First Contact Sculpture
Noongar Artist,
Laurel Nannup

17th International Family Nursing Conference
Promoting Family Strengths Globally in Challenging Times
Tuesday, June 17, 2025 - Friday, June 20, 2025
Crown Perth | Perth, Australia

IFNA

Call for Abstracts
Abstract submissions will be accepted through
Friday, September 13, 2024 at 12:00pm EDT (New York)

Please READ these instructions carefully

We are pleased to announce the Call for Abstracts for the 17th International Family Nursing Conference, "*Promoting Family Strengths Globally in Challenging Times*". The conference will be held **Tuesday, June 17 – Friday, June 20, 2025** in Perth, Australia.

Presentations that demonstrate state of the science family-related research, education, and evidence-based practice projects or papers that address the intersection of family health and policy are invited. Presenters are expected to provide information, strategies, and/or tools relevant to family researchers, educators, clinicians, and/or policy makers to advance their work. **Your submission should align with or achieve one or more of these Objectives.**

Objectives
At the end of the conference, attendees should be able to:

- **Education:** Promote Family Strengths globally through family nursing education for students and professionals.
- **Practice:** Advance family health practice and models of care to promote family strengths during challenging times.
- **Research:** Examine the body of research evidence and advance emerging methodologies to enhance family strengths during challenging times.
- **Policy/Leadership:** Enhance leadership of family nurses to promote family health policy globally.

For more information, visit the IFNA Website
https://internationalfamilynursing.org/

Instructions for abstracts for oral and poster presentations:
(Sample Abstracts are included below)

1. *Abstracts for podium/oral presentation will only be accepted for in-person presentation in Perth, Australia. Abstracts submitted for Poster presentation can be considered/accepted for in-person or virtual presentation.*

2. **IFNA will offer an asynchronous virtual option for IFNC17.** If accepted for a Podium presentation, you will be required to submit a video recording of your presentation. Video recordings will only be released after your in-person podium presentation in Perth.

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

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

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

6. Abstracts are required to be considered for all papers and posters.

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7. **Podium/Oral presentations** will feature completed research, education, evidenced-based practice projects related to family nursing and papers that address policy. Speakers will be grouped in sessions by topic area and will present at their assigned concurrent session using PowerPoint slides. The podium/oral presentation length will be 12 minutes with 3 minutes for Questions & Discussion

8. **Poster presentations** will feature research, education, and evidenced-based practice projects with findings related to family nursing. Posters may also address policy. Posters will be grouped by topic areas and displayed at designated times during the conference. Authors of accepted poster abstracts must be available during the assigned session at the conference to allow for dialogue with participants.

Abstract guidelines:

Abstracts must be submitted in English and online (via Oxford Abstract System). 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.

Sample Abstracts are included below.

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

A. **Preparation of Your Abstract**

1. A "blind" review / selection process will be used. <u>No identifying features</u> 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. The names of authors and their affiliations (institutions) will be entered separately on-line when you submit the abstract.

2. 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**

3. Abstract must include:

   - Background and Purpose
   - Model / Framework, if used
   - Methods

      - Research:

         o Quantitative Study: Describe design, sample, setting, procedures, measures, and analyses.

         o Qualitative Study: Describe design, participants, setting, approach, and analyses.

         o Mixed / Multiple Methods Study: Describe design, sample, setting, procedures, data collection for both methods, and analyses.

      - Clinical or Educational or Quality Improvement Focus: Describe rationale, approach, and evaluation methods.
      - Methodological Focus: Describe approach to address issue and strategies used.

      - Theoretical Focus: Describe this focus and plan for addressing it.

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- Synthesis Focus: Describe plan for quantitative and/or qualitative research synthesis.

- Policy Focus: Describe how policy informed (or influenced) a family research study, education initiative or approach, or a 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.

- Results

- Conclusions and Implications: Describe the implications for practice, education, policy, theory development, and methods (as appropriate for your work).

Amending a submission

Until the submission deadline, you may change your answers to some of the questions, such as adding or deleting authors on the submission form, or even the abstract content 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 amend.

Withdrawing an abstract

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

Evaluation Criteria:
Abstracts will be blind reviewed and evaluated for their scientific merit and their relevance to family nursing research, education, practice, and innovations to advance family health.

Due dates and notification:
Abstract submissions deadline is Friday, September 13, 2024.

After your abstract is received, you will receive e-mail notification of receipt via the Oxford Abstract System. Further notification of the Committee's decision to accept or decline your abstract will be sent to you no later than Friday, November 22, 2024.

Click here to submit an abstract.

If you have any questions, please contact Debbie Zaparoni at debbie@internationalfamilynursing.org.

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Example of **Quantitative Abstract**   (Your abstract <u>must</u> not exceed 300 words.)

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

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** (Your abstract <u>must</u> be no longer than 300 words.)

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

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.

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Example of **Measurement Abstract** (Your abstract <u>must</u> be no longer than 300 words.)

Title: Examining Contextual Challenges and Strategies in Measurement in Family Research

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 and 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.