Slide 1

WHAT IF MASLOW WAS WRONG?
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Slide 2

Frank Waters, 85
(pseudonym)

Slide 3

Maslow's hierarchy of needs

- Physiological Needs
- Safety Needs
- Social Needs
- Esteem Needs
- Self Actualization
Slide 4

Maslow's hierarchy of needs

![Maslow's Hierarchy of Needs Diagram]

WHAT IF MASLOW WAS WRONG?

Slide 5

OVERVIEW
Safety
Autonomy
Maslow's Hierarchy of Needs
The bastardization of Maslow
Responding to patient's needs

Slide 6

What do we mean by “safety”?
• Safety as error reduction

![Oops!]
What do we mean by “safety”?

• Safety as error reduction
• Safety as liability/risk management
• Safety as harm reduction
• Safety as license to tromp on autonomy
Ethical Principles

- Beneficence
- Nonmaleficence
- Justice
- Autonomy

Autonomy

- Kant and self-determination
- A person who exercises autonomy acts intentionally, with understanding, and without controlling influences that determine their action
- Respecting autonomy

Surrogate Decision-Making

- Substituted judgment
- Best interest
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Working with Students
Who said you could question Maslow?

Slide 14

Maslow’s Hierarchy: Citations

• "Retaining nursing faculty beyond retirement."
• "Transitioning to adulthood with Asperger’s disorder."
• "Care at home of the patient with advanced MS."
• "Evaluation of mentorship programme in nursing education in Turkey."
• "A review of environmental hazards associated with in-patient falls."

Slide 15

Googling Maslow
Maslow's Preconditions

- "There are certain conditions which are immediate prerequisites for the basic need satisfactions..."
  - freedom to speak
  - freedom to do what one wishes
  - freedom to express one's self

- "These preconditions are defended because without them the basic satisfactions are quite impossible..."
THE BASTARDIZATION OF MASLOW
•Robert Kalisch

Oversimplification
•Beware of theories that over-simplify complex patient care issues!
•Instead, use theories to render the complexity accessible.

MR. KANE’S DIET ORDERS
SAFETY VS. QUALITY OF LIFE
Case Illustration: Autonomy versus Beneficence and Justice

Mr. Kane was a 79 y.o. man with a rare form of dementia from lifelong hypoparathyroidism. He was admitted to the nursing home because of a recent hip fracture related to a fall. Shortly after his admission, he was diagnosed with aspiration pneumonia. After a thorough evaluation, it was determined that he had a swallowing disorder. He tended to pocket food in his mouth without swallowing. He was not aware of doing this, even when it was pointed out to him that he had food in his mouth he should swallow before taking another bite. Mr. Kane believed that it would be fine to eat foods he liked and thought maybe he only choked on foods that he disliked. His mental status was tested and he was determined to lack decisional capacity. The psychologist determined that he was unable to accurately evaluate the risks involved in the decisions he was making. Therefore, he did not accurately evaluate his risk for aspiration. The recommendations from the speech pathologist and dietician was that he be on a pureed diet.

Mr. Kane hated his pureed diet. He complained about taking a spoonful of something red, thinking it was strawberries, only to realize it was beets. He would say in a wistful voice, “I just can’t imagine life without another bite of Marie Calendar’s boysenberry pie!” Mr. Kane always had spare change in his pocket and would freely avail himself of the vending machines. His choices included peanut M&Ms, Oreo cookies, and Cheetos. He had repeated episodes of aspiration pneumonia and finally had a g-tube placed and was made NPO. He continued to get pneumonia and it was presumed that he could not handle his own secretions.

Should Mr. Kane be allowed to eat a liberalized diet with advanced textures? What should his diet order be? Should nursing staff intervene to advocate for him to eat what he chooses, arguing the importance of quality of life? Or should they intervene to prevent his accessing the vending machines and other food that heighten his risk for aspiration pneumonia?