



International Family
Nursing Association

13th International Family Nursing Conference

The Art and Science of Family Nursing:
Transforming Health for Families



The official meeting of the International Family Nursing Association

Abstract Submissions will be accepted from **July 18, 2016 – October 7, 2016**

How to use the online abstract submission system

It is very important that you enter your correct email address in the system because correspondence relating to your submissions will be sent to this address.

Note: your password is emailed to you and will be visible to the conference administrator.

Spam filters: Before submitting an abstract, be sure your email system is set to allow messages from support@oxfordabstracts.com, sendmail@oxfordabstracts.com and support@oxfordabstracts.com

1. *Submitting an abstract*

A. Important Information

1. **An abstract template was attached to your registration email. - This is a Microsoft Word file which is designed to ensure that your abstract is prepared in the right way for publication. Please save this template file to your hard drive as a word 97-2003 or higher document and use it when you prepare your abstract.**

Unfortunately, if you do not use the template your abstract may not be considered for inclusion in the program.

2. If you are submitting more than one abstract you can use the same email address and password for each abstract. However, **As a 1st Author you can only be accepted for ONE oral and ONE poster session.**
3. Abstracts are required for all papers and posters. Abstracts MUST be submitted using the template form provided as a **word 97-2003 or higher document**. Please contact Debbie Zaparoni at debbie@internationalfamilynursing.org if you need assistance in submitting your abstract using the template provided.
4. Each abstract must fit within the abstract template and use the Arial font in size 11.

B. Preparation of Your Abstract

1. Abstracts must be submitted in English.
2. A “blind” selection process will be used. No identifying features such as names of hospitals, schools, clinics or cities may be listed in the title or text of the abstract. Do **not** include the names of authors either. The names of authors and their affiliations (institutions) will be submitted on-line when you submit the abstract.
3. The title should be as brief as possible but long enough to indicate clearly the nature of the study. Capitalize only the first letter of each word. No period at the end. The title should look like this example: **The Abstract Title Should Be Formatted Like This**
4. Abstract guidelines:

Abstracts must include:

- Background and Purpose
- Model / Framework, if used
- Methods
 - Quantitative Study: Describe design, sample, setting, procedures, measures, and analyses.
 - Qualitative Study: Describe design, participants, setting, approach, and analyses.

- Clinical or Educational or Quality Improvement Focus: Describe approach, evaluation methods.
- Methodological Focus: Describe approach to address issue and strategies used.
- Theoretical Focus
- Synthesis Focus
- Results
- Conclusions and Implications

Abstract text is limited to 300 words. (Note: Figures, tables, and references should not be included in the abstract)

All abstracts must be submitted in English. For those for whom English is not their primary language, we strongly encourage you to seek editorial assistance prior to submission.

5. Open the template file and enter your abstract into it following the instructions above. Save it and make a note of its saved location.

C. The Submission Process

1. Log in to the submission system when your abstract is completed and ready to upload. To log in, enter your email address and the password you chose when you registered with the system.
2. When you click the “log in” button you will be taken to a screen from which the submission process starts. Please read the instructions on this screen carefully.
3. Submitting an abstract is a multi-step process. Each step asks several questions. Complete the questions in each step, then click the “Next” button. Some questions are marked “Required;” and you will not be able to continue until these questions have been answered. The information you have entered thus far is saved. You can amend a submission any time until the submission site closes. Upon completion of all of the steps, click the “Finish” button. Your abstract will be assigned a reference number. You will receive email confirmation. If you have not completed all of the steps, your abstract will be held in temporary storage until you return later and complete all the questions.

2. Amending a submission

You may wish to change your answers to some of the questions on the submission form, or even to change the abstract file itself.

1. Log in to the submission system.
2. You will see a list of the abstracts that you have submitted. Click on the abstract that you wish to change.
3. The process of amending an abstract is the same as the original submission process, except that the submission form will be automatically filled in with the answers that you gave previously.
4. If you want to change your abstract file you can click the “Browse” button to locate the revised file on your hard drive, then click “Next” to upload it to the abstract system. If you don’t want to change the file, just press “Next” to bypass this step.
5. When you reach the final step and press “Finish,” you will be sent an email confirming that your abstract has been amended – provided you have answered all the mandatory questions.

3. Withdrawing an abstract

If you want to withdraw an abstract please contact Debbie Zaporoni by email at Debbie@internationalfamilynursing.org.

See SAMPLE ABSTRACTS below

Example of Quantitative Abstract

Important notes:

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Do **NOT** write outside the boxes. Any text or images outside the boxes **will** be deleted.

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Save this file in **.doc or .docx** format.

Title:

Competence Of Mothers As Caregivers: Adolescent and Young Adult Brain Tumor Survivors Living At Home

Abstract: (Your abstract must use 11pt Arial font and should be no longer than 300 words. The Abstract document must be submitted as word 97-2003 document.)

Background and Purpose: Pediatric brain tumor patients have benefited significantly from treatment advances and are at greatest risk for long-term cancer-related morbidities. Their mothers often lead dramatically altered lives, as they strive to support survivors to overcome significant neurocognitive late effects especially when must they remain at home into adulthood. The demands placed on mothers can challenge their sense of competence. The purpose of this study was to explore survivor, caregiver (mother), and family functioning predictors of the caregivers' perceived competence.

Methods: A model of Perceived Competence for Caregivers of Brain Tumor Survivors guided the study hypothesis: caregiver health; survivor health; and, family functioning directly contribute to caregiver demands that, in turn, contribute to caregiver competence. Telephone interviews using structured self-report questionnaires were conducted in this cross-sectional study with a sample of 186 caregivers. Structural equation modeling (SEM) was used to assess the hypothesized model.

Results: The final SEM model suggests that survivor health and family functioning directly predict caregiver competence. Caregiver health indirectly predicts caregiver competence through caregiver demands and then family functioning. Family income directly predicts family functioning. The model showed adequate fit (CF I= 0.905, TFI = 0.880 and RMSEA = 0.081). All the paths are significant with $p < 0.01$ except the effect of income on family functioning, which is borderline significant with $p = 0.052$. Overall the model accounted for 45% of variance in caregiver competence.

Conclusions and Implications: We recommend reducing caregiver demands and improving family functioning through family-based interventions that support improvement in caregiver competence.

Example of Qualitative Abstract

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Title:

From Sadness To Action: Fathers' Reflections on Parenting Young Children With Type 1 Diabetes

Abstract: (Your abstract must use 11pt Arial font and should be no longer than 300 words. The Abstract document must be submitted as word 97-2003 document.)

Background and Purpose: Mothers have described their role in the day-to-day management of their children diagnosed with Type 1 Diabetes (T1D) and the emotional stress experienced. However, fathers also play an important and powerful role in nurturing and supporting these children. Therefore, the purpose of this study was to describe how fathers of children with T1D dealt emotionally with the new diagnosis, how they learned the care, and what types of strategies they used to incorporate illness management into their daily lives.

Methods: A qualitative descriptive design was used with open-ended in-depth interviews of purposively selected involved-in-care fathers (14 fathers, 16 interviews) who had at least one young child (2-8 years old) with T1D. Qualitative content analysis was used.

Results: Fathers' data revealed 6 themes: 1) "Shock and awe" (after the diagnosis); 2) followed by their quick response to the situation and learning the care: "suck it up and do it"; 3) "staying in the loop" (in regards to practicing the skills, tasks, and responsibilities associated with diabetes management); 4) "partnerships in care" (sometimes referred to as tag teaming or co-parenting); 5) "motherly fathers" (descriptions of their involvement in parenting their children), and finally, 6) "my mantra for living with it: Child 1st, diabetes 2nd." Descriptions and illustrations of each theme will be presented as well as strategies fathers used to help them deal with the diagnosis and illness management.

Conclusions and Implications: Fathers' experiences and recommendations are being incorporated into a father mentor intervention for young children newly diagnosed with T1D.

Example of Measurement Abstract

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Title:

Examining Contextual Challenges and Strategies in Measurement in Family Research

Abstract: (Your abstract must use 11pt Arial font and should be no longer than 300 words. The Abstract document must be submitted as word 97-2003 document.)

Background and Purpose: Development of family measurement approaches involves rigorous testing. Once a measure has established reliability and validity, its use can skyrocket. However, reliability and validity may not transfer across populations. Re-testing with different populations, including instrument translation and back-translation, is a standard approach to such dilemmas. Yet such effort may be inadequate when meaning can differ across groups and changes over time can render items out-of-date. The purpose of this presentation is to examine issues, challenges, and strategies when context, culture, and time affect measurement in family research.

Methods: Exemplars of measurement approaches are used to illustrate how context, culture, and time can affect reliability and validity. Selected measurement approaches are discussed to illustrate how even widely used techniques and instruments with established reliability and validity can pose challenges for use across populations.

Results: Challenges are identified from a review of measurement approaches. Exemplars illustrate strategies for adapting revising measures as well as adapting individual items. For example, established family measures may not be applicable to specific populations due to particular influences of context such as in studies of family reunification involving mothers after release from prison and their children. Another exemplar is the challenge of setting clear definitions of a clinical condition that reflects a family perspective. For example, family members' perspectives that may not match the views of health care professionals can affect definitions of severity of disability. Examples of emerging approaches to online research are explored that have potential for being more nimble than traditional research approaches in responding to fast-paced technological changes such as widespread smart phone adoption and communication via social networking.

Conclusions and Implications: Strategies are proposed regarding minor versus major adjustments to established instruments and re-testing. Issues in cross-cultural measurement are examined, and mixed method strategies proposed.