



# Maslow's Needs Hierarchy as a Framework for Evaluating Hospitality Houses' Resources and Services

Mary Katherine Waibel Duncan PhD<sup>a,\*</sup>, Ann Blugis<sup>b</sup>

<sup>a</sup>*Department of Psychology, Bloomsburg University of Pennsylvania, Pennsylvania, PA*

<sup>b</sup>*Danville Ronald McDonald House, Danville, Pennsylvania, PA*

## Key words:

Hospitality house;  
Pediatric;  
Family;  
Maslow's needs hierarchy

As hospitality houses welcome greater numbers of families and families requiring longer stays, they do so in the absence of a widely accepted theory to guide their understanding of guests' needs and evaluations of how well they meet those needs. We propose A. Maslow's (1970) Hierarchy of Needs as a conceptual framework for understanding what makes a hospitality house a home for families of pediatric patients and for guiding the activities of hospitality houses' boards of directors, staff, volunteers, and donors. This article presents findings from a theory-driven evaluation of one hospitality house's ability to meet guests' needs, describes the house's best practice standards for addressing guests' needs, and suggests areas for future research.

© 2011 Elsevier Inc. All rights reserved.

IN 1974, RONALD McDonald House Charities opened the first Ronald McDonald House in Philadelphia, Pennsylvania. Today, there are hundreds of Ronald McDonald Houses worldwide. These "Houses that Love Built" provide temporary, compassionate, and convenient lodging to families of children who are hospitalized or receiving outpatient treatment at medical facilities far from home. Advances in pediatric medicine that allow for comprehensive diagnostic workups, life-saving procedures, and extensive treatment regimens have increased the demand for the resources and services provided by these homes-away-from-home. As hospitality houses continue to welcome greater numbers of families and families requiring longer stays, they face the challenge of fulfilling their mission to meet guests' needs in the current climate of lean budgets and dwindling philanthropic support.

Founded in 1981, the Ronald McDonald House of Danville, Inc., is a nonprofit organization that owns and operates the Danville Ronald McDonald House in rural

northeastern Pennsylvania. Because this volunteer-driven organization is neither owned nor operated by the McDonald's Corporation or area hospitals, the House operates with extremely low administrative costs and a very tight budget that is based primarily on philanthropic support. The House offers 17 guest rooms and two efficiency apartments that are specifically equipped for pediatric oncology patients and their families. The entire facility provides lodging for up to 59 guests at one time, and the House operates at about an 80% occupancy rate annually.

In the absence of a widely accepted theory to inform assessments of guests' needs, the development of resources and services to meet these needs, and evaluations of the House's program, we have found that Maslow's (1970) Hierarchy of Needs offers a useful conceptual framework. Although few scholarly references link Maslow's needs hierarchy to family systems medicine or pediatric health care, the related literature shows that Maslow's theory has been adapted successfully to hospice and palliative care and applied effectively to patient care and education (Herbst, 2006; Zalenski & Raspa, 2006).

At the core of Maslow's humanistic theory is the assumption that individuals are uniquely qualified experts

\* Corresponding author: Mary Katherine Waibel Duncan, PhD.  
E-mail address: [mduncan@bloomu.edu](mailto:mduncan@bloomu.edu) (M.K.W. Duncan).

and competent resources in their own health and healing. The literature supports this assumption as children and their families consistently demonstrate resilience in the context of responding to the challenges associated with pediatric illnesses (Kazak, 2006). Using the Psychosocial Assessment Tool, Kazak et al. (2001) noted that the majority of families approached the diagnosis and treatment of pediatric cancer with sufficient coping skills to emotionally tolerate their exceptional circumstances and maintain normal functioning. Kazak (2006) cautioned that data such as these do not warrant the conclusion that the majority of families of pediatric patients lack the need for psychosocial support. Rather, she called for the development of theory-driven and empirically supported resources and services to strengthen affected families' unique areas of competence to reduce or prevent difficulties in the future. To this end, Maslow's theory may play an important role.

In addition to conceptualizing individuals as possessing inherent plans for healthy growth and self-righting tendencies, Maslow's theory is practical. It identifies several universal requirements for human growth and development, and it posits that certain needs take precedence over others. Physiological needs (e.g., food, water, and rest), for example, are necessary to sustain the human body. Once these most fundamental needs have been largely satisfied, safety needs guide individuals' thinking and behaviors as they search for a safe, orderly, and predictable world. Next, human beings prioritize their needs for love, affection, and belonging by actively participating in relationships with friends and family members. Then, individuals attempt to satisfy self-esteem needs such as the need for self-respect (internal esteem) and the respect of others (external esteem). Maslow referred to these four levels of need as deficiency needs or requirements for physical and mental health.

Given its strength-based and sensible perspective, Maslow's theory offers a useful framework for developing, implementing, and evaluating programs at the Danville Ronald McDonald House. Informed by Maslow's needs theory, our Guest Satisfaction Survey helps us to monitor the extent to which our House's resources and services meet guests' physiological, safety, love and belonging, and self-esteem needs. This article summarizes guests' feedback and includes detailed descriptions of the House's current best practice standards for addressing guests' needs.

## Method

### Participants

Participants included 284 adult guardians who resided at the Danville Ronald McDonald House from January through December of 2008. Of these respondents, 57% were mothers, 14% were fathers, and 29% were both parents. Approximately half of the sample resided more than 100

miles from the House (48%). Most respondents indicated that the current visit was their first stay at a Ronald McDonald House (79%). The majority of respondents stayed at the House for multiple nights (16% stayed 2 nights, 22% stayed 3–6 nights, and 22% stayed 7 or more nights). A substantial minority of respondents stayed at the House without the support of another adult family member (31%). The majority of respondents stayed at the House with one or more children (51.4%).

### Measure

As part of the House's standard checkout procedure, participants completed the Guest Satisfaction Survey. This survey was developed after reviewing examples of guest satisfaction surveys from 47 Ronald McDonald Houses in North America. Our Guest Satisfaction Survey consists of 15 items and takes approximately 10 minutes to complete. The first part of the survey gathers demographic data including the respondent's relationship to the child, the family's distance from home, the number of previous stays at the House, the length of the current stay, the number of family members residing at the House, alternative lodging options, alternate options for lodging, and the extent to which the House minimized personal stress and provided needed services compared with alternative sources of lodging. Using a scale ranging from 1 (*excellent*) to 4 (*poor*) and an option of 5 (*did not use/unable to judge*), the second part of the survey focuses on guests' ratings of the House's living areas (i.e., kitchen, playroom, laundry room, bedroom, bathroom, and outside areas) and services (i.e., staff's availability, knowledge, friendliness, House rules, and safety issues). The third section of the survey invites guests to offer suggestions, make comments, and indicate if they would like to be added to the House's mailing list to receive information about biannual appeals, volunteer opportunities, and fund-raising activities.

### Procedure

After obtaining approval for this retrospective chart review study from the institutional review board at the principal investigator's university and from the board of directors at the Danville Ronald McDonald House, a database was constructed using SPSS® for Windows statistical software package, data from the Guest Satisfaction Surveys were entered into the database, and descriptive analyses were run as appropriate.

### Results

Overall, most respondents (84%) reported that their stay was "excellent," 15% reported that their stay was "above average," and 1% reported that their stay was "average" or "below average." Table 1 summarizes guests' ratings of the

**Table 1** Percentages of Respondents' Quality Ratings of House Resources and Services ( $n = 284$ )

Item	Excellent	Above Average	Average	Below Average	Did Not Use
<b>Resource</b>					
Kitchen	79	8	1		13
Pantry	70	10	1		18
Playroom	61	4	1		34
Laundry	63	6	2		30
Living room	69	6	1		24
Dining room	78	9			13
Bedroom	72	20	5	1	2
Bathroom	73	18	4		4
Playground	49	4			47
Outside areas	58	9	1		32
<b>Service</b>					
Staff availability	82	15	1		2
Staff knowledge	81	15	1		2
Staff friendliness	85	12	1		1
House rules	74	19	6	1	
House check-in	80	18	1		1
House comfort	80	17	3		
House cleanliness	82	16	2		
House security	87	12	1		

quality of the resources and services provided by the House and its staff.

With respect to physiological needs (e.g., food, shelter, rest, and personal hygiene), data showed that House guests experienced high levels of physical comfort. Most respondents who used the House's kitchen, pantry, bedroom, bathroom, and laundry room rated these physical spaces as excellent or above average. In addition, most respondents (90%) reported that the House provided goods and services more than other places, whereas 10% reported that the House provided goods and services about the same as other places. One guest wrote, "I would have been lost without being able to stay here. The best was that my basic needs were met (bed, shower, and meals). I was running on autopilot. Thank you for allowing me to do that." Another guest wrote, "The accommodations of the house were the best blessing we could possibly ask for! We could not ask for anything more!"

With respect to physical safety, data showed that the House's resources and services largely satisfied guests' needs for physical safety and psychological security. Most participants rated the House's rules and policies, check-in orientation, comfort and cleanliness, and safety and security measures as excellent or above average. One guest wrote, "This is a great place to stay because it makes the kids feel safe and makes them feel right at home." Data also showed that the House met participants' need for psychological security by relieving their anxiety and stress. In fact, more than three quarters of respondents (79%) reported that the House relieved their stress more than other places, whereas another 19% reported that the House relieved their stress about the same as other places. Guests' written comments

included the following: "[The House] provided a stress free environment for the whole family in a stressful situation!" "Between gas money and stress, I could barely think straight. The House was invaluable to me during a difficult experience." "Our stay here relieved a lot of stress. We didn't have to worry about a hotel or places to eat. We were able to concentrate on our daughter in the NICU." "Being able to stay as a family close to our newborn in the NICU was a huge stress reliever." "We don't know how we would have done it without the Ronnie House."

With respect to guests' needs for love and belonging, most respondents who used the House's communal spaces (i.e., the playroom, living room, dining room, playground, and outside areas) rated them as excellent or above average. One guest wrote, "Our son was very comfortable here. Usually, he does not do well with change but the House really helped with the playroom. He was very happy and so were we." Another guest wrote, "Very pleasant atmosphere. Very enjoyable for adults and kids." Most participants also rated the House staff's availability, knowledge, and friendliness as excellent or above average. Guests' written comments included the following: "Great place. Wonderful caring people. I'm so impressed that so many people really do care about others." "I don't know what I would have done without [the House]. Everyone here was very personable and caring. It was nice to know we weren't alone at such a stressful time." "The support and caring of the staff and people who stay here goes beyond words. I am amazed to see how everyone pitches in to make everyone's stays here enjoyable." "Our stay here was unbelievable. We were overwhelmed with the kindness of everyone involved with our stay. Thank you so

much. We will never forget this place.” “I don’t know what I would have done without the love, support, and care you folks provided for myself and my family in our greatest time of need. Thank you forever!”

Although guests’ self-esteem was not formally or directly assessed by the Guest Satisfaction Survey, written comments provided preliminary evidence that the House’s services and resources addressed this fundamental need as well. With respect to internal self-esteem, guests noted that the House afforded them opportunities to effectively parent both their affected and nonaffected children. For example, one guest wrote, “I am grateful to have a place like this to come to...I would not have been there for my children if it wasn’t for the House.” With respect to external esteem needs, most respondents indicated their desire to be added to the House’s donor mailing list. In addition, several guests wrote that they had already begun to organize a fund-raiser or material donation to benefit the House. Other participants specifically requested information about how they could organize a fund-raising event or volunteer at the House.

### Guests' Recommendations

Although most respondents offered no suggestions for improving the House’s resources or services, 41 guests (14%) recommended enhancements. Table 2 shows that most recommendations centered on the House’s guest bedrooms, including requests for in-room televisions (51%), bedside lamps (15%), cleaning supplies (7%), extra room keys (5%), bibles (5%), and Internet access (5%). Written comments accompanying these requests suggested that these guests sought a sanctuary—a quiet place to be alone and to unwind with a familiar TV show or favorite book. Guests wrote of the need for these comforts of home to help restore a sense of normalcy and to help them relax in the context of many expected and unexpected challenges associated with their children’s medical conditions.

**Table 2** Percentages of Respondents’ Recommendations for Improving House Resources ( $n = 41$ )

Item	%
Television in bedroom	51
Bedside lamp	15
Cleaning supplies	7
Extra room key	7
Bible in room	5
Double bed	5
Internet access in room	5
Toiletries	2
Laundry service	2
Bigger towels	2
Additional parking	2
Access to clergy	2
Gate for playroom	2

## Discussion

Findings from this study showed a high level of guest satisfaction with our House’s resources and services. With respect to Maslow’s needs hierarchy, data showed that the House provides an environment in which families’ fundamental needs are satisfied. Below, detailed descriptions of our House’s current best practice standards for addressing guests’ needs are integrated into a discussion of the data from this study. We respectfully offer this information insofar as it may be useful to the many health professionals who volunteer for, donate to, refer families to, and serve on the board of directors at hospitality houses like ours.

### Physiological Needs

Guests’ satisfaction with the extent to which their physiological needs (e.g., nourishment, personal hygiene, and rest) were met may be attributed to programs such as the Volunteer Meal Program, Heart of the Home campaign, Staple Food Program, and Personal Care Closet. Through the Volunteer Meal Program, families are treated to home-cooked breakfasts, lunches, and dinners. Clubs, organizations, undergraduate students, church groups, community members, and House guests’ families and friends prepare approximately 25 meals per month. In addition, the Staple Food Program provides basic and essential food items (e.g., milk, juice, cereal, eggs, bread, and frozen entrees) so that guests do not have to purchase groceries. This program is funded primarily by an annual corporate grant and also by gift-in-kind food donations from individuals, companies, and organizations. The Staple Food Program is especially helpful to those families who are burdened with the financial stress associated with medical bills and travel expenses. The Heart of the Home campaign, coordinated by a local high school student, provided funds to purchase upgraded and energy-efficient kitchen equipment (e.g., dishwasher, cookware, and countertop appliances). As a result of this fund-raising project, more families are able to prepare a greater variety of meals and comfort foods. In addition, guests can efficiently and effectively sanitize cookware, dinnerware, glasses, and utensils for other families’ meal preparations.

In terms of personal hygiene, the House’s Personal Care Closet provides a bountiful supply of products for guests (e.g., bath soaps, deodorant, powers, hair products, and dental items). Private and corporate donations keep the Personal Care Closet well stocked with resources that are especially helpful to families who arrive at the House in the midst of an emergency unable to prepare for an overnight or extended stay. A supply of new or nearly new gender-neutral clothing also is kept on hand for emergency cases. In addition, the Staples Food Program makes available laundry supplies so that guests can do their personal laundry on site at no cost.

In terms of rest, the House’s sleeping spaces have been carefully designed, and the House’s policies have been thoughtfully crafted with guests’ peace and comfort in mind.

Approximately 7 years ago, the House underwent complete room renovations in which private bathrooms were adjoined to each guest bedroom. Currently, guest room refurbishings are underway to create more structurally sound, comfortable, and soothing environments that are conducive to a good night's (or a couple of hours') sleep. Guest rooms will have a more home-like design, with upgraded furniture, new lighting, fresh carpeting, and a calming palette of paint for the walls and coordinated bedspreads, shower curtains, and window treatments. In addition, strictly enforced House policies (e.g., laundry room hours of operation from 9:00 a. m. until 9:00 p.m.) help to minimize noise in the sleeping areas of the House.

Finally, our Day Guest Program offers a free meal, shower, and rest to families who do not require an overnight stay. The number of families using this option has quadrupled over the past few months as a result of a nearby hospital ceasing its meal coupon program for families of hospitalized pediatric patients due to budget cuts. Although findings presented in this article do not include guests who were served through the Day Guest Program, informal feedback and observations of this increasingly popular service suggest similarly high levels of satisfaction with the physical comforts afforded by the House.

## Safety

Guests' satisfaction with the extent to which their safety needs were met may be attributed to the availability of low- or no-cost lodging, clearly stated and strictly enforced House rules and policies, thorough security measures, and the House staff's vigilance and preparedness. The House helps families meet their needs for physical safety and psychological security by providing shelter in a convenient, tidy, and protected environment. More specifically, the House's subsidized (and gratis) lodging provides families with a sense of stability during a time of tremendous vulnerability and change. Although the House requests a nominal donation of \$15 per family per night, no family is ever turned away due to the inability to pay. Monthly house operations reports routinely show that the majority of families are unable to afford the nightly donation. The Legacy of Love campaign, for example, solicits 1-dollar donations from faculty, students, and staff at a local university to sponsor families' lodging at the House. Share A Night also solicits donors who would like to designate their philanthropic dollars to sponsor guests who are unable to contribute financially to their lodging. Collectively, these initiatives alleviate some of the worry associated with finding a safe and affordable place to stay. Guests often comment that if it were not for the House, they would have sought shelter in their vehicles, slept in hospital waiting rooms, or commuted daily from home, which often is more than 100 miles away!

Clearly stated rules and strict rule enforcement also demonstrate the House's commitment to meeting families' needs for a safe and predictable environment. For example,

cigarettes, alcoholic beverages, unlawful substances, firearms, burning of candles, incense, potpourri, tobacco, inappropriate behavior, and language are strictly prohibited in the House and on the House grounds. Also, children must be supervised at all times by a responsible adult while staying at the House. Noncompliance with any House rule results in lodging privileges being revoked. Security cameras mounted in all public areas of the House help to ensure guests' safety, as video tapes provide necessary information in the event of a House rule violation, theft, or vandalism. Although guest rooms are not secured by lock and key, each family is assigned a locked cupboard in the kitchen storage area where guests may secure personal items. Each family also is assigned one (and only one) key fob to access the House's electronic door system.

To further ensure guests' physical safety and security, House staff and volunteers undergo rigorous training, abide by carefully constructed House procedures, and adhere to strict House policies. For example, all volunteer desk attendants, relief staff, and employees are well versed on security procedures and are aware of how to contact hospital campus security and local police and fire departments in the event of an emergency. In addition, House policies prohibit volunteers and staff from entering a guest's room in the guest's absence.

## Love and Belonging

Guests' satisfaction with the extent to which their needs for love and belonging were met may be attributed to the presence of living spaces that have been explicitly designed to promote companionship, acts of compassion, and nurturing interactions with family members, other House guests, and House staff and volunteers. Physical spaces such as the playroom, living room, dining area, and playground have been specifically designed to encourage interactions among family members and with other guests, friends, volunteers, and staff. Like most homes, the kitchen is the central part of the House—a common area where families come together to offer advice and comfort to those in similar situations. Without a doubt, the Volunteer Meal Program, Staple Food Program, and Heart of the Home campaign have been instrumental in allowing the kitchen to serve this important function. In addition, the kitchen itself has an open concept design. There are no visual barriers in the kitchen space—just an island where guests gather to share their stories, empathize, and comfort one another. Similarly, the dining room is a large open area. Furniture is not anchored so that guests can arrange the tables and chairs to meet their needs. In these physical spaces of the House, it is not uncommon for staff, volunteers, and guests to forge friendships over a shared meal or a late-night snack.

Project One More Story, accomplished through a literacy grant from a national honor society, created a children's library at the House. The library was fashioned to afford guests the opportunity to revisit one of the most comforting

rituals of parenting—reading to their children. Informal feedback from guests and volunteers indicates that the library/playroom is a structurally sound, uncluttered, and aesthetically pleasing environment in which the carefully selected children’s literature is used to validate children’s feelings, empathize with their experiences, and explore their inherent strengths for coping with adversity (Waibel-Duncan, 2010). Other living spaces encourage guests to gather together in support of one another. The living room, for example, is outfitted with oversized furniture that has been arranged to encourage conversation. The sunroom’s furniture is especially compatible with low-mobility guests who may experience difficulty easing into and out of chairs. Furthermore, the patio provides a relaxing area that offers guests access to a grill year-round and full view of their children on the playground.

Consistent with the welcoming nature of the House’s physical spaces, staff and volunteers routinely establish relationships with guests. After learning about a guest’s situation, the team tailors the type and level of comfort, counsel, and resources they provide. Above and beyond their professional responsibilities, House staff and volunteers offer emotional, social, instrumental, and informational support on an individual basis to guests. For example, a volunteer may present a child with a balloon and small gift upon learning of his birthday. A staff member may bring in a collection of DVDs for a young mother who will spend yet another weekend alone at the House while her twin babies undergo and recover from lifesaving surgeries in the neonatal intensive care unit. In turn, it is not uncommon for former guests to demonstrate their affection for the House’s staff and volunteers by sending holiday cards, thank-you letters, and family photographs in the weeks, months, and years following their stay.

Attempts to create an atmosphere of community and companionship do not stop at the House’s front door. Since 1983, the House has sponsored a summer camp for children with cancer. Camp Dost affords children with cancer the opportunity to enjoy a week of fun-filled, expertly supervised activities. Feedback from campers and counselors alike suggests that the camp experience is a valuable resource for cultivating friendships among campers and strong, positive, emotional connections with camp staff.

### Self-Esteem

Opportunities exist at the House to help guests meet their needs for self-respect (internal esteem) and the respect of others (external esteem). Guests often attempt to counter feelings of worthlessness or helplessness by looking for meaningful and productive ways to contribute to the House’s operations and other guests’ well-being. Depending on their child’s medical condition, guests may find that they are limited in the amount of time they may spend visiting with their child. During their time away from the hospital, guests frequently offer to assist with kitchen tasks, office duties, and

other House projects (e.g., organizing the food pantry, cleaning out the dishwasher, baking cookies, straightening up the children’s library/playroom, and assembling packets of information for House mailings). Guests typically comment that these activities help to restore some sense of worth, productivity, and control.

Furthermore, as guests check out of the House, they are asked if they would like to be added to the House’s mailing list to receive information about biannual appeals, volunteering opportunities, and fund-raising activities. Most guests respond affirmatively. Once their children’s medical crises have passed, guests often do return to the House to prepare a meal, make a donation, or organize a fund-raising event in their community.

### Conclusion

Although there are relatively few scholarly citations that link Maslow’s Hierarchy of Needs to the care of pediatric patients and their families, data from this study support the assertion that this theory provides a useful framework for understanding what makes a hospitality house a home for families of pediatric patients; for guiding the board of directors’, staff’s and volunteers’ activities; and for evaluating how well guests’ needs are being met. With each guest, however, we are reminded that no matter how intuitive or practical a theory may be, it is heuristic at best. Over the past few decades of operation, we have found that no theory translates into an infallible understanding of any individual guest’s needs or a program of universally applied best-practice standards for meeting those needs.

This study is not without limitations. First, as mentioned previously, data do not include feedback from individuals who were served through the Day Guest Program. Second, although every attempt was made to obtain feedback from every House guest, circumstances did not permit a substantial number of guests to complete the Guest Satisfaction Survey. Third, data do not provide insight into pediatric patients’ and their healthy siblings’ experiences at the House. Fourth, given the current method of collecting data, we were unable to determine if there were any significant differences between respondents and nonrespondents.

This study also revealed the need to collect additional information from guests to obtain a richer understanding of their shared and unique needs and to better evaluate the House’s effectiveness at meeting these needs. For example, a revised version of the Guest Satisfaction Survey will include questions about the nature of the pediatric condition that led to the need for lodging at the House (e.g., pediatric oncology or premature birth), the race and ethnicity of House guests, and guests’ social support and self-esteem. Future research also might examine if there are any differences in the nature or pattern of need fulfillment depending on the pediatric condition of the affected child (e.g., oncology versus premature birth), guests’ length of the stay at the House,

guests' ethnic or cultural background, and the presence of other adult or child family members.

In our ongoing efforts to render the "House that Love Built" a home-away-from-home for families of children with serious illness, Maslow's theory provides a framework to not only systematically identify guests' needs but also methodically evaluate the extent to which the assets of the House meet those needs. In addition, the theory informs House staff's and volunteers' interactions with guests and the development manager's grant writing activities and conversations with current and prospective donors. Finally, the theory guides the decisions and activities of the board of directors as it pursues goals and objectives consistent with the House's mission—"to provide compassionate, temporary, convenient, subsidized housing and related programs for childhood cancer patients and other seriously ill children and their families while the child is undergoing treatment at area medical facilities."

## References

- Herbst, L. H. (2006). Applying the concepts from Maslow in a large U.S. hospice program. *Journal of Palliative Care, 9*, 1049–1050.
- Kazak, A. E. (2006). Pediatric Psychosocial Preventative Health Model (PPPHM): Research, practice, and collaboration in pediatric family systems medicine. *Family, Systems, & Health, 24*, 381–395.
- Kazak, A. E., Prusak, A., McSherry, M., Simms, S., Belle, D., Rourke, M., et al. (2001). The Psychosocial Assessment Tool (PAT): Development of a brief screening instrument for identifying high risk families in pediatric oncology. *Families, Systems & Health, 19*, 303–317.
- Maslow, A. (1970). *Motivation and personality*, 2nd ed. New York: Harper and Row.
- Waibel-Duncan, M. K. (2010). Creating bibliotherapeutic libraries for young pediatric patients and their families: Potential contributions of a cognitive theory of traumatic stress. *Journal of Pediatric Nursing, 25*, 25–27.
- Zalenski, R. J., & Raspa, R. (2006). Maslow's Hierarchy of Needs: A framework for achieving human potential in hospice. *Journal of Palliative Medicine, 9*, 1120–1127.