and do not represent a major cost to the camp. Ironically, some benefits usually associated with full-time employment (sick time and vacation time, for example) were more available to seasonal nurses than year-round camp nurses. Health Care insurance, regardless of who paid, was available to only 21% of year-round camp nurses and dental insurance to only 7%. Unless a year-round nurse has benefit access through a spouse, the nurse is in a seriously jeopardized position without health care benefits. This situation is frequently seen in younger seasonal staff members but it is not an acceptable position for professional nurses. Options for uninsured workers are growing but remain limited and warrant intensified promotion by professional organizations and members.

Work Load: Of interest in the workload information is the similarity of issues seen. Whether with more or less frequency, it is obvious that year-round nurses need to remain current with all issues seen

at camp. Refreshing themselves about cold issues when geographically appropriate is probably an annual need. This is also information that will need to be given to staff members. Keeping track of local infectious disease incidence patterns and preparing for flu season are important to the year-round nurse. Preparing for flu season outbreaks is also important for year-round nurses.

Resources: Resources year-round camp nurses identified as needed are similar to the needs of seasonal nurses. Thus, educational programming and publications targeted for the camp nurse will be useful to both groups. The state regulatory agency for camps was not seen or used as a resource by 59% of the year-round participants. Perhaps camp directors have appropriate connections and provide the nurse with regulations and changes in requirements as they occur so that year-round nurses do not make that connection directly. The value of this connection may vary by state but this agency can often provide timely information and refer nurses to other valued resources at the state or regional level.

The school nurse was identified as a resource by the year-round nurse. School populations are frequent participants in year-round camps so this connection is logical. For the year-round nurse working alone, the school nurse can be a valued colleague. Schools may be sending a specific grade to the camp every year so that the nurse will become an annual contact. It may be the school nurse who gathers the health history forms for the students and is often knowledgeable about students with special needs. The school nurse can alert the camp nurse about any infectious diseases in the student population. This relationship between the school nurse and the year-round camp nurse may prompt the year-round nurse to see school nurse continuing education offerings as of value to them as well.

Summary

This paper presents the second part of the findings from a study supported by the ACN Research Seed Grant Program to explore further the roles and responsibilities of the seasonal and year-round camp nurse. Part 1 presented the results of the combined population of seasonal and year-round nurses (Baird, 2006). This paper presents information specific to year-round camp nurses and compares aspects of seasonal and year-round nursing. The essence of the findings is that year-round camp nurses are a small but very experienced group of camp nurses who have variations in their work load during the year. Their educational and peer needs should not be overlooked by thinking of camp nursing only in its traditional summer role.

The value of these nurses in their extensive experience with a variety of populations should also not be overlooked. These nurses do every week what seasonal nurses do for a short intensive summer spurt. Their work load and pace may vary but year round nurses are a treasured reservoir of experience that can be tapped for the benefit of all.

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Still Need a Camp Nurse?

Need a nurse? ACN recognizes that finding a camp nurse can be difficult and wants to provide a link between camps and nurses. If you still need a camp nurse for the coming season get your ad posted now.

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New Products, New Ideas

Carol Williams, RN, MSN, CPNP

■ CA-MRSA

Community-associated methicillin-resistant staphylococcus aureus (CA-MRSA) is a newly identified virulent organism that can infect skin and soft tissues. Symptoms include local pain and very small pustules that can progress to furuncles or abscess. Wounds accompanied by fever, with pus, or that do not heal should be considered suspicious. Wound cultures should be obtained and pus should be drained. A limb that has an infected wound and is non-weight bearing should be considered an emergency. Although CA-MRSA is methicillin-resistant it can be treated with other antibiotics. Most concerning is that it can occur in previously healthy people.

Campers may be particularly susceptible because of the close quarters at camp and tiny wounds acquired during activities. Prevention at camp includes hand washing, good skin hygiene (showering with soap and water), not sharing personal items such as towels, and early wound observation and treatment. Keeping towels apart instead of bunched together or touching is an added responsibility for those caring for campers.

I have definitely seen a rise in CA-MRSA in the private practice and children's hospital admissions at institutions I am associated with. I recommend that camp nurses read the reference article I have cited. Rosenthal, M. (2006). Steps to manage CA-MRSA skin and soft tissue infections. *Infectious Diseases in Children*, 19 (8), 40-42.

■ Sub Q Tips

After injecting medication into subcutaneous tissue count to five before removing the needle. This ensures that medications will have time to move into the tissue. Hold a cotton ball or tissue over the site for a few seconds, instead of an alcohol swab, as alcohol causes a burning sensation.

■ Glass Sliver Removal

Wrap a piece of silk tape around your gloved hand, sticky side out, and gently pat the skin area to remove small glass slivers.

■ Auscultation Tips: Lung and Heart Sounds

When trying to assess a child in activity areas you may find it difficult to hear lung and heart sounds because of background noise. Littmann now has an electronic stethoscope that cancels up to 75% of the environmental noise that can interfere with assessment. The 3M Littmann Electronic Stethoscope, model 3000, has a thin slit that allows noise to enter the device. This noise is canceled out when it meets the same noise that has been conducted through the patient's body. This leaves the heart and lung sounds clearly audible. This model also amplifies sounds 18 times more than standard stethoscopes. It operates using a AAA battery. Find out more at www.3m.com or by calling 800-413-1795.

■ Tic Removal

Dr. Joe's Tick It Away from New Paradigms Ideas Company is a new tick removal device that works much like a crow bar. This tool removes the tick alive, intact and without squeezing it. Visit www.tickitaway.com to learn more about this device that was invented by a pediatrician. The site has interesting interactive pictures comparing this device with other methods of tick removal.