



Editorial

The Professional Meeting: Revenue Generation Versus Meaningful Dialogue

I will admit it. Perhaps I have gone to too many meetings. I am talking about meetings that are organized with the intent to gather a group together for the purposes of disseminating new information, networking, and advancing the science. These might be organizations' annual or triennial conferences or specially convened discussions around specific research or clinical topics. I am talking about the conferences at which abstracts are peer reviewed and paper presentations are scheduled alongside poster sessions and plenary addresses. In 23 years as an academic, I have been to numerous professional meetings at the local, provincial, national, and international levels. The majority of these have been related to the disciplines of nursing, family therapy, family science, psychology, or medicine. In this editorial, I am calling for a review of the ways we conduct meetings in this specialty called *family nursing* and a reexamination of ways to make our meetings more congruent with our beliefs.

Nurses, I have observed, have a strong work ethic and a preference for a high degree of structure. Most nursing meetings begin very early in the morning and run late into the evening. There is a high value placed on work, with very little time for play. Generally, we have used the basic science model for our meetings-15- to 20-minute oral presentation followed by 5 minutes for discussion. This format generally remains the same for all types of presentations, regardless of whether they are research reports, case studies, practice innovations, educational strategies, or discussions of theory. These presentations are usually organized thematically into groups of six to fill a 2-hour slot to its maximum capacity. Within each 2-hour segment of the day, there might be as few as 4 and as many as 20 different concurrent sessions. In an analysis of a recent 2 1/2-day conference, I noted that there were 420 papers presented in addition to several plenaries.

To survive the experience as a registered participant, you quickly find the hotel floor plan in the conference brochure, circle the sessions of choice, and put on track shoes to run the meeting marathon. The goal is to attend as many sessions as possible to get your money's worth. You amortize the registration fee and travel costs against the number of good sessions attended.

As a presenter, you hope to show up in the right room at the right time to present your own paper to a handful of people gathered at 4:00 in the afternoon of the last day of the meeting, looking bleary-eyed and brain-dead. After all, you likely would not attend the meeting if your paper was not accepted for presentation. You hope to get a kind moderator who gently offers a 5-minute warning rather than the type who fidgets and glares throughout your presentation, rudely interrupting as 15 minutes registers on his or her stopwatch. You watch gender differences unfold before your eyes when a male presenter is allowed by a female moderator to talk several minutes longer than the allotted time allows; the moderator apologies profusely for eventually having to interrupt him. When the audience is asked for questions, the silence is deafening. You explain the lack of response by remembering the old adage: "The mind can only absorb what the seat can endure." It is a wholly unsatisfying experience.

Where did we get the idea that a 15-minute presentation serves all topics equally well or that a 5-minute question period promotes useful dialogue? How can conference organizers escape the tyrannical influence of money and the temptation to overschedule and overstimulate in an attempt to break even or possibly to enjoy a profit? (After all, each accepted paper and poster means at least one paid registration fee.) It is time for more congruence between the values and beliefs of the discipline and the manner in which the meetings are structured.

If family nursing conferences want to attract researchers, clinicians, educators, and policy makers, then a variety of presentation formats are required. The 2-hour workshop might be a useful alternative in addition to the 20- to 30-minute paper format. Given our short history of meeting together (see Table 1), more opportunities for lively discussion, debate, and reflection need to be built into the structure of our conferences. Creative recruitment of corporate and private donors might alleviate the need to overschedule to ensure a profit.

Table 1: Significant Family Nursing Meetings

<u>Year</u>	<u>Meeting</u>
1984	Wingspread Conference: First invitational conference for 50 family nurse researchers. November 1984, Racine, Wisconsin. (Conference organized by Marie Lobo, Susan Meister, Suzanne Feetham, Catherine Gilliss, Barbara Germino.)
1986	Second Wingspread Conference. January 1986, Racine, Wisconsin.
1988	First International Family Nursing Conference, Calgary, Alberta, Canada. May 24-27, 1988, University of Calgary. (Chaired by Lorraine Wright.)
1989	National Conference on Family Nursing, Portland, Oregon. September 1989. Family Nursing Continuing Education Project, Oregon Health Sciences University.
1991	Second International Family Nursing Conference, Portland, Oregon. May 21-24, 1991, Oregon Health Sciences University; University of California, San Francisco; Montana State University; University of Washington.
1993	First International Family Nursing Research Conference, Chiba, Japan. November 5-7, 1993, Chiba University.
1994	Third International Family Nursing Conference, Montreal, Quebec, Canada. May 25-28, 1994, McGill University, University of Montreal.
1997	Fourth International Family Nursing Conference, Valdivia, Chile. November 11-14, 1997. Universidad Austral de Chile.

Given the restrictions of time and travel monies, perhaps more experimentation with meetings in cyberspace is an option to explore in the future. Attendance at a Web-site congress would be open to all and free of charge.

I hope that you are making plans to attend the International Family Nursing Research Congress organized by the University of Tampere in Finland in May of 1999 and the Fifth International Family Nursing Conference in Chicago in July of 2000 (see Calendar). Your voice is needed to advance our understanding of family functioning in health and illness and to promote nursing practice, which effectively cares for families. I

hope future meetings will find creative ways to restore balance between financing the bottom line and promoting critical dialogue.

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