Abraham Maslow’s Hierarchy of Needs

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Abstract

As any living breathing person, or animal, there is needs, basic needs like eating and drinking, then more complex needs like those of self – actualization. In this research report we investigate the five structural levels of Abraham Maslow’s Hierarchy of Needs. How does it apply and comply with the rules or guidelines for those in the medical field? What does each one mean and how it applies to those working with anyone who needs assistance with anything: possibly feeding themselves has become a challenge and they need guidance or simply help with getting the task done.
Hierarchy of Needs. The hierarchy of Needs was created by Abraham Maslow and has been translated into various fields of study, and in their professionalism. Maslow's hierarchy of needs goes from basic needs; those to go on with daily life, and to those of self-actualization; realizing one's self-worth and potential. There are five structural levels to the Hierarchy; Physiological, consisting of food, water, shelter and warmth. Safety; which is the word itself providing security, stability, and freedom of fear itself. Belonging; simply put, love, either of family, friends, or a spouse. Self-esteem being the next stage; includes achievement, mastery, recognition, and respect. And finally the highest of the levels, self-actualization, this is the point where one is happy with themselves and their inner talents; they wish to pursue and want more fulfillment.

Physiological Needs. Physiological needs are what people's bodies need in order to function, this need comes before all the others; it consists of feeding the body and providing that body with protection. Some elderly people need help with this very basic need and therefore not allowing their other needs above the physiological level to be met. Depression is not uncommon in these types of situations, furthering the other structural levels even farther from reach. Many of the elders who cannot meet this basic need are turned into a Long Term Care Facility (LTCF). Part of the Nursing assistants' role is to encourage “residents to eat and drink,” this will be “an important part of [their] job.” (Susan Alvare Hedman Jetta Fuzy, 2010) Therefore this being one of the first levels of attention needed to be met by those care givers in the facility who are meant to assist, and aid the elderly so they can accomplish that first basic need.

Safety Needs. The second need is safety, this concept of feeling protected and free of fear is essential in the LTCF's, and elder citizen needs to be aware that they are not going to be put in or around harmful situations. Everyone has these needs, the elderly most importantly;
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along with young children, could be scared of speaking out to someone about because they’re scared that they will be treated even worse. In the medical field there are mandated reporters, this is unlike ethics; with what should be done, but it’s the LAW. Possible signs of abuse can include: refusal of care, poorly fitting clothing, unanswered call lights, uneaten food, and even dehydration. All care team members are “responsible for residents’ safety,” therefore if there is anything causing a patient fear or any sign that leads a member to believe there is something wrong, perhaps abuse, even if it’s not physical, it MUST be reported, that is intolerable. (Susan Alvare Hedman Jetta Fuzy, 2010) Some physical precautions members need to take would include using the safety breaks or locks on anything with wheels. A bed, wheel chair, and a four wheeled walker which has a seat for the patient to sit down if needed, these breaks or locks will play a major role in preventing injuries and helping the residents feel safe and out of harm’s way. As a member it is the mandatory duty that the patient is reassured that nothing threatening will happen through filing a report and that not of the staff (if they’re the one abusing- neglect perhaps) will retaliate and have anger towards that resident because everyone has a right to feel safe and after all “fear hinders one’s ability to move on to the more advanced platforms of Maslow’s pyramid.” (Poston, 2009)

**Love Needs.** The third level of Maslow’s Hierarchy of Needs is belonging, or love, from family, friends, spouse even. When someone feels like they’re not loved they’re never going to get to the highest point of self actualization because acceptance plays a big role and has a great impact on a person’s life. For instance, and elderly couple who no longer have the strength to be in their own home; they move into a LTCF where they can get the 24 hour service they need, they’re still with the one they love, they still have that feeling of acceptance and belonging. The only real challenge is possibly remembering the staff’s names. If one partner were to pass away,
which is not an easy thing to overcome, the other still needs that sense of belonging, that reassurance that the members of the LTCF will not leave them on their own, but the exact opposite; support them. They must be “supporting and welcoming;” they need to be giving “emotional support” and need to be friendly. (Susan Alvare Hedman Jetta Fuzy, 2010)

**Esteem Needs.** This leads to Maslow’s fourth step in the Hierarchy of Needs: esteem needs. These esteem needs consist of achievement, mastery, prestige. Consider an elder who was just yesterday able to brush their hair, and all of a sudden over night, they’re no longer able to brush their hair on their own for two weeks straight. This would greatly discourage anyone, yet alone an elder. One way a care giver can, maybe, brighten their mood is by encouraging them to at least try and if one day it comes across and they’re able to brush their hair once again then that care giver must simply say congratulations, you were able to comb your hair today, and not lead them in the false light of the words “you’re getting better.” Its natural instinct, almost, for those words to want to come out of the mouth; however, they’re not the right words to use in any Care Facility because it could give false hope, and when tomorrow comes around and they can’t brush their hair again, they’ll look at it as if it was a lie. Another example of these esteem needs would be getting the resident involved in the activities that are provided at the LTCF. This way a win at BINGO can brighten their day to a much greater extent than just sitting down watching a soap opera.

**Self- Actualization.** Due to various forms or revisions of Maslow’s Hierarchy of Needs, there are the original five needs and then there are the seven or eight new acquired needs. The fifth need with Maslow’s original Hierarchy would be the self- actualization needs. These needs include “realizing personal potential, self – fulfillment, seeking personal growth and peak experiences.” (Mcleod, 2013) This means that people would be happy with how they are, and
their talents they have acquired. For residents at a LTCF this would be like winning the Bingo game, two times in a row or perhaps dressing themselves and on the road to recovery. This is the state of SELF acceptance, where the person accepts THEMSELVES.

**Fifth Need, Cognitive Needs.** In the revised Hierarchy of Needs the fifth need is cognitive needs, the wants to know and the meanings. In LTCF this is enlisted in the residents’ rights. In nurse assisting the assister cannot simply go into the patient’s room and start to grab their arm to check their blood pressure. There are steps to even this simple procedure because they have feelings and have the right to know what is being done to them. This is simply supporting the residents’ rights by always having to “explain a procedure to a resident before performing it.” (Susan Alvare Hedman Jetta Fuzy, 2010) Also before even entering the room, one must “knock and ask for permission before entering the resident’s room,” this reserves the resident’s right to privacy and respect.

**Aesthetic Needs.** Number six in the revised Hierarchy is aesthetic needs; this refers to the appreciation of beauty, balance, and form. One example that clicks with this need is prosthetics, these are supposed to help people feel more comfortable and normal; they’re supposed to make them feel better and mainly assist them in their duties. In a LTCF some residents may have glasses, a glass eye, or adaptive devices. Adaptive devices are those which are used in assisting the patient with daily life activity, such as eating, they could use an attachment on their plate which just makes feeding themselves easier because they have that extra help to get the food on the fork or spoon. Also aesthetic needs refer to expressing oneself in
pleasing ways, such as decorating their living room or wrapping a gift attractively. (Joomis, 2009)

**Self-Actualization.** Number seven in the revised Hierarchy of Needs would now be self-actualization; finding self fulfillment and “realize ones potential.” (Maslow's Hierarchy of needs) People who have reached this stage have certain characteristics, here are some characteristics for thought, they accept themselves and others for what they are, they’re “spontaneous in thought and action,” they’re “problem-centered” not self centered, and they tend to have an “unusual sense of humor.” (McLeod, 2013) How is it that people get to that point of self actualization? Their actions consist of trying new things and not taking the “safe path,” “taking responsibility and working hard,” and avoiding pretense (game playing) and being honest.” (McLeod, 2013)

**Self-Transcendence.** Last but not least, number eight in Maslow’s revised Hierarchy of Needs is Self-Transcendence. Self-Transcendence is the point where one who has reached self-actualizations helps someone else reach Self-actualization and realize their own self worth. The difference between the two is that the one with self-transcendence has reached an ultimate high, gaining knowledge and essentially wisdom in many different situations. Therefore it would be easier for this person to help someone who has yet to reach the state of self-actualization. (Maslow's Hierarchy of needs) In LTCF, perhaps, there are those elderly citizens who wish to go on describing their life story and hoping that one will share some experiences, but most of all just listen, as a nursing assistant that’s all that one can do. Out of respect and professionalism that is the only thing that they can do, and maybe for the resident that’s all they need because their story somehow has an underlying message that is meant to get young people thinking about a situation and how it could be handled or how it could’ve been handled. This is the resident’s way of
demonstrating self-transcendence, they’re ultimately passing down their wisdom and knowledge to the young people in hopes that it will be taken into consideration when the time comes. It’s their effort of helping them reach the state of self-actualization.

**Conclusion.** In order to reach that stage of self-actualization and self-transcendence there are other stages or needs that must be met. Abraham Maslow determined that there was a Hierarchy that enlisted the needs, the structure would be that of a pyramid; starting with a base in order to go higher till reaching the very top. This became known as Maslow’s Hierarchy of Needs, this Hierarchy of Needs is used in many professions; the medical field, for instance, uses it as its guidelines for patient care. Physiological needs, consisting of food, water, shelter and warmth, are taken into consideration at LTCF’s where some people need the assistance to accomplish this daily task. Safety; which is the word itself providing security, stability, and freedom of fear itself. Nursing Assistants really have to focus on this major aspect because if they’re not being precautious or cautious at all and the resident gets hurt because they lacked a very important skill they’re certification or license can be suspended or taken away. Also depending on the extent of action they might need to appeal to the board, it would be a bit like court, but not with an official so called “judge.” Belonging; simply put, love, either of family, friends, or a spouse. Again, nursing assistants need to let the residents know and make them know or aware that they’re not a burden, after all it is the nursing assistant’s job to do all of these tasks. Self-esteem being the next stage; includes achievement, mastery, recognition, and respect. Nursing assistance need to have the residents involved and make them aware of any activities that they may participate in, sometimes, as mentioned earlier, Bingo night can change a bad day into a great day. And finally the highest of the levels in Maslow’s original Hierarchy of needs, self-actualization, this is the
point where one is happy with themselves and their inner talents; they wish to pursue and want more fulfillment. This is where the resident accepts and learns to be happy with themselves, not because other people say they should, but cause they have found that reasoning of self-worth. Not to forget the rest of the stages in Maslow’s revised version (to meet more modern needs) of the Hierarchy of Needs which include, cognitive needs, the wants to know and the meanings. As stated earlier, in LTCF’s this is enlisted in the residents’ rights. Aesthetic needs; this refers to the appreciation of beauty, balance, and form, is also included in the extended version of Maslow’s Hierarchy of Needs. Under number seven would be: Self – actualization; finding self fulfillment and “realize ones potential.” (Maslow's Hierarchy of needs) And finally, Self-Transcendence would be the absolute top of the modern version of Maslow’s Hierarchy of needs. Self-Transcendence is the point where one who has reached self-actualizations helps someone else reach Self-actualization and realize their own self-worth. Professionalism in LTCF does rely heavily on this simply because they’re basics that everyone needs to achieve regardless their age. After all, “once self – respect is gained, the individual can take a more proactive approach to bettering themselves…” (Poston, 2009)
References


