

How NGO Staff Understand Maslow's Hierarchy of Needs and MHPSS Pyramid in Iraq: A Pilot Descriptive Study

Как сотрудники НПО в Ираке понимают пирамиду потребностей по Маслоу и пирамиду Психического здоровья и психосоциальной поддержки: пилотное описательное исследование

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Short communication

Darya Rostam Ahmed^{1,2}, Mohammad Al Diab Al Azzawi³, Reinhard Heun⁴

¹ Koya University, Erbil, Kurdistan Region, Iraq

² Knowledge University, Erbil, Kurdistan Region, Iraq

³ National Ribat University, Khartoum, Sudan

⁴ University of Bonn, Bonn, Germany

Дарья Ростам Ахмед^{1,2}, Мохаммад Аль Диаб Аль Аззави³, Райнхард Хойн⁴

¹ Университет Койя, Эрбиль, Курдистан, Ирак

² Университет знаний, Эрбиль, Курдистан, Ирак

³ Национальный университет Рибат, Хартум, Судан

⁴ Боннский университет, Бонн, Германия

ABSTRACT

BACKGROUND: The Maslow's hierarchy of needs (Maslow's pyramid) and the Mental Health and Psychosocial Support (MHPSS) pyramid are integral frameworks in humanitarian settings whose aim is to address individual and community needs. However, confusion often arises among non-governmental organization (NGO) workers about the application and differentiation of these models.

AIM: This study aims to investigate the extent of confusion among NGO workers in Iraq as regards the Maslow's and MHPSS pyramids, identify the causes of this confusion, and explore its implications in the context of humanitarian mental health support.

METHODS: A pilot descriptive study was conducted in December 2023 through an online survey involving 61 local NGO workers from MHPSS components in Iraq. We created a measure to assess the participants' familiarity with both models, their perceived differences, and their views on the models' applicability in humanitarian contexts.

RESULTS: Male participants represented 55.7% ($n=34$) of the sample, while females accounted for 44.3% ($n=27$). Most participants were aged 25–34 (57%, $n=35$) and 35–44 (34%, $n=21$). A majority held bachelor's degrees (67.2%, $n=41$), with 21.3% ($n=13$) holding master's degrees. In terms of occupation, 49.2% ($n=30$) were engaged in the protection sector (gender-based violence and child protection), followed by health (19.7%, $n=12$), education (4.9%, $n=3$), and MHPSS staff roles in other sectors (26.2%, $n=16$). The study revealed that 54.1% ($n=33$) of the participants struggled to understand or differentiate between Maslow's and MHPSS pyramids. The causes of this confusion were related to perceived structural similarities (18.03%, $n=11$), lack of awareness and knowledge about the MHPSS pyramid (63.93%, $n=39$), and a combination of both (18.03%, $n=11$).

CONCLUSION: The study underscores the importance of better training and education for NGO workers to improve their understanding of the Maslow's and MHPSS pyramids. Addressing this knowledge gap can increase efficacy in humanitarian aid provision, ensuring that individual and community needs are adequately met in crisis situations.

АННОТАЦИЯ

ВВЕДЕНИЕ: Пирамида Маслоу и пирамида Психического здоровья и психосоциальной поддержки (ПЗПСП) — базовые инструменты оценки степени удовлетворенности потребностей индивида или группы людей. Сотрудники неправительственных организаций (НПО) часто испытывают затруднения в применении этих методик и плохо понимают отличия между моделями, лежащими в их основе.

ЦЕЛЬ: Определить уровень проблем и их причины при использовании пирамиды Маслоу и пирамиды ПЗПСП работниками НПО Ирака и исследовать применение этих инструментов при оказании психологической поддержки со стороны гуманитарных организаций.

МЕТОДЫ: В декабре 2023 г. было проведено пилотное описательное исследование в формате онлайн-опроса. В нем принял участие 61 работник служб ПЗПСП местных НПО в Ираке. Разработанная методика позволила оценить, насколько хорошо участники опроса знакомы с обеими моделями и знают об их различиях. Также исследование отражало мнение участников о применимости вышеуказанных моделей в гуманитарном контексте.

РЕЗУЛЬТАТЫ: Участники мужского пола составляли 55,7% ($n=34$) выборки, в то время как женщины — 44,3% ($n=27$). Подавляющая доля участников относилась к возрастным группам 25–34 лет 57% ($n=35$) и 35–44 лет 34% ($n=21$). Большинство респондентов имели степень бакалавра 67,2% ($n=41$), а 21,3% ($n=13$) — степень магистра. При оценке распределения по роду деятельности установлено, что 49,2% ($n=30$) участников были заняты в сфере защиты (защита жертв гендерного насилия и защита детей), а остальные – в проектах по охране здоровья 19,7% ($n=12$), в образовательных проектах 4,9% ($n=3$) и работники ПЗПСП из других секторов 26,2% ($n=16$). Исследование показало, что 54,1% ($n=33$) участников испытывали затруднения в понимании правил применения пирамиды Маслоу и ПЗПСП и в определении принципиальных различий между ними. Причины подобных проблем были связаны с восприятием участниками пирамид как структурно сходных 18,03% ($n=11$), с недостатком осведомленности о пирамиде ПЗПСП 63,93% ($n=39$), а также с сочетанием обоих факторов 18,03% ($n=11$).

ЗАКЛЮЧЕНИЕ: Исследование подчеркивает важность обучения и повышения квалификации работников НПО для лучшего понимания сути пирамиды Маслоу и ПЗПСП. Устранение пробела в знаниях в этой области может повысить эффективность оказания гуманитарной помощи и гарантировать адекватное удовлетворение потребностей индивида и сообщества в кризисных ситуациях.

Keywords: *Maslow's pyramid; MHPSS pyramid; human needs; humanitarian context; crisis*

Ключевые слова: *пирамида Маслоу; пирамида ПЗПСП; человеческие потребности; гуманитарный контекст; кризис*

INTRODUCTION

Two widely used models for understanding human needs and psychosocial needs are the Maslow's hierarchy of needs (Maslow's pyramid) and the Mental Health and Psychosocial Support (MHPSS) pyramid of intervention. The concept of pyramid diagrams is often used to represent the hierarchy of needs or levels of importance in various fields. In humanistic psychology and psychosocial support in humanitarian settings, two of these pyramid diagrams are the Maslow's pyramid of needs and the MHPSS pyramid.

The Maslow's pyramid is a hierarchical model of human needs proposed by the American psychologist Abraham

Maslow in 1943 [1, 2]. According to Maslow's theory, human needs are arranged in a pyramid-like structure, with the most basic needs at the bottom and the most complex at the top. The five levels of the Maslow's pyramid are physiological needs, safety needs, love and belongingness needs, esteem needs, and self-actualization needs [3]. Maslow argued that once one level of need is met, individuals are motivated to move up the pyramid to the next level until they reach self-actualization, the highest level of human needs.

The Inter-Agency Standing Committee (IASC) in 2007 developed the MHPSS guideline for emergency situations

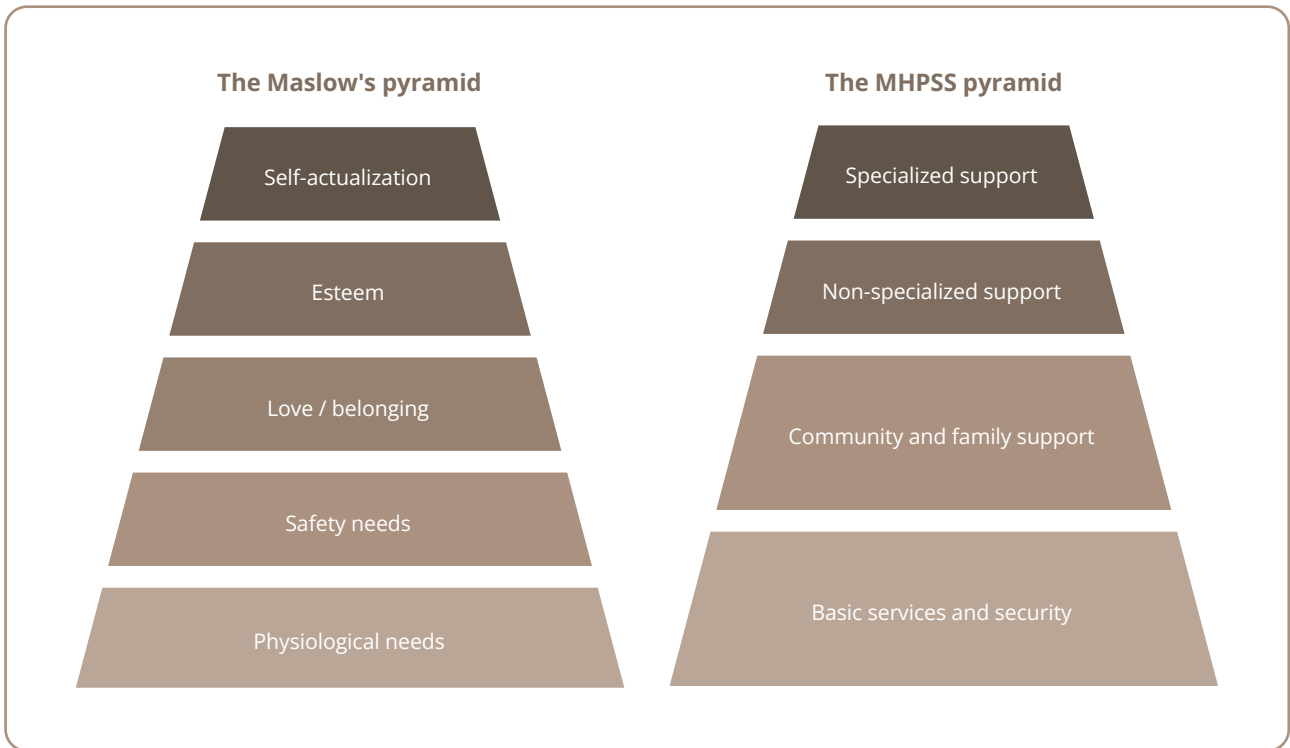


Figure 1. Illustration of the The Maslow's pyramid and the Mental Health and Psychosocial Support (MHPSS) pyramid.

to provide a framework to address the mental health and psychosocial needs of people affected by crisis¹. Unlike Maslow's pyramid, which focusses on individual needs, the MHPSS pyramid is designed to address the needs of entire communities affected by a crisis [4]. The pyramid consists of four levels, starting with basic needs and safety at the base, followed by social and community support, non-specialized psychological support, and finally specialized mental health services at the top [5]. The model suggests that people must meet their basic needs before receiving more targeted support for their mental health and well-being. Figure 1 indicates the pyramids of both models.

Rationality of the study and the hypothesis

We have noticed considerable confusion among non-governmental organization (NGO) workers about Maslow's pyramid and the MHPSS pyramid. This observation spurred us into investigating their understanding of these models in depth, with the aim of pinpointing the factors causing this confusion and understanding the nuances of their

comprehension and its potential implications for mental health support in a humanitarian context. We hypothesize that NGO workers indeed struggle to understand and differentiate between Maslow's pyramid and the MHPSS pyramid in the context of humanitarian mental health assistance. No comprehensive studies have previously been conducted that exclusively focused on this topic, which underscores the originality and necessity of our survey. Understanding these challenges is crucial as it can significantly enhance the capacity of aid workers, allowing them to offer more effective assistance. This research is essential as it will provide insights that could potentially reshape training programs and improve the overall efficacy of humanitarian interventions.

The objectives of the study

The study aims to examine NGO aid workers' grasp of human needs according to the Maslow's pyramid and the MHPSS pyramid. It seeks to identify the differences between the two models and clarify the reasons behind the difficulty in distinguishing between them.

¹ Inter-Agency Standing Committee [Internet]. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007. Geneva; 2007 [cited 2024 Mar 27]. Available from: <https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007>

METHODS

Study design

This research is a pilot study with a descriptive design. This type of study design allows one to collect and analyze data about a specific population at a given point in time. To add depth to the data collection process, we employed the snowball sampling method, which involves participants referring other potential respondents, thereby broadening the reach and diversity of the sample. This method is particularly effective in accessing a wider network of participants, especially when direct contacts are limited.

Measurements

We designed a scale to evaluate the participants' viewpoints and comprehension regarding the Maslow's pyramid and the MHPSS pyramid (see Box S1 in the Supplementary). The scale comprised six sections, with the initial section focusing on demographic details and the subsequent sections featuring 10 questions concerning the participants' familiarity with both models, their perceived distinctions, and their perspectives on the applicability of each model in a humanitarian setting. The survey was conducted online using Google Form. Two MHPSS specialists with at least 9 years of experience in the field, coming from the public health and clinical psychology backgrounds, collaborated to develop the survey questionnaire, aligning it with the purpose and context of Iraqi NGO workers.

Setting

Participants were randomly chosen from NGO workers in Iraq, from refugees and internally displaced persons (IDP) camps in Ninawa, Erbil, and Duhok provinces. Participation in the survey was voluntary, anonymous, and no personal data were collected. Informed consent was obtained from participants during data collection.

Sample

A total of 61 participants from various educational levels participated in the survey, most being healthcare workers such as doctors, nurses, and psychologists who worked in the MHPSS unit.

Inclusion criteria: 1) being a local staff member; 2) actively participating in MHPSS-related humanitarian efforts within both local and international NGOs; and 3) participating in projects centered on protection, health, education and other units.

International staff and individuals from disciplines not related to MHPSS were excluded from the study.

Data sources

The survey was anonymous, and for confidentiality we did not ask for names or personal information. The survey was distributed electronically to potential participants in December 2023, using a snowball approach to broaden participant engagement and capture diverse perspectives. Responses were collected over a two-week period between December 10th and December 24th.

Statistical analysis

Descriptive statistics was used to analyze the rates and percentages of the responses, using the Statistical Package for the Social Sciences (SPSS) version 27.

RESULTS

Sample characteristics

Table 1 provides indicators about the demographics of the participants. The largest age groups were within the age ranges of 25–34 (57%) and 35–44 (34%), while smaller

Table 1. Demographics of participants

Parameter	Value	N	%
Age (years)	18–24	2	3.3%
	25–34	35	57.4%
	35–44	21	34.4%
	45–54	3	4.9%
Gender	Male	34	55.7%
	Female	27	44.3%
Level of Education	High School or equivalent	2	3.3%
	Bachelor's degree	41	67.2%
	Master's degree	13	21.3%
	Doctoral degree	1	1.6%
	Other	4	6.6%
Field or component in humanitarian/NGO	Protection (GBV and child protection)	30	49.2%
	Health	12	19.7%
	Education	3	4.9%
	Other	16	26.2%

Note: NGO — non-governmental organization; GBV — gender-based violence.

representations were evident in the age ranges of 18–24 (3.3%) and 45–54 (4.9%). The gender distribution showed a slight male predominance, comprising 55.7% of males and 44.3% of females. Educational backgrounds varied, with a significant majority possessing Bachelor's degrees (67.2%), followed by those with Master's degrees (21.3%). Participants were involved in various sectors of humanitarian work, with substantial presence in Protection (gender-based violence (GBV), and child protection) roles (49.2%), complemented by contributions in Health (19.7%), Education sector (4.9%), and various roles categorized as 'Other' (26.2%).

Distinguishing between Maslow's pyramid and the MHPSS pyramid

Our hypothesis contended that there is prevalent confusion between the Maslow's pyramid and the MHPSS pyramid among NGO workers active in Iraq. This was confirmed by the study results.

Table 2 represents the responses to a survey question regarding understating of and confusion between Maslow's pyramid and the MHPSS pyramid among NGO workers in Iraq (*Is it common for you to confuse Maslow's pyramid with the MHPSS pyramid?*) in which "Yes" means the participants cannot understand clearly and confuse between Maslow's pyramid and the MHPSS pyramid. "No" means they are not confused and understand the difference. Notably, 54.1% (33 participants) said they were confused, while 45.9% (28 participants) said they understood both models clearly.

Causes of the confusion between Maslow's pyramid and the MHPSS pyramid

Table 3 shows the main causes behind the confusion between the Maslow's and MHPSS pyramids.

Table 2. Confusion between Maslow's and MHPSS pyramids

Question		N	%
Is it common for you to confuse Maslow's pyramid with the MHPSS pyramid?	Yes	33	54.1%
	No	28	45.9%

Table 3. Reasons for confusion

Question		N	%
What is the primary cause of confusion between the Maslow's pyramid and the MHPSS pyramid?	Similar pyramid structure	11	18%
	Lack of awareness about MHPSS pyramid	39	63.9%
	Both	11	18%

Within this analysis (*What do you think is the primary cause of potential confusion between Maslow's pyramid and the MHPSS pyramid, considering their differences?*) in which 11 out of 61 participants (18%) attributed their confusion to a perceived similarity in the pyramids' structure, while an additional majority 39 out of 61 participants (63.9%) mentioned a lack of awareness about the MHPSS guidelines and its tools. Finally, 11 out of the 61 participants (18%) highlighted both factors as primary contributors to the general state of confusion between Maslow's and the MHPSS pyramid.

DISCUSSION

Comprehension and confusion among NGO workers

The study initially hypothesized that NGO workers struggle to understand and differentiate between Maslow's pyramid and the MHPSS pyramid in the context of humanitarian mental health assistance. The findings confirm this hypothesis, as more than half of the participants admitted to confusing the two models, underscoring a significant comprehension problem within the NGO workforce in Iraq. This confusion is concerning given the distinct and critical role each framework is supposed to play in humanitarian aid work. Maslow's pyramid, which is primarily focused on individual development and needs, contrasts sharply with the MHPSS pyramid, which is tailored for community-based psychosocial support in crisis situations.

The causes of the confusion

The primary reasons for this confusion were identified as a lack of awareness and knowledge about the MHPSS pyramid and perceived structural similarities between the two pyramids. In particular, almost two-thirds of the respondents attributed their confusion to inadequate knowledge about the MHPSS pyramid. This indicates a critical gap in training and information dissemination among NGO workers. Addressing this gap is essential not only for the effectiveness of humanitarian aid work, but also for the mental health and well-being of communities in crisis. The identified facts are influenced by insufficient experience in the humanitarian field of MHPSS, which may be due to psychologists and social workers not having studied these specific models in university programs, further compounded by the shortcomings or lack of additional specialized training provided by specialists to improve aid workers' knowledge.

Implications for capacity building

The study findings highlight a clear need for improved capacity building programs for NGO workers, as they are insufficient in Iraq [6]. Training should focus on clearly delineating these models, emphasizing their applications, and clarifying their distinct roles in humanitarian aid work. Furthermore, incorporating more comprehensive mental health and psychosocial support training into the regular training schedule of NGO workers could help mitigate this confusion. By improving their understanding of these frameworks, NGO workers can be better equipped to apply them appropriately in their respective roles.

Limitations

This study has several limitations, such as a small sample size and potential biases from snowball sampling. The questionnaire was specifically developed for this pilot study, lacking detailed information collection protocol and relying solely on self-reported data, which may have introduced a response bias. Additionally, the descriptive nature of the study limited the ability to establish causality, monitor changes over time, and avoid overgeneralization. Future research could expand on this study by incorporating a larger and more diverse sample and employing a longitudinal design to examine changes in understanding over time after targeted educational interventions.

CONCLUSION

The study's insights into the confusion between Maslow's pyramid and the MHPSS pyramid among Iraqi non-governmental organization workers highlight a crucial area for intervention. By improving training and clarity with respect to these models, we can improve the efficacy of humanitarian aid and ensure that individual and community needs are addressed effectively in crisis situations. This empowers NGO workers with the knowledge and skills necessary to make informed decisions in their critical roles.

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Supplementary data

Supplementary material to this article can be found in the online version:

Box 1: <https://doi.org/10.17816/CP15540-145312>

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Information about the authors

***Darya Rostam Ahmed**, Department of Clinical Psychology, Faculty of Science and Health, Koya University, Koya KOY45, Kurdistan Region – F.R. Iraq; Department of Medical Laboratory Science, College of Science, Knowledge University, Kirkuk Road, 44001 Erbil, Iraq; ORCID: <https://orcid.org/0000-0003-3987-3848>

E-mail: darya.rostam@koyauniversity.org

Mohammad Al Diab Al Azzawi, Faculty of medicine, National Ribat University; ORCID: <https://orcid.org/0009-0006-6776-6467>

Reinhard Heun, MD, PhD, Professor of Psychiatry, Department of Psychiatry and Psychotherapy, University of Bonn; ORCID: <https://orcid.org/0009-0009-0392-8959>

*corresponding author

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