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Basic Stimulation in nursing care

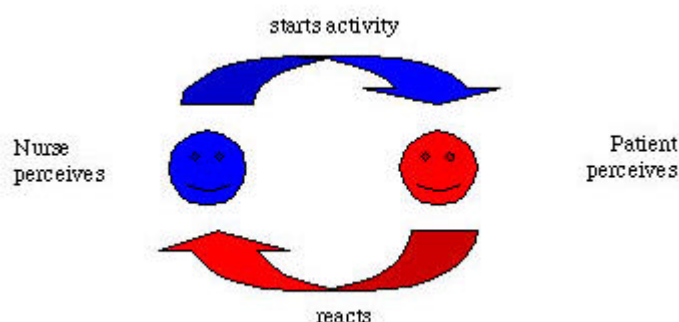
Development: Basic stimulation is a concept for the advancement, care and accompaniment of seriously disabled persons. It was developed by the professor for special pedagogics *Andreas Fröhlich* for the work with mentally and physically retarded children in 1975. Together with the state registered nurse *Christel Bienstein* the concept was then successfully carried over into general nursing care in the 1980s. The term *basic stimulation* means the offer to patients of pleasant, clearly perceptible information (stimulation) about themselves or their environment, using familiar and elementary (basic) experiences.

Aim of basic stimulation is the stimulation and accompaniment of individual learning processes.

Target group All persons with restricted or impaired perception, movement or communication. For example: Unconscious, artificially respirated, disorientated, and somnolent patients. Patients with cranio-cerebral trauma, brain damage following hypoxia, Alzheimer's disease, hemiplegia, and apallic syndrome. Dying, elderly, motorically disabled, and retarded patients, as well as premature infants.

Human understanding: Human beings live autonomically through and in interrelation with the environment. The greater the impairment of autonomy and ability to interrelate, the greater the dependence upon the environment. We understand the patients as equal partners, holistic beings with individual stories. The capability of experiencing is always present, the need for expression and communication in the actual life situation elementary. The patients are human beings with communicative and social competencies, with their own goals and strategies of accomplishment.

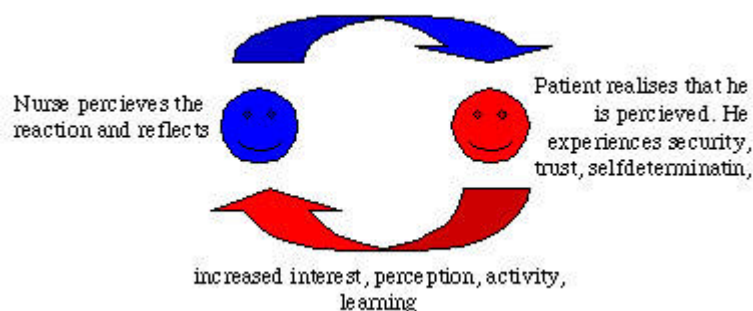
Background: Perception is individual, it is alterable and our experiences depend on it. We believe that the experience of oneself and the environment is changed following a serious disease, a phase of sedation or brain damage. Immobility, reduced communication and a strange and boring environment often cause a loss of motivation, disturbances of orientation, psycho-emotional withdrawal and so on. General care seems meaningless to these patients and is paired with a reduced rehabilitative potential. They require special conditions for learning and rehabilitation, their care necessitates special pedagogical qualities.



Basic stimulating care means a mutual learning process. The nurse offers activities to the patient and watches for reactions. These are integrated into and guide the further activity of the nurse.

This requires that the nurse accepts the patient in his reduced abilities, as well as flexibility and a large repertory of possible strategies and responses to the expressions of the patient. These then form the communication. The patient is so able to determine his own care. He feels respected and understood, he learns to realise and trust his own

effectiveness and selfdetermination.



These nursing activities are offers to the patient. They are orientated on the learning potential, awareness and biography of the patient. They are simple, understandable and interesting for the patient. The offers invite him to join in the activity. This learning process often means to perceive and update the own bodily and psychic identity, experience and change the environment, understand meanings, develop an own rhythm and to take control of or even leave- life.

Basic stimulating care is featured by

- Give safeness and establish trust
- Build up relationship and form encounters
- Experience environment
- Feel oneself
- Preserve life (Breathing, Feeding, Moving)
- Form life
- Develop rhythm (awake, rest, sleep)
- Autonomy and responsibility

Example: A 56 year old woman with a severe encephalitis, decreased muscle tonus, just able to open her eyes a little, was asked to open her mouth for a mouth rinse. By the first contact she closed her mouth and pressed her lips together. The situation was reflected: The woman did not seem to understand the meaning and the nurse started the activity in a different manner. She looked through the patient's toilet articles and found a mouth wash. She showed this to the patient and let her fix it with her eyes. The nurse put some of the mouth wash in a glass in front of the patient and guided her hand slowly to the glass. The nurse raised the patient's arm a little, as a question. She felt a higher tonus in the arm and moved the arm upwards to her lips and asked her again to rinse her mouth. The patient opened and rinsed her mouth. The arm was raised again, the patient accepted and so the activity was repeated three times.

Time required: Basic stimulation is not a technique, but an advanced therapeutical nursing concept, a so-called 24 hour concept. This does not necessarily mean that the concept requires more time, but rather a re-organisation of the existing care.

Studies: Basic Stimulation is not manipulative, it is process-orientated care, that esteems selfdetermination and development of the patient. Quantitative studies are not suitable for the evaluation of basic stimulation, qualitative case descriptions have proved the results of the concept: reduced stress, increased well-being, better social interaction, independence, perception, and activity.

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