Problem
Nurses have not been sufficiently educated about how to provide spiritual care to children with cancer at the end of life and require increased awareness, knowledge, and skills.

Background
Spiritual care of a child at end of life and family includes several attributes:
- Assessing the child’s spiritual needs;
- Assisting the child to express feelings;
- Guiding the child to strengthen relationships;
- Helping the child to be remembered;
- Assisting the child to find meaning;
- Aiding the child to find hope.

While spiritual care is implicit in holistic models of nursing care, gaps in knowledge and practice prevent children at the end of life and their families from receiving spiritual care.

Conceptual Framework
Actioning Spirituality and Spiritual Care Education and Training in Nursing Model
- Structure: self-reflection, integration of new knowledge into practice
- Process: self-study and application of the nursing process
- Outcomes: knowledge, competence,

Instruments
Spiritual Care Competence Scale (SCCS)
- 27-item Likert-based self-report scale
- Reliability coefficients .56-.82
- Inter-item correlations indicated a homogeneous scale

Spirituality and Spiritual Care Rating Scale (SSCRS)
- 17-item Likert-based self-report scale
- Reported reliability coefficient for instrument: .64-.71

Thank you!
This work was funded by the American Cancer Society’s Doctoral Degree Scholarship in Cancer Nursing (Grant #9124356-DSCN-13-269-01-SCN) and a Graduate Scholarship in Cancer Nursing Practice (Grant #121693-GSCNP-11-238-01-SCN).

Analysis
Specific Aim 1: RM-ANOVA evaluated the effect of the educational program on nurses’ perceived spiritual care competence (SCCS) at the 3 time points. Post hoc analysis: Bonferroni correction.

Specific Aim 2: Repeated measures ANOVA evaluated the effect of the program on nurses’ knowledge and attitudes about spiritual care (SSCRS) at the 3 time points with Bonferroni correction.

Specific Aim 3: Regression analysis determined if change in nurses’ attitudes towards and knowledge of spiritual care predicted change in perceived level of spiritual care competence
- Relationship was statistically significant, $r = .32, p = .001$
- $Y' = 11.93 + .62X$
- 95% Confidence Interval (.25-.99)