



**15<sup>th</sup> International Family Nursing Conference (in Virtual Format)**  
**Family Nursing Throughout the Life Course**

Pre-conference Workshops Wednesday, June 23, 2021 | Thursday, June 24, 2021  
 Conference Monday, June 28, 2021 - Friday, July 2, 2021

International Family Nursing Association [www.internationalfamilynursing.org](http://www.internationalfamilynursing.org)

# Writing a Winning Abstract:

A WALK THROUGH THE ABSTRACT SUBMISSION PROCESS  
 WITH OUR INTERNATIONAL NURSING COLLEAGUES

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## Presenters:



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## Conference Planning Committee Co-Chairs



*June Horowitz, PhD, RN, PMHCNS-BC, FAAN*  
 Professor and Associate Dean for Research  
 University of MA, Dartmouth, USA



*Veronica Swallow, PhD, MMedSci, BSc(Hons) Nursing, RGN, RSCN*  
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## Welcome!



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# Plan

- Brief introduction to the conference
- Nuts and bolts of abstracts
  - Review abstract sections
  - Give examples
  - Review sample abstracts
  - Tips for success
- Review online submission process
- Questions and answers, dialogue

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## 15<sup>th</sup> International Family Nursing Conference

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*In Virtual Format*  
**Family Nursing  
Throughout the Life Course**

108 Penny Bridge Dublin, Ireland

Pre-conference Workshop  
Wednesday, June 23, 2021 | Thursday, June 24, 2021

Conference  
Monday, June 28, 2021 - Friday, July 2, 2021

Sponsored in Part By:  
International Family Nursing Association  
www.internationalfamilynursing.org  
The official meeting of the  
International Family Nursing Association

DCU  
DUBLIN CITY UNIVERSITY  
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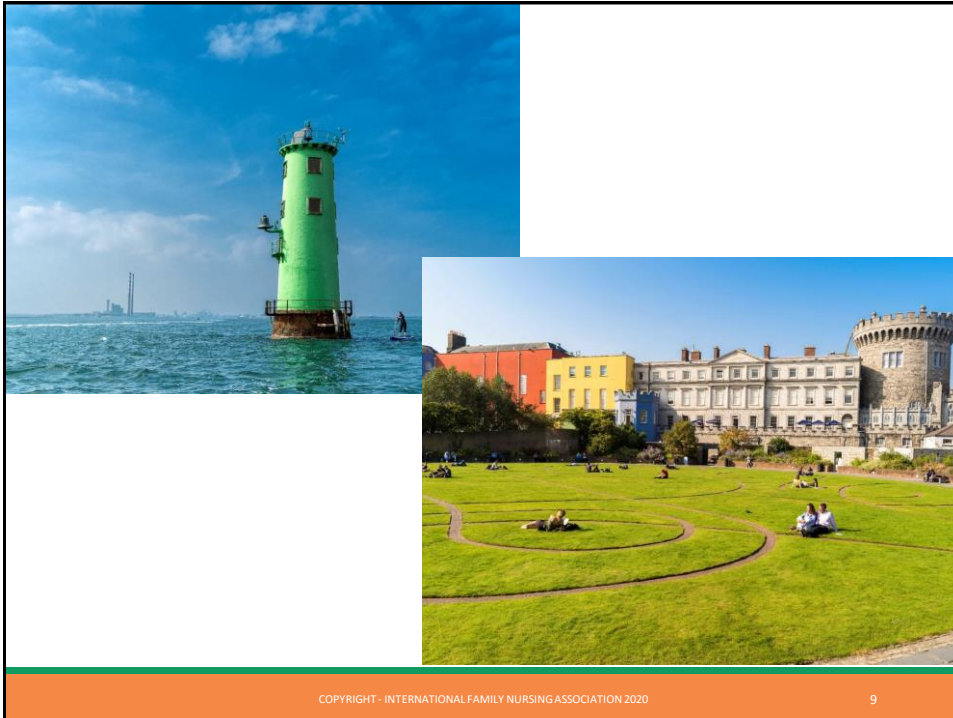
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## Important dates

Submission deadline for Abstracts for podium/paper presentations  
**Monday, October 26, 2020**

Notification of abstract submission status  
**Tuesday, December 1, 2020**

Call for reviewers  
**Monday, October 5, 2020-Friday, October 16, 2020**

Conference registration begins  
**TBD**

Pre-Conference Workshops  
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Conference Dates  
**Monday, June 28, 2021 – Friday, July 2, 2021**

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## IFNA Office/Conference Website

Visit the IFNA Website frequently for Conference Updates at

<http://internationalfamilynursing.org/>

The IFNA Administrative Office is always able to offer assistance or answer any questions.

Debbie Zaparoni



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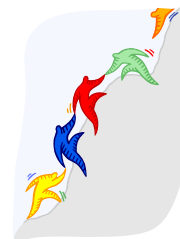
## Purpose

To walk through the process of abstract development and submission

- Title, background and purpose, methods, results, conclusions/implications

To create an excellent abstract for submission to varied conferences

To help you be a more astute reviewer

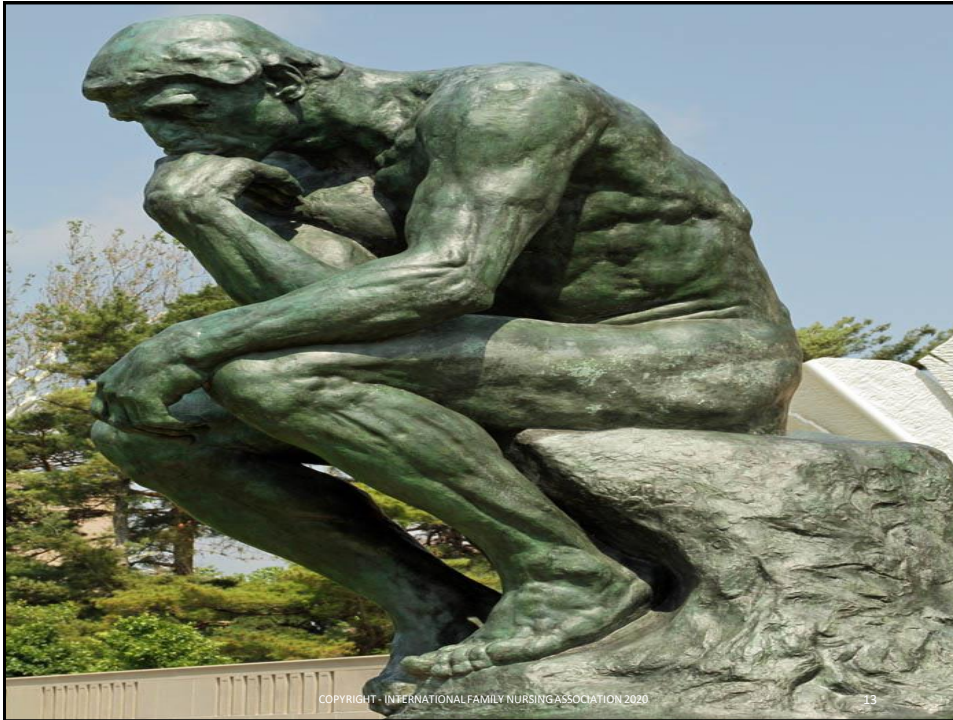


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## Contemplate for the 7 Cs

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Concise  
Comprehensive  
Clear  
Cohesive  
Compelling  
Convincing  
Curb appeal

Why? → “Carefully Crafted abstract!”

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## Why present?

- Early dissemination and broad dissemination
  - Timing issues?
- Jump start a manuscript
- Opportunity for feedback → stronger manuscript
- Ideas for next steps
- Networking (e.gs.)
  - Employers
  - Post-doc opportunities
  - Collaborators
  - Interdisciplinary colleagues
- Get known!
- Finances too!



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## What to present?

- Possibilities: research, methodological paper, clinical, educational, quality improvement projects, EBP projects, reviews, policy-related work.
- Full study or part?
- Completed work for paper/poster? What works best?



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## Paper versus poster or either?

- Consider
  - Level of experience
  - Project itself (completed or in progress)
  - Professional goals
  - Personal preference
  - Other considerations



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## Planning presentations with your team

- Where?
- Who?
- Why?
- When?
- In-person or virtual?
- Other considerations?

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## Do your homework about the conference

- Predatory conference?
- Fit with conference theme and objectives?
- Fit with audience?
- Criteria for review?
- Requirements re past presentations, pubs?
- Time allotted—what is realistic to present?
- Specifics of paper vs. poster presentation? Can you choose both?

## Abstract parts: Title

- Portray what is in abstract
- Appealing, maybe catchy, but not obscure
- Concise

**Example:** *Exploration of Individual and Family Predictors of Community Reintegration in Returning Military Veterans with Traumatic Brain Injury who are Returning from War*

**Better:** *Factors related to Community Reintegration in Veterans with Traumatic Brain Injury: The Key Role of Depression*

## Background and purpose

- Hook: Why is this work important, compelling?
- Brief—2 to 3 sentences
- Gap in knowledge, significance
- Example:



Postpartum depression (PPD) affects 10-15% of women and negatively affects maternal-infant interaction and infant development. Yet little evidence exists about the efficacy of interventions to promote effective mother-infant interaction when mothers experience PPD.

Therefore, the purpose of this study was to...

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## Purpose

Purpose statement should be explicit and follow logically.

Example:

...to test the efficacy of the relationship-focused behavioral coaching intervention, Communicating and Relating Effectively (CARE), in increasing maternal/infant relational effectiveness between depressed mothers and their infants during the first 9 months postpartum (Horowitz et al., 2013).

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## Background

Traumatic brain injury (TBI), now recognized as a major problem in military and civilian populations, creates many challenges for families as well as for patients. Few intervention studies have considered both the needs of the person with TBI and his family and included both in the intervention process. To address this gap, we designed an innovative intervention for veterans with TBI and families—the Veterans' In-home Program (VIP)—targeting veterans' environment, delivered in veterans' homes, and involving their families.

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## Purpose

In this paper, we report on VIP's acceptability to family members and efficacy in improving their well-being, operationally defined as mood, caregiver burden, and caregiver satisfaction at follow-up (3-4 months after baseline).

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## Conceptual model or theoretical framework

- Identify model or framework if used
- Needs to fit with your concepts and variables
- Can incorporate in purpose/background
- Example

Purpose and Background:...Predictors of community reintegration after TBI have received limited attention and are poorly understood.

To address this knowledge gap, an ecological framework was used to examine individual and family factors likely to be predictive of community reintegration, including physical functioning, depressed mood, quality of the relationship with family members, and sociodemographic characteristics.

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## Methods: Quantitative

- Design - increases clarity (e.g., randomized clinical trial, descriptive...)
- Sample
  - Number of subjects, who they are, sampling method
  - Characteristics (may also be in Results)
- Setting
  - Where subjects were recruited from
- Procedures
  - How data were collected (e.g., electronic or paper survey, observation, or video recording)
  - Intervention description
- Instruments
  - Name them, link to variables
- Analyses
  - Primary approach only (can be inferred from results)
  - One sentence maximum or blend with other sentence

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## Methods for RCT – example

Methods: In this randomized controlled trial, veterans and family members were interviewed in their homes at baseline and then randomly assigned to VIP or the control condition. The VIP intervention, guided by the person-environment fit model, consisted of 6 home visits and 2 phone calls delivered by occupational therapists over 3-4 months. The control condition consisted of usual clinic-based care and 2 phone calls. Standardized outcome instruments for family members included the CES-D (for depression), the Caregiving Appraisal Scale (for burden and satisfaction), and 3 acceptability measures.

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## Methods for correlational study – example

Methods: Baseline data were collected as part of a larger RCT that evaluates the efficacy of an in-home intervention for Veterans with TBI and their families. Standardized instruments included the Brief Community Reintegration Scale (CRIS), the CES-D (for depression), the SF-36V (for functional status), the Quality of Relationship with Family Member, and a sociodemographic questionnaire. Baseline pre-intervention data from 83 Veterans with mild to moderate TBI (mean age=40.5,  $SD=13.2$ ; 92% male; 54% White) were used in a multiple regression analysis, regressing CRIS scores on scores from the CES-D, the SF-36V physical functioning component subscale, quality of relationship with the closest family member, and sociodemographic characteristics (age, race, gender).

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## Methods: Qualitative

- Design (e.g., qualitative descriptive, ethnography)
- Participants
  - How selected, e.g., purposive sampling
- Setting
- Approach
  - Type of data (e.g., transcriptions, field notes)
  - Data collection (e.g., focus group, interview, observation)
- Analysis
  - E.g., Content analysis, analysis appropriate to match design, criteria for rigor

## Methods for qualitative study - example

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 conducted.

## Methods: Clinical, Educational, or QI Focus

- Problem
- Setting and participants (place, country)
- Approach
  - What was done?
  - Description of the components of project
- Evaluation methods



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## Methods: policy-related paper

- Describe how policy informed (or influenced) a family research study, education or clinical program. Describe the research, education, or practice and policy relationship and how the findings were a source of solutions for families and could be used to inform policy makers. Describe how health or social policy was applied/used in research, education or practice

“This study utilized a descriptive content analysis to examine and code sources of data from HPV-Vaccine related bills. The NCSL was consulted as a beginning search source...that organizes all bills that are related to HPV vaccination. Individual bills were read and abstracted to determine the type of legislation based on a priori legislative codes” (Keim-Malpass et al., 2017).

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## Methods: Policy-related paper

- Describe how policy informed (or influenced) a family research study, education or clinical program.

“The goal of this study was to examine the effect of palliative care policy on hospice utilization for children and their families...Using 2007 and 2010 California Medicaid data, a difference-in-difference analysis was conducted to analyze hospice use data changes for children who resided in pediatric policy counties versus those that did not...” (Lindley, 2017).

## Methods: Policy-related paper

- Describe how policy informed (or influenced) a family research study, education or clinical program.

“We conducted a conceptually-based literature review and critical analysis of the Center for Disease Control and Prevention’s best-evidence and good-evidence HIV behavioural interventions...” (Alexander et al., 2014)

## Results: Quantitative

- Summarize results but include statistical outcomes
- Include numbers and statistical results (e.g., %,  $p$  value, coefficients,  $R^2$ , confidence intervals)
  - Higher maternal depression was associated with lower family functioning ( $r = -.54, p < .05$ )
  - Depression was the sole predictor of community reintegration (Beta =  $-.399$ , SE =  $-.023$ ,  $t = 2.657$ ,  $p < .01$ ); veterans with more depressive symptoms had lower community reintegration. **No sociodemographic, physical functioning, or family relationship factors were associated with community reintegration independently of depressed mood. (could delete this)**

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## Results: Qualitative

- Identify categories/themes as appropriate for approach

**Example:** *Fathers' data revealed six themes: 1) "Shock and awe"; 2) followed by quick response to the situation and learning the care: "suck it up and do it"; 3) "staying in the loop"; 4) "partnerships in care"; 5) "motherly fathers"; and finally 6) "my mantra for living with it : Child 1st, diabetes 2nd."*



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## Methodological Paper

- What methodological issue is addressed? And why?
- Describe approach to discuss issue
- Strategies used in studies
- Examples
  - Validation of instrument with new population
  - New way to code data or measure interaction
  - Methodological challenges with specific groups and strategies to manage
  - Dyadic analysis

## Methodological paper - example

**Background & Purpose:** Measurement of interaction is a methodological challenge in family research. Investigators often measure mothers' perceptions of interactions, especially in research involving infants, and subsequently infer that individual level data reflect the nature of the maternal-infant relationship. The purpose of this paper is to examine an alternative approach of direct observation and coding of dyadic maternal-infant interaction illustrated with two study examples.

## Conclusions/Implications

- 1 to 3 sentences
- Do not restate findings
- No great leaps
- Stick to findings, relate to purpose
- Broad statements NOT helpful
  - There is a need for more research.
  - Implications of this study for nursing will be discussed.
- Explain how your findings advance knowledge, implications for practice, education, policy.



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## Conclusions/ Implications - Example

PPD screening is a viable approach to identify women who are at-risk for depression and comorbid mental health disorders. Standardized interviews following screening can validate PPD or other current and past disorders. Thus universal PPD screening followed by selective diagnostic interviews is proposed as an effective and efficient approach for identifying PPD and comorbid conditions.



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## Conclusions/Implications - Example

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Conclusions: VIP represents the first evidence-based intervention that considers both the veteran with TBI and the family. VIP had a significant impact on family member well-being and thus addresses a large gap in previous research and services for families of veterans with TBI.

## Common mistakes

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- Grammatical errors, lack of clarity
- Not following submission guidelines
- Excessive jargon
- Mixing of tenses
- Overdoing background → less details in methods, results
- Overdoing details in any section → other sections suffer
- Implications are too weak or too strong (beyond data)

## Tips for Success

- Start early for development and review
- Write each section first, check word count
- To shorten, go word/sentence by word/sentence with a scalpel!!!
- Go for balance in each area
- Use active voice if possible
- Spell out abbreviations the first time, limit them
  - Conventional abbreviations: e.g., M, F, =, <, >
- Peer and mentor review
- Avoid overly broad statements such as
  - Results will be presented.
  - Implications will be addressed.
- Seek editorial assistance

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## Online submission asks for:

- |   |  |
|---|--|
| ▪ Title   | ▪ Family stage (options given)   |
| ▪ Abstract (300 words)                              | ▪ Content area (options given)   |
| ▪ Approval (by all authors)                         | ▪ Presentation type preferred <ul style="list-style-type: none"> <li>▪ Oral podium presentation, poster presentation, or either</li> </ul> |
| ▪ Credited (all contributors are credited)          | ▪ Alternate contact  |
| ▪ Human subjects approval (obtained)                | ▪ Bio (50 – 75 words for presenter for intro)  |
| ▪ Credentials/degrees (for all authors)             | ▪ IFNA membership (agree to join if presenter)   |
| ▪ Affiliations (for all authors)                    | ▪ Registration (one author will register in full to present)   |
| ▪ Authors (all names)                               | ▪ Author confirmation (confirm all info is correct)  |
| ▪ Categories (family research, practice, education) |  |

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## Checklist before submission

- Abstract reviewed by mentors/others and refined?
- Sought editorial assistance?
- Followed abstract instructions?
- Have credentials and affiliations for all authors? Do I need other author info?
- Have short bio statement for presenter?



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## Important notes:

**Do NOT enter author and institution information.** You will be able to enter this information online when you submit the abstract.

**Abstract text is limited to 300 words.** (Note: Author and institution information should not be included in the abstract.)

**If accepted, your IFNA Membership must be active / current with your dues paid.**

**Abstracts need to address family,** whether it be individuals within the context of family or the family as a whole.

If you are **submitting more than one abstract, you should use the same email address and password** for each abstract. **As a 1<sup>st</sup> Author you can only be accepted for ONE oral and ONE poster session.**

A submission is required to be considered for all papers and posters.

**Oral presentations length will be 12 minutes with 3 minutes for Questions & Discussion**

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

**Abstract: (Your abstract must use Normal style. Do not enter author details)**

**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 (CFI = 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:** We recommend reducing caregiver demands and improving family functioning through family-based interventions that support improvement in caregiver competence.

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#### Expectations for Support in Parenting a Child with Life-Threatening Illness: A Secondary Analysis

**Background and Purpose:** Childhood life-threatening illness (LTI) transforms families and challenges them along both the normative processes of parenthood and the extraordinary circumstances of LTI. Provision of meaningful and fitting support can shape how parents view the illness experience and, subsequently, how the family functions over the illness trajectory. The purpose of the study was to describe and explain parental expectations of health care provider support for parenting roles and achievement of parenting goals during childhood LTI. Additionally, we sought to describe and explain how healthcare providers influenced parents' perceived demands and capabilities.

**Design and Methods:** Secondary analysis of data derived from a qualitative descriptive study, guided by Patterson's Family Adjustment and Adaptation Response Model. Data included semi-structured interviews with 31 parents of hospitalized children with LTI.

**Results:** Three themes emerged from thematic analysis of the data, including, "Help us survive this," describing instrumental support families desired to preserve their family; "Let's fight together: please fight with me, not against me, to care for my family," describing parents' desire for recognition of the intense work of caring for both the ill children and healthy siblings; and "Guide me through the darkness: I am suffering," describing parents' desire for support through the negative emotions and challenges associated with parenting in LTI.

**Conclusions:** Parents are distressed and grapple with conflicting feelings around fulfilling the normative role of parenting not only their ill child, but also their healthy children. They must also negotiate the extraordinary role expectations created by the LTI. Parents want and deserve support from healthcare providers, institutions, and communities that diminishes their isolation and perceived demands, yet enhances their capabilities and strengths. Nurses and other healthcare providers can support growth in their roles as parents and care providers as they change over the course of childhood LTI.

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

**Abstract:** (Your abstract must use Normal style. Do not enter author details)

**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 1<sup>st</sup>, diabetes 2<sup>nd</sup>." 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.

## Questions and Answers



Thank you to our family nursing and family  
health colleagues around the world.

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