

HEALTH NEEDS

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Human needs are of great interest to different scientific fields: sociology, anthropology, psychology, medicine, economy... Malinowski, Maslow, Adler and From have largely contributed to studying the needs. While trying to define the need concept, not only one definition is acceptable. In psychology, need is defined as a lack or disorder, i.e. the necessity to dislodge this lack. It was Maslow who gave the fullest classification and explanation of human needs. If we start from the fact that need represents the lack or deficit of something, in this context health needs would indicate the lack of health, and the measurement of health needs would be the same as the measurement of health. Therefore, almost all human needs can be enumerated as health needs, i.e. those which, after being satisfied, can lead to physical, psychical and social welfare. According to WHO, health needs can be defined as scientifically settled evasions from health which require preventive, curative and probably regulative and eradicated measurements. According to the medical method used by the health service while regarding the needs, the emphasis is on morbidity, mortality, incidence, prevalence, inability, etc. Usually, when we have very low level of health culture, and the responsibility for personal health is in most of the cases unacceptable, for the health service user, the curative services will have priority over preventive ones. The measurement of health needs is a complex task. The needs can be regarded through medical documentation and by perception of the needs by people in the community. *Acta Medica Medianae 2007;46(1):36-40.*

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The problem of human needs has been an issue for contemplation since ancient times. Standpoints of Heraclites, Plato, and Aristotle are current even today and make the basis for studying the problem of human needs. Plato claimed that the needs arise due to the "lack" i.e. the "lack" creates the need. From the standpoint of health, Plato has divided human needs into *necessary and redundant*. The first group consisted of impulse needs and those needs whose satisfaction gives men a benefit, while the satisfaction of redundant needs gives men harm.

Aristotle has classified needs into *biological* and *non-biological*, while Epicure has divided them to *natural* and *spiritual*, and believed that satisfaction of spiritual needs has the priority (1).

In hyper-industrial era at the end of the 20th and the beginning of the 21st century, the interest for exploring human needs has not been diminished; on the contrary, human needs have become of great interest for many different scientific fields: economy, sociology, anthropology, psychology, medicine, but also a special discipline *hreiology* (hreio-need logos-science)

i.e. the science of needs. (2) Malinowski, Maslow, Adler and From have largely contributed to studying the needs (3, 4).

All researchers of human needs inevitably had to notice their various, complex and relative characteristics, and with that the necessity of the systematic research of their origin, evolution, as well as research of the influence of their satisfaction or non-satisfaction to an individual's and also whole community's development. From, Lederer, Dirkem claim that all aspects of social pathology are just conditioned by vain or inadequate satisfaction of specific human needs.

While trying to define the concept *need*, not only one definition is acceptable. In psychology, need is defined as a lack or disorder, i.e. the necessity to dislodge this lack. Since the essence of human personality is in multidimensionality of its needs, the needs cannot be qualitatively defined starting only from the standpoint of one scientific discipline (2).

In the end of the 20th century biologists and psychologists have introduced the concept homeostasis into explanation of human needs' origin. Homeostasis implies physiological mechanisms which in a living organism have the task to maintain constant condition i.e. to maintain the balance necessary for an optimal functioning of a being. A person, beside the biological balance, also needs the social balance which enables one a social security (5, 6). Accordingly, there is a definition of the need as a specific state of an organism or a social situation which exists indepen-

dently from the consciousness of a human who is in a state of biological or social balance (7).

Numerous philosophers and psychologists have tried to classify human needs. (8) One of the classifications is according to the role which they have in human's life: primary and secondary. According to the origin, needs can be divided into inborn and acquired. Inborn needs have biological basis while acquired are related to personal experience. In relation to diffusion among people, there are universal, regional and individual needs. Generally, all human needs can be classified into three groups: 1 – primary biological needs; 2 – primary sociological needs; 3 – secondary needs.

Special contribution to studying human needs was given by E. Fromm. In his theory of personalities, he has emphasized that a man as a part of nature, i.e. a biological being, has biological needs. At the same time, a man has consciousness, imagination, self-consciousness and therefore, specific needs which go beyond the sphere of biological ones. His classification implies the existence of five groups of human needs:

1. *the need for attachment* which has developed due to interrupted connections with nature and which implies the need of a man to enclose himself in a human community through common care, responsibility, respect and understanding;
2. *the need for creativity and procreation* i.e. the need not to be just a mere natural creation but to be a creator in nature as well;
3. *the need of a man to be a concrete personality* i.e. to have his own identity and developed feeling of personal equality;
4. *the need for finding one's own place and role in the world*, that is to be the part of a society as a fully legitimate, acknowledged and accepted member;
5. *the need of a man to have a constant way of noticing or a specific world view.*

All those specific needs are actually acquired during human evolution and a man accepts them hereditary and not during an individual life (9).

It was Maslow who gave the fullest classification and explanation of human needs. He considered that all human needs can be divided to *needs of the lack* and *needs of the existence or growth*. By satisfying *the needs of the lack* the occurrence of an illness is prevented, but for the continuity of good health to be kept. *The needs of the existence* must also be satisfied. Maslow also gave a scale of needs divided into five groups. (Figure 1)

The first level represent *physiological needs* (existential needs) such as the need for air (oxygen), food, water, sleep, sex, dressing, etc. Physiological needs represent the stronghold point of motivation and are more powerful than any other needs. Motives are actually the experienced needs which trigger an action towards the fulfillment of a certain goal. In a person whose one or more basic needs are not satisfied the motive for their fulfillment will be present,

stronger than the motive for the realization of the need from the higher hierarchical level.

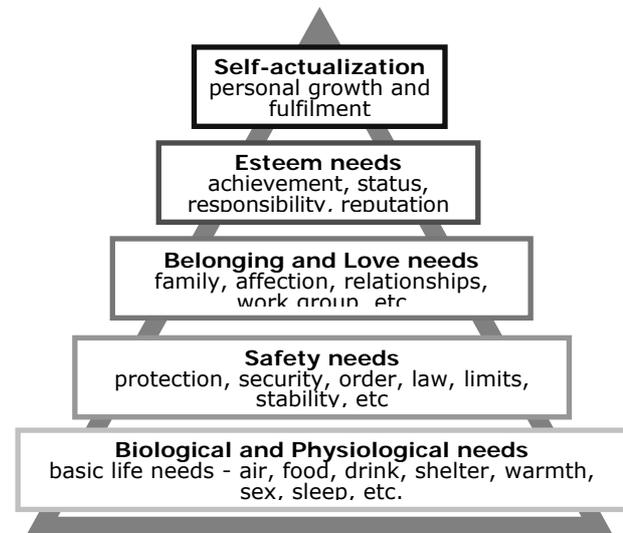


Figure 1. Hierarchy of human needs according to Maslow

The second level represents *the safety needs*. They include the needs of every person for a certain safety, fearlessness and absence of suffering and they become dominant in situations of real unpredicted danger (in war, illness, during natural catastrophes...).

When previous levels have been satisfied, the *need for love* appears. This level of needs relates to the need to belong somewhere, to be accepted (by family or other group), to be loved but also to give love to others, to trust someone and to be trusted, to provide help and to count on help from others.

The next level of needs is *the needs for self-esteem* and respect by other members of a group we belong to by achievement, success, etc. It is also important that self-esteem and respect be confirmed by status or status symbols.

The last level of needs are *the needs for self-actualization (self-fulfillment)*, which implies the needs for full development and realization of potentials, followed by the feeling of satisfaction and self-fulfillment, the feeling of well-being and self-sincerity.

The motives from the lower level must be at least partially satisfied before the needs from the higher levels on the hierarchical scale are satisfied. These levels are in the same time mutually dependant and can overlap. Once the certain need is satisfied it no longer motivates a person to an action and its place is taken by other motives which then start to control the behavior (10).

When a person in his development reaches the level of self-fulfillment (self-actualization), through the full development and realization of his potentials, he is less under the influence of external factors. He is then capable to self-motivate and take control over his life.

The specified division has been supplemented in 1970 and 1990 with a few newly identified human needs (11).

The importance of specified human needs for normal functioning of both an entity and the whole society is great. With the progress of human society, the circumstances when it is necessary to fulfill some needs have also changed. In the present consumptive society, human needs have also the economic aspect which is important for key segments of contemporary society: politics and economy. Exactly due to the political and economy context, the health of people, i.e. health needs are classified as priority.

Health needs and health demands: definition and classification

Health needs are not easy to define. The concept itself has wide usage and more than one meaning. If we start from the fact that the need represents the lack or deficiency of something, in this context health needs would indicate the lack of health, and the measurement of health needs would be the same as the measurement of health. Besides, need (the health one) is not an absolute but a relative concept (12).

In order to define the concept of health needs it is necessary to remember the WHO definition of health, which is, even with flaws, still used. Health is defined as the state of complete physical, psychical and social welfare and not only as absence of illness and inability. (13) For that reason, almost all human needs can be enumerated as health needs, i.e. those which, after satisfied, can lead to physical, psychical and social welfare.

In more narrow sense, health needs can refer to the possibility of health service and are defined as "any health damage which can be prevented, removed or allayed by known medical measurements and sanitary technology".

According to WHO, health needs can be defined as scientifically (biologically, epidemiologically, or similar) settled deficiencies of health (evasions from health) which require preventive, curative and eventually (when necessary) regulative and eradivative measurements (14, 15). For planning in health care, it is possible to classify health needs with the help of the following criteria:

- a) To make needs concrete
- b) To localize the needs
- c) To forehand the needs
- d) The intensity of the needs
- e) The possibility of needs' satisfaction
- f) Medical justification of the needs (2)

The expert board of the WHO has given for the health statistics the following classification of health needs (16):

1. *perceived (non-perceived)* need* – represents the need for health service felt by an individual which he usually admits. Under certain circumstances, this need can be bigger from

professionally defined need. Perception of health need by some person will be conditioned by the intensity of its possible disturbance but also by the level of health and general culture, the level of education and socio-cultural surrounding. Perceived needs can be reported or not, while a part them is reported to a health professional and become recorded by the health service.

2. *professionally defined (normative) need* – is the need for the health service recognized by the health experts from the aspect of the utility of the advice, application of the preventive measurements or application of the specific therapy. Those needs, regarded by the health service according to the development of medicine and changes of social values can change themselves. Health professionals according to their knowledge and experience can themselves define a great number of health needs which are unperceived by the people in the community.

3. *scientifically approved need* is the need approved by objective measurement of biological, anthropometric or technological factors, by expert's belief or experience gained with time. This type of health needs can be broader concept then professionally defined needs. The needs of the community as a whole are expressed with them, and are achieved by studying the residents who are users of health services, by discovering the groups under risk of catching certain illnesses and groups of residents who are in the state of need (3, 14).

Noticing health needs depends on who the observer is, whether it is the health service, the community or an individual.

According to the medical model used by the health service, the needs are regarded from the epidemiological standpoint with the emphasis on morbidity, mortality, incidence, prevalence, inability, etc. (12) Noticed by the community, the needs are harder to access, harder to group and define, especially on national level. Health needs are perceived by an individual when health is damaged, or evident symptoms which disturb his health occur. Exactly healthy persons or those in the opening stages of an illness without symptoms do not perceive health culture as their need, since they do not see personal gain from it.

Since health needs are regarded as the "lack of health", for their satisfaction it is necessary to realize usually diagnostic and curative services for health service users. However, health-educative or generally preventive health needs usually do not become perceived by healthy persons or persons in the opening stage of an illness without symptoms. Satisfaction of preventive health needs which belong to the group of delayed health needs causes the most significant conflict of motives. Namely, in order to have relatively good health in his adulthood or later, a person must in his youth acquire and apply the norms of behavior which might be treated as renunciation of "pleasures" such as alcohol and tobacco consumption, delicious and unhealthy food, risky sexual behavior, injuries

* Perception represents men's ability to receive and transmit information (including the symptoms from his psychological-biological system), and to compare them with the information received from the outer world (his social system) and with the information disposed in his memory. In that way men exposes disturbances of balance. G.Zivkovic

exposure... The outcome of the conflict of motives in this case will not depend just on the level of health culture and person's culture, but also on the system of adopted values, especially personal attitude towards own health.

In cases of very low level of health culture, where responsibility for personal health is in most cases not enough, for the user of health service curative services will have priority over preventive. Therefore, in case of health of our entire population, in regard to morbidity, chronic non-contagious illnesses are dominant (mostly of preventable nature), where there is no possibility for healing but only for symptoms' elimination and reduction of side effects.

From the standpoint of community, for many reasons, economic being the most dominant, it is more useful to prevent the occurrence of health damage by preventive measurements than to invest into treatment. For that reason, the community gives priority to preventive health needs while trying to satisfy health needs in general.

Besides health needs, it is significant to point to health demands as attempts of an individual or a group to refer to the health system for necessary health service (14, 17). To put it simpler, the demand for health services is what a patient seeks.

The demands are those needs of an individual or a community presented to health professionals. In order for a need to reach health service in a form of demand, an organization (health service) or an individual (health worker) is necessary to exist. The demand can be referred to it and the person who has perceived the certain need has the motivation for action (3).

Health demands are measured by real utilization of health services. There are also needs in population which are bounded for the services of curative medicine, which cannot be realized as demands due to inaccessible health service, lack of information, lack of trust, etc.

WHO classification suggests differentiation to:

1. *potential demands* and
2. *reported demands*. (14)

Estimation of health needs

Information about health needs is a basic pre-step for bringing a health program. The success of health programs directly depends on whether all health professionals, i.e. those who make the program, have regarded from all angles the needs of the users related to some health problem. The measurement of health needs is a complex task. The needs can be regarded through:

- medical documentation,
- needs perceived in the community (by the people in the community)

Information about medically perceived needs can originate from different sources, including the health researches in the community and reports of the health service, as well as by perception of health professionals. (12)

Health needs in practice are estimated usually only from the standpoint of health professionals. Such estimation is mostly based on the data about health state of the residents, but very often is based only on the scope of health needs perceived in previous periods. In previous making health programs and plans, the realization of which should have satisfied the needs of users, the attitudes of health service users have been neglected, especially in the field of health promotion and health education. For these reasons, in the field of health education, what is usually applied are methods, forms, contents and working manners in which the users of services are not interested or which are not adapted for the target group. (3)

Health needs' estimation must not be only the method for measuring illness and health, but it also implies the estimation of the efficiency and concrete utility from the application of a certain medical intervention (18, 19, 20).

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ZDRAVSTVENE POTREBE

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Ljudske potrebe su deo interesovanja različitih naučnih oblasti: sociologije, antropologije, psihologije, medicine, ekonomije. Veliki doprinos izučavanju potreba dali su Malinovski, Maslov, Adler i From. U pokušaju definisanja pojma potreba nije prihvaćena jedna definicija. U psihologiji se potreba definiše kao nedostatak ili poremećaj, odnosno nužnost da se ovaj nedostatak ukloni. Najpotpuniju klasifikaciju i objašnjenje ljudskih potreba dao je Maslov. Ako se pođe od činjenice da potreba predstavlja nedostatak, odnosno manjak nečega, u ovom kontekstu zdravstvena potreba bi ukazivala na nedostatak zdravlja, pa bi i merenje zdravstvenih potreba bilo isto što i merenje zdravlja. Zato se u zdravstvene potrebe mogu ubrojati gotovo sve ljudske potrebe, tj. one čijim bi se zadovoljenjem omogućilo fizičko, psihičko i socijalno blagostanje. Prema WHO, zdravstvene potrebe mogu se definisati kao naučno utvrđena odstupanja od zdravlja koja zahtevaju primenu preventivnih, kurativnih i eventualno kontrolnih i eradikacionih mera. Po medicinskom modelu koji koristi zdravstvena služba u sagledavanju potreba naglasak je na morbiditetu, mortalitetu, incidenci, prevalenci, nesposobnosti i dr. U uslovima uglavnom niskog nivoa zdravstvene kulture, gde je odgovornost za lično zdravlje u većini slučajeva nedovoljno za korisnika usluga zdravstvene službe kurativne usluge će imati prioritet nad preventivnim. Merenje zdravstvenih potreba je kompleksan zadatak. Potrebe se mogu sagledavati kroz medicinsku dokumentaciju i percipiranjem potreba od ljudi u zajednici. *Acta Medica Medianae* 2007;46(1):36-40.

Ključne reči: potrebe, zdravstvene potrebe, merenje