Hierarchy of Needs for Today’s Elderly
By Kate McCarthy

Long ago, in 1942, when Abraham Maslow introduced his hierarchy of needs model, the bulk of today’s elderly were just toddlers. Over the years Maslow’s hierarchy model, which is based on graduating levels of human needs, has been applied to a variety of economic and social situations. When applied to the needs of the elderly, it shows five areas that contribute to quality of life for the aging rather than the common health care focus of longevity of life. For many of today’s aging, gaining longevity is not enough unless it is coupled with a high quality of life. Knowing what the hierarchy of needs is for elders can help family and caregivers assist their elders in achieving the highest level of satisfaction, self-esteem and self-actualization.

- **Physiological needs** – All people, no matter their age, start with the most basic of requirements. Food, drink, shelter, sleep and treatment of illness and injury are fundamental to survival. When providing care for the elderly, this is the area that most caregivers focus on. Providing these basics, especially with the focus on health for the frail and disabled, takes the bulk of a caregiver’s time and energy. Although essential, meeting physiological needs is more about survival and does not necessarily ensure quality of life for the aged.

- **Security needs** – Once physical survival is safeguarded the next rung up the ladder is security. This is an issue that many adult children of aging parents worry about and often the source of conflict between the generations. The elderly, especially those who feel vulnerable due to injury or illness, desire a sense of security. Yet they will often react with anger at being treated like a toddler, especially from their offspring. Sensitivity is needed when discussing security concerns such as driving, maintaining the house or even being alone at home. When intervention is taken for safety sake, the aging can strongly react to the loss of their independence. It is wise to replace that loss through transportation services and in-home care.

- **Social needs** – Being connected socially is very important to all people, but for the elderly it becomes a key quality of life concern. Due to health issues or lack of
ability to get out, the aging often find their social opportunities shrinking and they spend more of their time alone. The elderly need opportunities to become involved socially with family, friends and the community. Attending functions at the local senior centers, volunteering or connecting through social media can help the elderly feel like a contributing member of society.

- **Self-Esteem needs** – The elderly, like all people, want to feel recognized and appreciated for their ideas, abilities and talents. The aging often lose their sense of worth when illness, disability or frailty limits them. The loss of self worth is devastating to an elder’s well being and can be linked to depression and increased mortality. Caregivers need to add to their loved one’s quality of life by working together on project that boost self-esteem. Enjoying hobbies or pursuing projects such as writing memoirs, or constructing a legacy album or recording family stories can elevate self-esteem.

- **Self-Actualization needs** – According to Maslow the highest rung of the hierarchy is the need for self-actualization. This status is reached by relatively few people and those who do share some common traits. They tend to concentrate on the reality of life rather than wishful thinking. They are problem solvers and not complainers. They also have a viewpoint that their life’s journey is just as important as their final destination. With all the experience of life and maturity, the elderly should be prime candidates to reach self-actualization. Yet the process of aging often strips our elders of the higher levels of the self-actualization, self-esteem and social connection, leaving today’s aging just hanging on to the lower levels of survival.

Family and caregivers need to be aware of the many needs the elderly and actively provide opportunities to help their elders rise up each level of the hierarchy to the point where life is truly cherished rather than just survived.

Sources: “The Handbook of Live-in Care” by Kathy N. Johnson, PhD, CMC, James H. Johnson, PhD & Lily Sarafan, MS. 2011, Home Care Assistance, Inc.

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