

V — Spiritual and values

6 statements · Recommended tool: CP-SPIRIT Spiritual & Values Check · Validated scales: FICA spiritual screen

V1 Struggling with meaning, faith, or purpose

Group: Spiritual and values | Type: Actual problem

Definition: The person questions meaning, belief, or purpose during illness or loss.

Possible causes: Serious illness; loss; suffering; doubts about faith

Signs and symptoms: Asks why me; feels empty; loss of faith; anger at God

Scenario. After a cancer diagnosis, a woman questions her faith.
S: "Why is God doing this to me?"
O: Cancer diagnosis; tearful; stopped prayers; withdrawn.
Tools: CP-SPIRIT · FICA spiritual screen ****CarePath diagnosis:**** Struggling with meaning, faith, or purpose related to serious illness, as evidenced by asks why me and feels empty. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Listen without judging. | Listening without judging lets the patient voice doubts and anger safely, and being heard is itself comforting when a person is questioning faith and purpose. | | Offer presence. | Simply being present tells the patient she is not alone in her suffering, which matters most when there are no easy answers to why-me questions. | | Offer a chaplain. | A chaplain is trained in spiritual care and can explore faith questions in depth, which is beyond what the nurse can offer alone. | | Support rituals. | Familiar rituals such as prayer, readings or symbols can bring comfort and a sense of continuity, so supporting them helps the patient reconnect with sources of strength. | | Allow expression. | Letting her cry, question or be angry prevents bottled-up distress and shows that her feelings are acceptable, which is a first step toward finding meaning. ****Expected outcomes**** - Expresses feelings. - Finds one source of meaning or comfort within days. - Accepts chaplain support. ****Linking the data to the diagnosis**** After a cancer diagnosis, the woman asks, "Why is God doing this to me?" She is tearful, has stopped her prayers and is withdrawn, and she feels empty. These data fit struggling with meaning, faith, or purpose because the distress is about belief and purpose rather than only sadness or fear of the illness. Her questioning is already present, so this is an actual problem, not a risk. The plan aims for her to express her feelings, find at least one source of meaning or comfort within days and accept chaplain support, through nonjudging listening and respect for her beliefs.

CarePath diagnosis: Struggling with meaning, faith, or purpose related to serious illness, as evidenced by asks why me and feels empty.

Intervention	Rationale
Listen without judging.	Listening without judging lets the patient voice doubts and anger safely, and being heard is itself comforting when a person is questioning faith and purpose.
Offer presence.	Simply being present tells the patient she is not alone in her suffering, which matters most when there are no easy answers to why-me questions.
Offer a chaplain.	A chaplain is trained in spiritual care and can explore faith questions in depth, which is beyond what the nurse can offer alone.
Support rituals.	Familiar rituals such as prayer, readings or symbols can bring comfort and a sense of continuity, so supporting them helps the patient reconnect with sources of strength.
Allow expression.	Letting her cry, question or be angry prevents bottled-up distress and shows that her feelings are acceptable, which is a first step toward finding meaning.

Expected outcomes: Expresses feelings. · Finds one source of meaning or comfort within days. · Accepts chaplain support.

Linking the data: After a cancer diagnosis, the woman asks, "Why is God doing this to me?" She is tearful, has stopped her prayers and is withdrawn, and she feels empty. These data fit struggling with meaning, faith, or purpose because the distress is about belief and purpose rather than only sadness or fear of the illness. Her questioning is already present, so this is an actual problem, not a risk. The plan aims for her to express her feelings, find at least one source of meaning or comfort within days and accept chaplain support, through nonjudging listening and respect for her beliefs.

V2 Conflict between care and personal beliefs

Group: Spiritual and values | Type: Actual problem

Definition: Treatment options clash with the person's values or beliefs.

Possible causes: Blood transfusion refusal; fasting; end-of-life choices; treatment limits

Signs and symptoms: Refuses care; conflict with the team; family distress

Scenario. A patient refuses a blood transfusion for religious reasons.

S: "My faith forbids a blood transfusion."

O: Refuses transfusion; family supportive; low hemoglobin.

Tools: CP-SPIRIT · FICA spiritual screen **CarePath diagnosis:** Conflict between care and personal beliefs related to blood transfusion refusal, as evidenced by refuses care and conflict with the team.

Interventions and rationale | Intervention | Rationale | |---| | Respect values. | Respecting the patient's values upholds the right to make choices about her own body and keeps trust, which is the base for any further discussion. | | Explain options and risks. | Clear information about benefits, risks and what may happen without treatment lets her make an informed choice, since low hemoglobin carries real danger. | | Involve the ethics team. | An ethics team gives neutral guidance when the team and the patient disagree, helping everyone work within ethical and legal limits. | | Document. | Careful records protect the patient's wishes and the team, and make sure all staff know her informed decision, including in an emergency. | | Look for alternatives. | Options that fit her beliefs, such as iron, medicines that help red cell production or ways to limit blood loss, may protect her health without breaking her faith. |

Expected outcomes - Informed decision documented. - Alternatives used where possible. - Patient feels respected. **Linking the data to the diagnosis** The patient says, "My faith forbids a blood transfusion." She refuses the transfusion, her family is supportive and her hemoglobin is low, with conflict with the team. This fits conflict between care and personal beliefs because a recommended treatment clashes directly with a religious value, and the clash is already causing refusal of care. It is not a knowledge problem, since the refusal comes from belief. The plan aims for an informed decision to be documented, for alternatives to be used where possible and for the patient to feel respected, using clear information, ethics support and respect for her faith.

CarePath diagnosis: Conflict between care and personal beliefs related to blood transfusion refusal, as evidenced by refuses care and conflict with the team.

Intervention	Rationale
Respect values.	Respecting the patient's values upholds the right to make choices about her own body and keeps trust, which is the base for any further discussion.
Explain options and risks.	Clear information about benefits, risks and what may happen without treatment lets her make an informed choice, since low hemoglobin carries real danger.
Involve the ethics team.	An ethics team gives neutral guidance when the team and the patient disagree, helping everyone work within ethical and legal limits.
Document.	Careful records protect the patient's wishes and the team, and make sure all staff know her informed decision, including in an emergency.
Look for alternatives.	Options that fit her beliefs, such as iron, medicines that help red cell production or ways to limit blood loss, may protect her health without breaking her faith.

Expected outcomes: Informed decision documented. · Alternatives used where possible. · Patient feels respected.

Linking the data: The patient says, "My faith forbids a blood transfusion." She refuses the transfusion, her family is supportive and her hemoglobin is low, with conflict with the team. This fits conflict between care and personal beliefs because a recommended treatment clashes directly with a religious value, and the clash is already causing refusal of care. It is not a knowledge problem, since the refusal comes from belief. The plan aims for an informed decision to be documented, for alternatives to be used where possible and for the patient to feel respected, using clear information, ethics support and respect for her faith.

V3 Ready to grow spiritually

Group: Spiritual and values | Type: Actual problem

Definition: The person wishes to deepen peace, meaning, or connection.

Possible causes: Peace; personal growth; recovery; reflection

Signs and symptoms: Wants prayer; seeks meaning; reflects on values

Scenario. A recovering patient wants time for prayer and reflection.

S: "I want time to pray and reflect."

O: Calm; asks for a quiet space; recovering; engaged.

Tools: CP-SPIRIT · FICA spiritual screen ****CarePath diagnosis:**** Ready to grow spiritually related to peace, as evidenced by wants prayer and seeks meaning. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Support practices. | Supporting her practices helps her deepen peace and connection, and recovery goes better when spiritual needs are treated as part of whole-person care. | | Arrange a quiet space. | A quiet space gives the privacy and calm needed for prayer and reflection, which are hard to find in a busy ward. | | Offer a chaplain. | A chaplain can guide and enrich her spiritual growth and offer resources, even though she is already calm and engaged. | | Respect beliefs. | Respecting her beliefs without pushing the nurse's own views keeps the patient in charge of her spiritual path and builds trust. | ****Expected outcomes**** - Has daily time for prayer. - Reports peace. - Feels supported. ****Linking the data to the diagnosis**** The recovering patient says, "I want time to pray and reflect," and she is calm, engaged and asking for a quiet space. This is a readiness to grow, not a problem, so the ready-to-grow wording fits better than a distress statement such as struggling with meaning, faith, or purpose, because she shows peace and motivation, not suffering. The plan aims to build on her strengths so that she has daily time for prayer, reports peace and feels supported, by providing a quiet space, offering a chaplain and respecting her beliefs.

CarePath diagnosis: Ready to grow spiritually related to peace, as evidenced by wants prayer and seeks meaning.

Intervention	Rationale
Support practices.	Supporting her practices helps her deepen peace and connection, and recovery goes better when spiritual needs are treated as part of whole-person care.
Arrange a quiet space.	A quiet space gives the privacy and calm needed for prayer and reflection, which are hard to find in a busy ward.
Offer a chaplain.	A chaplain can guide and enrich her spiritual growth and offer resources, even though she is already calm and engaged.
Respect beliefs.	Respecting her beliefs without pushing the nurse's own views keeps the patient in charge of her spiritual path and builds trust.

Expected outcomes: Has daily time for prayer. · Reports peace. · Feels supported.

Linking the data: The recovering patient says, "I want time to pray and reflect," and she is calm, engaged and asking for a quiet space. This is a readiness to grow, not a problem, so the ready-to-grow wording fits better than a distress statement such as struggling with meaning, faith, or purpose, because she shows peace and motivation, not suffering. The plan aims to build on her strengths so that she has daily time for prayer, reports peace and feels supported, by providing a quiet space, offering a chaplain and respecting her beliefs.

V4 Wishes about end of life unclear

Group: Spiritual and values | Type: Actual problem

Definition: The person has not decided or shared their wishes about end-of-life care.

Possible causes: No advance directive; unclear values; denial; family conflict

Signs and symptoms: Avoids the discussion; unsure choices; conflicting statements

Scenario. An older man has not told his family whether he wants resuscitation.

S: "I haven't told my family what I want."

O: Avoids talking about end of life; family unsure; no advance directive.

Tools: CP-SPIRIT · FICA spiritual screen ****CarePath diagnosis:**** Wishes about end of life unclear related to no advance directive, as evidenced by avoids the discussion and unsure choices. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Open the conversation gently. | A gentle opening in a private moment lowers the fear that makes people avoid this topic and invites him to share what matters to him. | | Explain options. | Plain explanation of options such as resuscitation, comfort care and directives helps him understand what each choice means before deciding. | | Document wishes. | Written records of his wishes make sure the team and family can follow them if he cannot speak for himself later. | | Involve family. | Including family, with his permission, helps them understand his choices and lowers the risk of conflict or guilt when decisions must be made. | | Follow policy. | Following facility policy and law ensures that directives are valid, properly witnessed and available to every team member who needs them. | ****Expected outcomes**** - States wishes. - Advance directive completed. - Family informed. ****Linking the data to the diagnosis**** The older man says, "I haven't told my family what I want." He avoids talking about end of life, his family is unsure and he has no advance directive. This fits wishes about end of life unclear because his choices on resuscitation are not stated or recorded, and the lack of a directive is the clear cause. The problem exists now, so it is an actual diagnosis. The plan aims for him to state his wishes, complete an advance directive and inform his family, by opening the conversation gently, explaining options and following policy.

CarePath diagnosis: Wishes about end of life unclear related to no advance directive, as evidenced by avoids the discussion and unsure choices.

Intervention	Rationale
Open the conversation gently.	A gentle opening in a private moment lowers the fear that makes people avoid this topic and invites him to share what matters to him.
Explain options.	Plain explanation of options such as resuscitation, comfort care and directives helps him understand what each choice means before deciding.
Document wishes.	Written records of his wishes make sure the team and family can follow them if he cannot speak for himself later.
Involve family.	Including family, with his permission, helps them understand his choices and lowers the risk of conflict or guilt when decisions must be made.
Follow policy.	Following facility policy and law ensures that directives are valid, properly witnessed and available to every team member who needs them.

Expected outcomes: States wishes. · Advance directive completed. · Family informed.

Linking the data: The older man says, "I haven't told my family what I want." He avoids talking about end of life, his family is unsure and he has no advance directive. This fits wishes about end of life unclear because his choices on resuscitation are not stated or recorded, and the lack of a directive is the clear cause. The problem exists now, so it is an actual diagnosis. The plan aims for him to state his wishes, complete an advance directive and inform his family, by opening the conversation gently, explaining options and following policy.

V5 Fear of dying

Group: Spiritual and values | Type: Actual problem

Definition: Strong fear or distress about death or the dying process.

Possible causes: Terminal illness; the unknown; unfinished matters; pain

Signs and symptoms: Anxiety; sleeplessness; talks of dying; clinging

Scenario. A dying man says he is terrified of what comes next.

S: "I'm scared of what comes next."

O: Terminal illness; sleepless; anxious; talks about dying.

Tools: CP-SPIRIT, CP-MIND · FICA spiritual screen, PHQ-9, GAD-7, C-SSRS ****CarePath diagnosis:**** Fear of dying related to terminal illness, as evidenced by anxiety and sleeplessness. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Listen. | Listening allows him to say what frightens him most, and naming fears often makes them feel less overwhelming. | | Stay with the patient. | Staying with a dying patient prevents isolation and gives comfort, because fear usually grows when a person feels alone. | | Control symptoms. | Pain, breathlessness and other symptoms add to fear and sleeplessness, so good symptom control helps him feel safer and rest. | | Offer spiritual support. | Spiritual care may help him face the unknown and gives access to rituals or beliefs that give meaning and peace at the end of life. | | Reassure that he is not alone. | Hearing that he will not be left alone calms the fear of abandonment, provided the nurse and team really do stay available. | ****Expected outcomes**** - Reports less fear. - Has support present. - Symptoms controlled. - Accepts spiritual care. ****Linking the data to the diagnosis**** The dying man says, "I'm scared of what comes next." He has a terminal illness, is sleepless, anxious and talks about dying. These data fit fear of dying because the fear is aimed at death and the dying process, and it is already causing anxiety and lost sleep, so it is actual. It is more specific than general anxiety. The plan aims for him to report less fear, to have support present, to have symptoms controlled and to accept spiritual care, through listening, staying with him and offering reassurance that he is not alone.

CarePath diagnosis: Fear of dying related to terminal illness, as evidenced by anxiety and sleeplessness.

Intervention	Rationale
Listen.	Listening allows him to say what frightens him most, and naming fears often makes them feel less overwhelming.
Stay with the patient.	Staying with a dying patient prevents isolation and gives comfort, because fear usually grows when a person feels alone.
Control symptoms.	Pain, breathlessness and other symptoms add to fear and sleeplessness, so good symptom control helps him feel safer and rest.
Offer spiritual support.	Spiritual care may help him face the unknown and gives access to rituals or beliefs that give meaning and peace at the end of life.
Reassure that he is not alone.	Hearing that he will not be left alone calms the fear of abandonment, provided the nurse and team really do stay available.

Expected outcomes: Reports less fear. · Has support present. · Symptoms controlled. · Accepts spiritual care.

Linking the data: The dying man says, "I'm scared of what comes next." He has a terminal illness, is sleepless, anxious and talks about dying. These data fit fear of dying because the fear is aimed at death and the dying process, and it is already causing anxiety and lost sleep, so it is actual. It is more specific than general anxiety. The plan aims for him to report less fear, to have support present, to have symptoms controlled and to accept spiritual care, through listening, staying with him and offering reassurance that he is not alone.

V6 Cannot practice faith or rituals

Group: Spiritual and values | Type: Actual problem

Definition: Illness or the care setting prevents religious or spiritual practice.

Possible causes: Hospital restrictions; illness; lack of space; staff unaware

Signs and symptoms: Cannot pray; missed rituals; distress

Scenario. A hospitalized patient cannot pray five times a day.

S: "I can't pray here."

O: Misses prayer times; no clean space; distressed.

Tools: CP-SPIRIT · FICA spiritual screen ****CarePath diagnosis:**** Cannot practice faith or rituals related to hospital restrictions, as evidenced by cannot pray and missed rituals. ****Interventions and rationale**** | Intervention | Rationale | |---|---| | Ask about needs. | Asking about needs shows respect and gives the nurse accurate information, since practices differ between people and even within the same faith. | | Provide a clean space. | A clean, private space lets her pray properly, because cleanliness and privacy are often part of the ritual itself. | | Adjust schedules. | Moving care tasks away from prayer times lets her keep her practice without delaying needed treatment. | | Allow religious items. | Religious items such as a prayer mat, scripture or beads are part of how she practices, and allowing them supports comfort and identity. | | Respect prayer times. | Protecting prayer times shows the team values her faith and prevents the distress that comes from repeatedly missing a core practice. | ****Expected outcomes**** - Prays at needed times in a suitable space. - Reports feeling respected. - Care schedule adjusted. ****Linking the data to the diagnosis**** The hospitalized patient says, "I can't pray here." She misses prayer times, has no clean space and is distressed, since she cannot pray five times a day. This fits cannot practice faith or rituals because the barrier comes from the hospital setting and restrictions, not from loss of belief, which separates it from struggling with meaning, faith, or purpose. The problem is already happening, so it is an actual diagnosis. The plan aims for her to pray at needed times in a suitable space, feel respected and have the care schedule adjusted around her prayers.

CarePath diagnosis: Cannot practice faith or rituals related to hospital restrictions, as evidenced by cannot pray and missed rituals.

Intervention	Rationale
Ask about needs.	Asking about needs shows respect and gives the nurse accurate information, since practices differ between people and even within the same faith.
Provide a clean space.	A clean, private space lets her pray properly, because cleanliness and privacy are often part of the ritual itself.
Adjust schedules.	Moving care tasks away from prayer times lets her keep her practice without delaying needed treatment.
Allow religious items.	Religious items such as a prayer mat, scripture or beads are part of how she practices, and allowing them supports comfort and identity.
Respect prayer times.	Protecting prayer times shows the team values her faith and prevents the distress that comes from repeatedly missing a core practice.

Expected outcomes: Prays at needed times in a suitable space. · Reports feeling respected. · Care schedule adjusted.

Linking the data: The hospitalized patient says, "I can't pray here." She misses prayer times, has no clean space and is distressed, since she cannot pray five times a day. This fits cannot practice faith or rituals because the barrier comes from the hospital setting and restrictions, not from loss of belief, which separates it from struggling with meaning, faith, or purpose. The problem is already happening, so it is an actual diagnosis. The plan aims for her to pray at needed times in a suitable space, feel respected and have the care schedule adjusted around her prayers.