



PARTICIPATIE - ICF

Prof. Dr. Dominique Van de Velde - Brussel ICF platform - 2020

PARTICIPATIE, SETTING THE STAGE

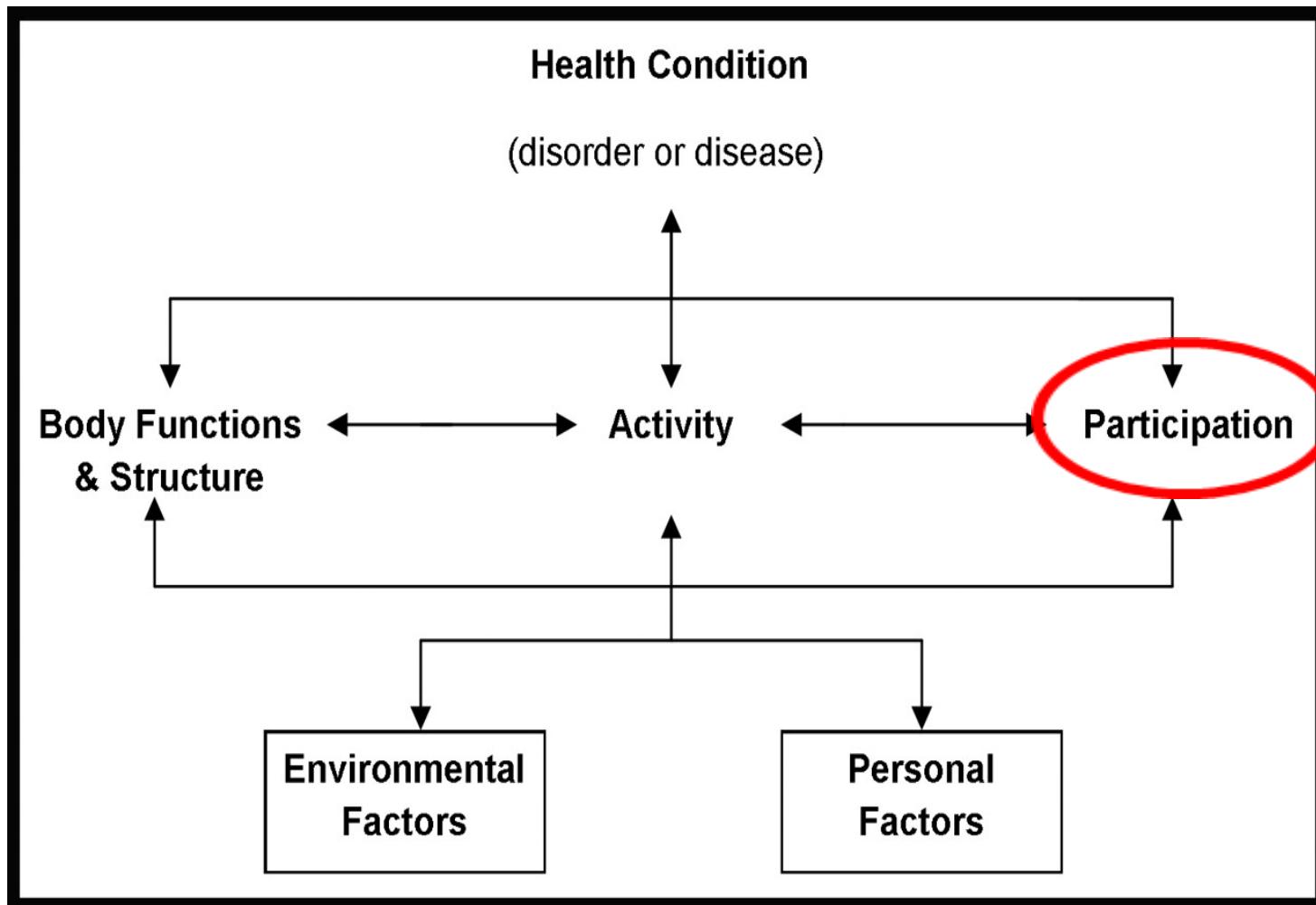
- Participatie: WHO – ICF 2001.
- Internationale Classificatie van het menselijk Functioneren.
- ‘The ICF has become an **internationally-accepted** standard for describing and assessing functioning’,
- ‘There has been a push for its **implementation in rehabilitation**’.

Gutenbrunner C, Negrini S, Kiekens C, Zampolini M, Nugraha B. The Global Disability Action Plan 2014-2021 of the World Health Organisation (WHO): a major step towards better health for all people with disabilities. Chance and challenge for Physical and Rehabilitation Medicine (PRM). Eur J Phys Rehabil Med. 2015;51(1):1-4.

Section of Physical and Rehabilitation Medicine Union; Européenne des Médecins Spécialistes (UEMS); European Board of Physical and Rehabilitation Medicine; Académie Européenne de Médecine de Réadaptation; European Society for Physical and Rehabilitation Medicine. White book on physical and rehabilitation medicine in Europe. Eura Medicophys. 2006; 42(4): 292-332.

Cieza A, Oberhauser C, Bickenbach J, Chatterji S, Stucki G. Towards a minimal generic set of domains of functioning and health. BMC Public Health. 2014;14(1):218.

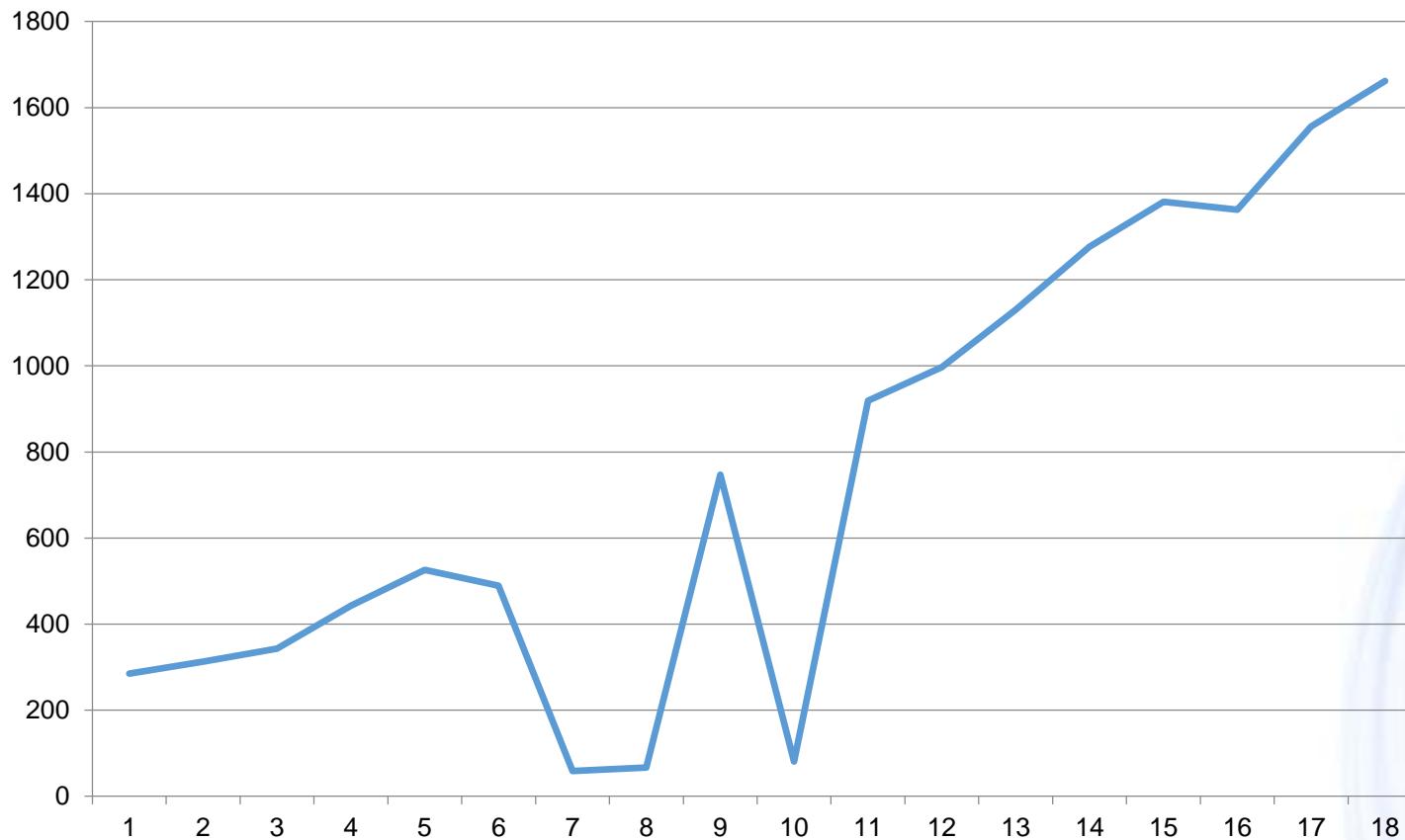
INTRODUCTIE



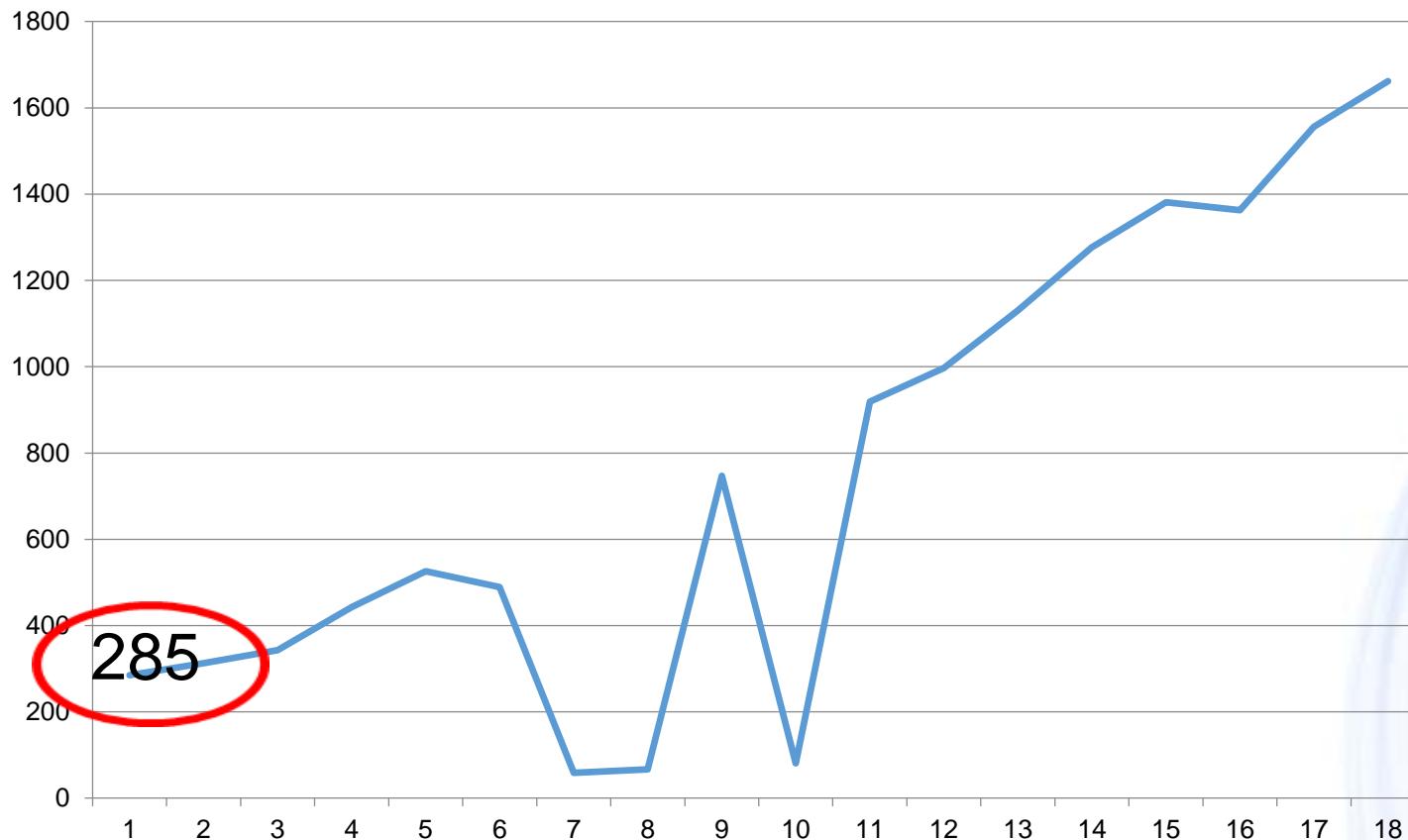
INTRODUCTIE

Participatie [1] wordt steeds meer gebruikt in de revalidatie als belangrijke uitkomstmaat van een geslaagde revalidatie en toont hiermee het belang van het concept [2],

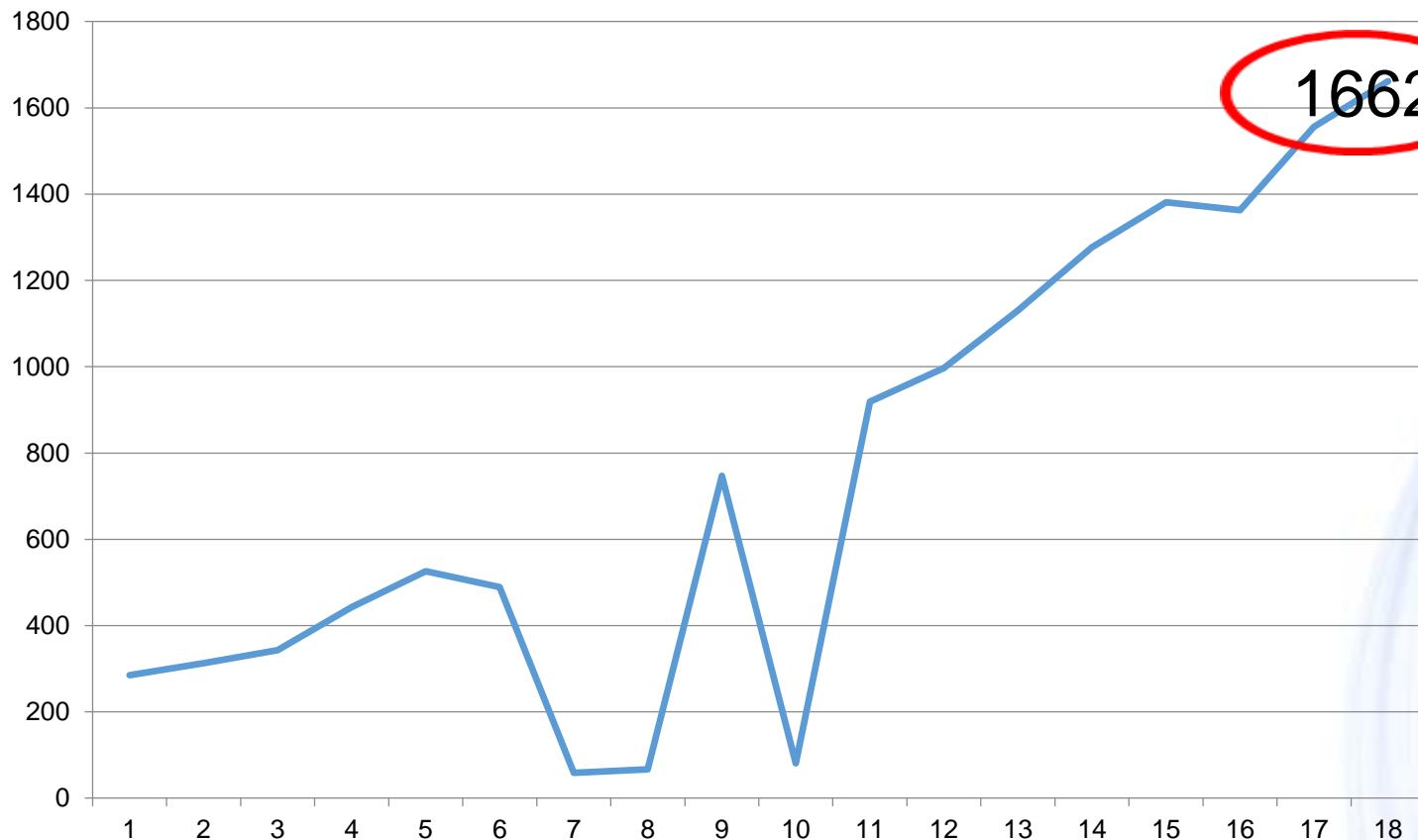
PUBMED PARTICIPATION AND REHABILITATION



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INTRODUCTIE

Participatie: Involvement in a life situation [1]

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Swedish: engagemanget i livssituationer

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French: l'implication d'une personne dans une situation de vie réelle

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Participatie: Involvement in a life situation [1]

Nederlands: deelname aan het maatschappelijke leven

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Participatie: Involvement in a life situation [1]

Nederlands: deelname aan het maatschappelijke leven



References

[1] international Classification of Functioning, Disability and Health. Geneva: WHO; 2001.

INTRODUCTIE

Participatie: Involvement in a life situation [1]

Nederlands: deelname aan het maatschappelijke leven.

Het zou moeten zijn: **Betrokkenheid in een levenssituatie.**



INTRODUCTIE

Participatie: Involvement in a life situation [1]

Het concept wordt meer en meer gebruikt en staat in veel visie- en missieteksten. [2]

Maar, is de definitie duidelijk en ondubbelzinnig?



INTRODUCTIE

Participatie: **Involvement in a life situation** [1]

Wat betekent dit precies?



INTRODUCTIE

Participatie: **Involvement in a life situation**

Wat betekent dit precies?

'Everything we do between being born and dying is involvement in life situation' [3].



INTRODUCTIE

“a lack of conceptual consensus makes participation an ambiguous concept in research, and this ambiguity makes evidence-based decisions directed at enhancing participation difficult”

HOE KUNNEN WE MET DIT PROBLEEM OMGAAN?

Onderzoek

- Een ‘critical review’
 - Om de beperking in de definitie te detecteren.
- Een ‘scoping review’
 - Om na te gaan hoe mensen participatie ervaren
- Een ‘systematic review’
 - Om na te gaan hoe participatie is geoperationaliseerd en hoe het gemeten kan worden.



APPLICATION OF PARTICIPATION IN CLINICAL PRACTICE: KEY ISSUES

Dominique VAN DE VELDE, PhD^{1,2}, Marieke COUSSENS, PhD Can^{1,2}, Stijn DE BAETS, PhD Can^{1,2}, Lode SABBE, MSc³, Guy VANDERSTRAETEN, MD, PhD^{1,3}, Peter VLERICCK, PhD⁴, Lien VAN MALDEREN, PhD⁵, Ellen GORUS, PhD⁵ and Patricia DE VRIENDT, PhD^{1,2,5}

From the ¹Faculty of Medicine and Health Sciences, Department of Rehabilitation Sciences and Physiotherapy, Occupational Therapy Programme, Ghent University, ²Department of Occupational Therapy, Artevelde University College, ³Department of Physical and Rehabilitation Medicine, University Hospital Ghent, ⁴Faculty of Psychology and Educational Science, Department of Personnel Management Work and Organizational Psychology Ghent University, Ghent University, and ⁵Department Gerontology and Frailty in Ageing (FRIA) Research Group Vrije Universiteit, Brussels, Belgium

Background: Rehabilitation services are increasingly targeting involvement in daily life. In the International Classification of Functioning, Disability and Health this is referred to as "participation". However, questions have arisen regarding the conceptualization of participation, and consensus is lacking.

Methods: The first phase of this study is a critical review of the literature to detect recurring conceptual problems in the application of participation and how researchers deal with these. The second phase is a systematic review to identify how participation measures are operationalized.

Results: The critical review found possible solutions to 4 recurring key limitations: (i) how to deal with ambiguity and vagueness regarding the term "participation"; (ii) how to differentiate between activity and participation; (iii) what is the current empirical knowledge about the subjective aspects of participation; (iv) what are the different ways to measure participation. The systematic review found 18 instruments operationalizing participation in different

LAY ABSTRACT

Participation is defined by the International Classification of Functioning, Disability and Health (ICF) as "involvement in a life situation". For this concept to be used in rehabilitation, some issues require clarification. When aiming to use this concept and to measure participation it is necessary: (i) to define the context (home, school, work, community, etc.) in which the patient (child, adult or older person) wants to participate; (ii) to make clear in what dimension exactly one wants to measure participation: the frequency, the limitations, the subjective appraisal of activities, or combinations of these; and (iii) to be aware of the level of power and autonomy the patient aims for in performing activities: from being informed about the activity to being involved in decision-making. Based on the results of this study, a more informed choice could be made about which measurement instrument to use. However, a clear single agreement on the concept of participation will foster clinical practice and action is required to reach consensus.

FASE 1: DE ‘CRITICAL REVIEW’

DE 'CRITICAL REVIEW'

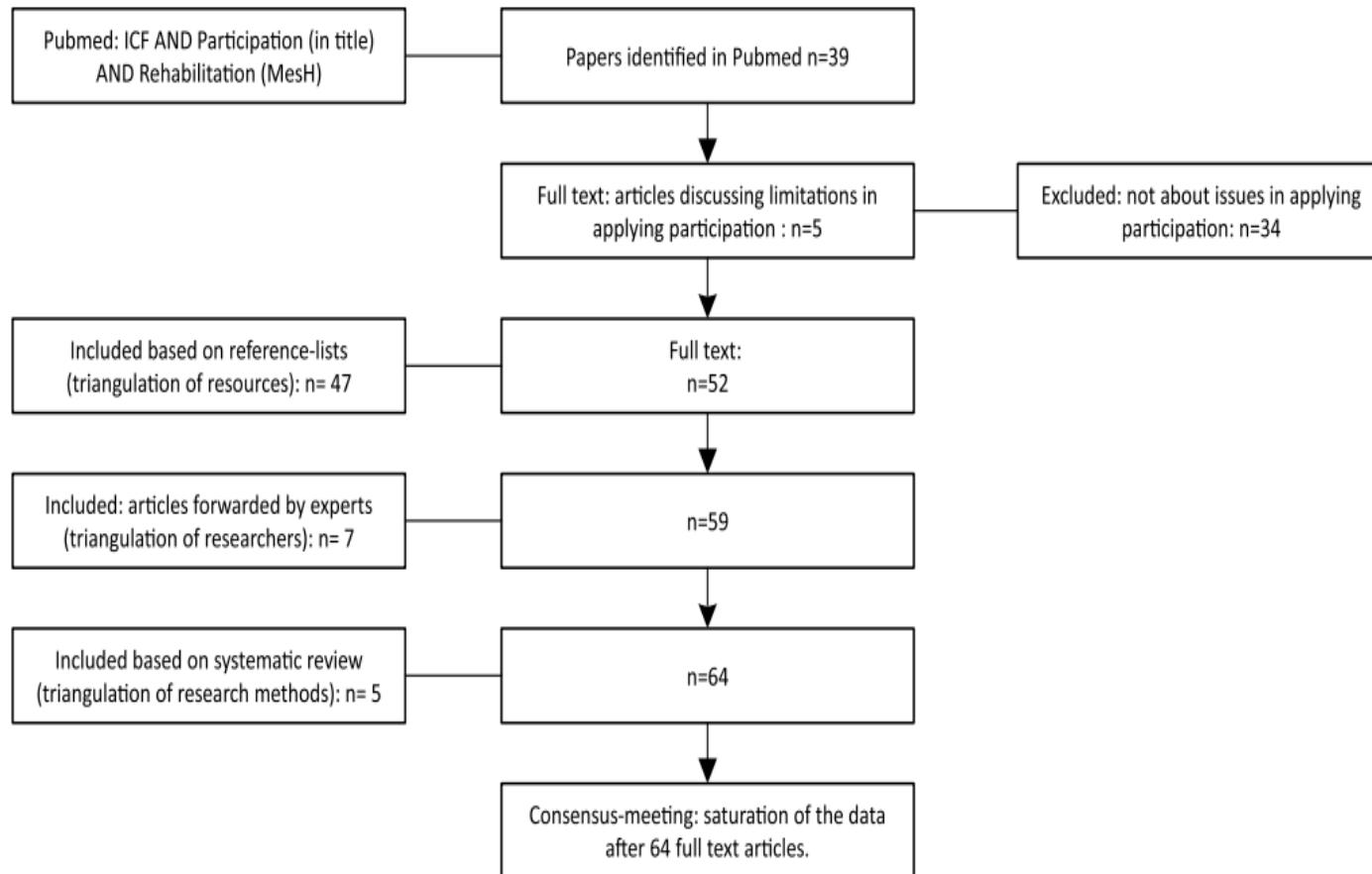


Fig. 1. Flow chart of the selection procedure for the critical review.

DE 'CRITICAL REVIEW'

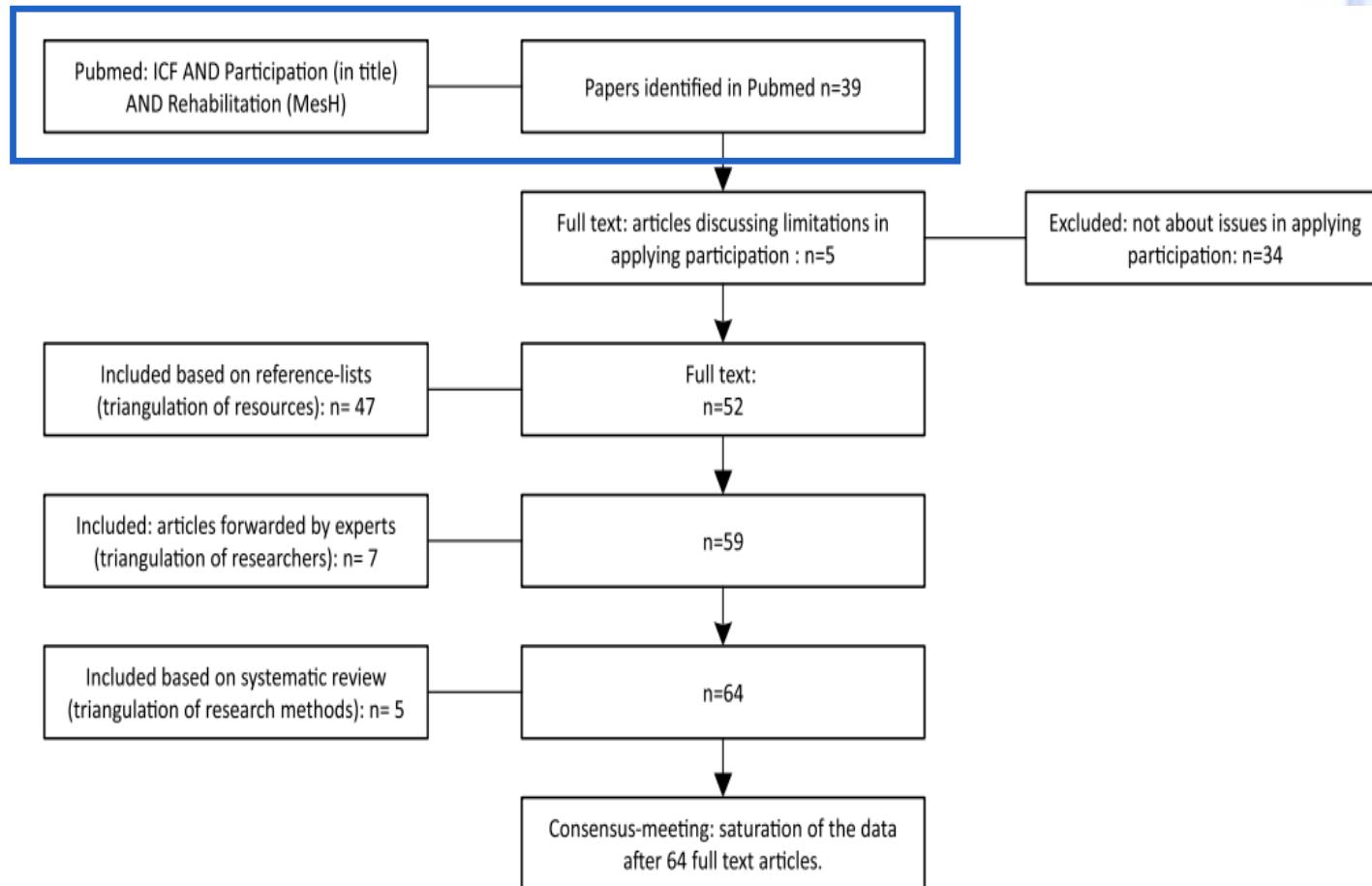


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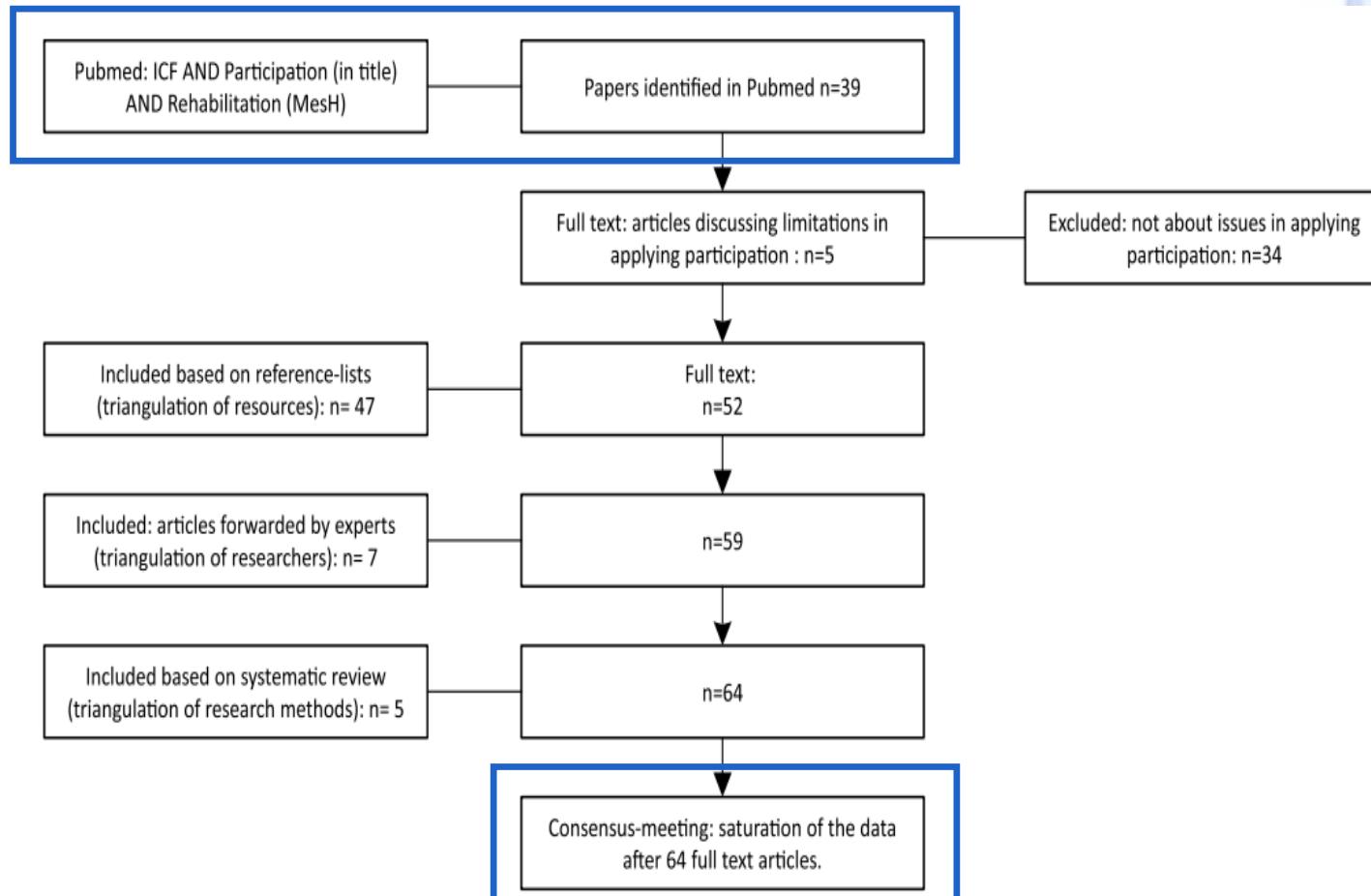


Fig. 1. Flow chart of the selection procedure for the critical review

ER ZIJN 4 PROBLEEMEN DIE STEEDS TERUGKEREN

- De term is dubbelzinnig en onduidelijk(4),
- Differentiëren tussen activiteit en participatie is moeilijk (5),
- De subjectieve aspecten van het menselijk functioneren ontbreken (6),
- Er is geen consensus over hoe participatie moet gemeten worden (7)

(4) Hammel J, Magasi S, Heinemann A, Whiteneck G, Bogner J, Rodriguez E. What does participation mean? An insider perspective from people with disabilities. *Disabil Rehabil* 2008; 30: 1445–1460.

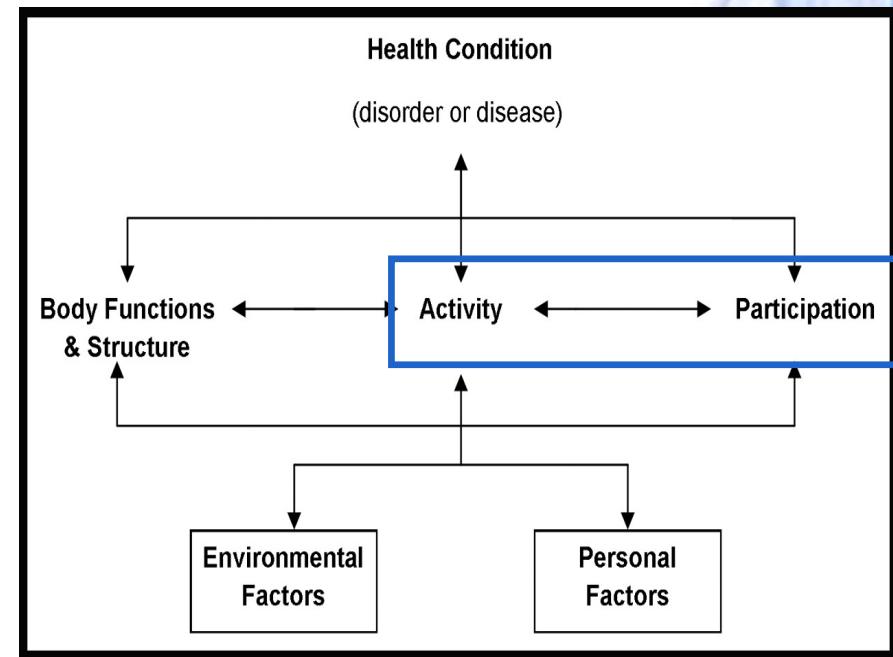
(5) Jette AM, Haley SM, Kooyoomjian JT. Are the ICF activity and participation dimensions distinct? *J Rehabil Med* 2003; 35: 145–149.

(6). Ueda S, Okawa Y. The subjective dimension of functioning and disability: what is it and what is it for? *Disabil Rehabil* 2003; 25: 596–601.

(7) Dijkers MP. Issues in the conceptualization and measurement of participation: an overview. *Arch Phys Med Rehabil* 2010; 91: S5–S16.

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ACTIVITEITEN VERSUS PARTICIPATIE

Domeinen van activiteiten

1	Leren en toepassen van kennis
2	Algemene taken en eisen
3	Communicatie
4	Mobiliteit
5	Zelfverzorging
6	Huishouden
7	Tussenmenseijke interacties en relaties
8	Belangrijke levensgebieden
9	Maatschappelijk, sociaal en burgerlijk leven

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ACTIVITEITEN VERSUS PARTICIPATIE

Overlap tussen activiteiten en participatie

1	Leren en toepassen van kennis
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- | | |
|---|--|
| 1 | Leren en toepassen van kennis |
| 2 | Algemene taken en eisen |
| 3 | Communicatie |
| 4 | Mobiliteit |
| 5 | Zelfverzorging |
| 6 | Huishouden |
| 7 | Tussenmenseijke interacties en relaties |
| 8 | Belangrijke levensgebieden |
| 9 | Maatschappelijk, sociaal en burgerlijk leven |

Alle domeinen kunnen aanleiding geven tot een gevoel van participatie

OPLOSSINGEN GEVONDEN IN DE LITERATUUR

Herinner u:

participatie is 'Involvement in a life situation'

Of vrij vertaald: 'betrokkenheid in een levenssituatie'

Dus:

Verklaar wat 'INVOLVEMENT' of 'BETROKKENHEID' betekent
en

Verklaar wat 'LIFE SITUATION' of LEVENSSITUATIE betekent

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en

Verklaar wat 'LIFE SITUATION' of LEVENSSITUATIE betekent

VOOR UW PATIENT (client, bewoner, revalidant,...)

CONCREET?

Vaak word een bijvoeglijk naamwoord bij de term participatie geplaatst om:

- de geografische of sociale context van de levenssituatie te duiden.
- De specifieke ‘actie’ waarin het individu betrokken is te beschrijven.

VOORBEELDEN

- Sociale participatie, gemeenschaps-participatie, maatschappelijke participatie,...
- Sociopolitieke participatie, burgerparticipatie, patiëntenparticipatie, schoolparticipatie, sportparticipatie, arbeidsparticipatie,...

MET BETREKKING TOT DE CONTEXT

- Dit verklaart dan de huidige levenssituatie:
 - Thuis,
 - Gemeenschap,
 - Revalidatie centrum,
 - Rust en verzorgingstehuis,
 - ...

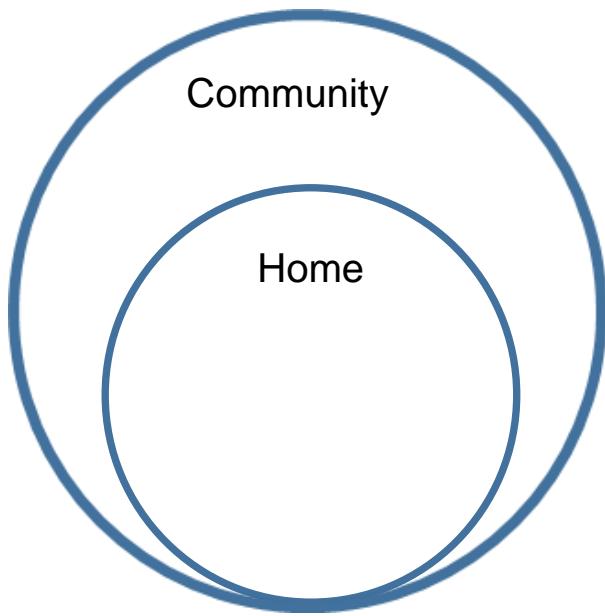


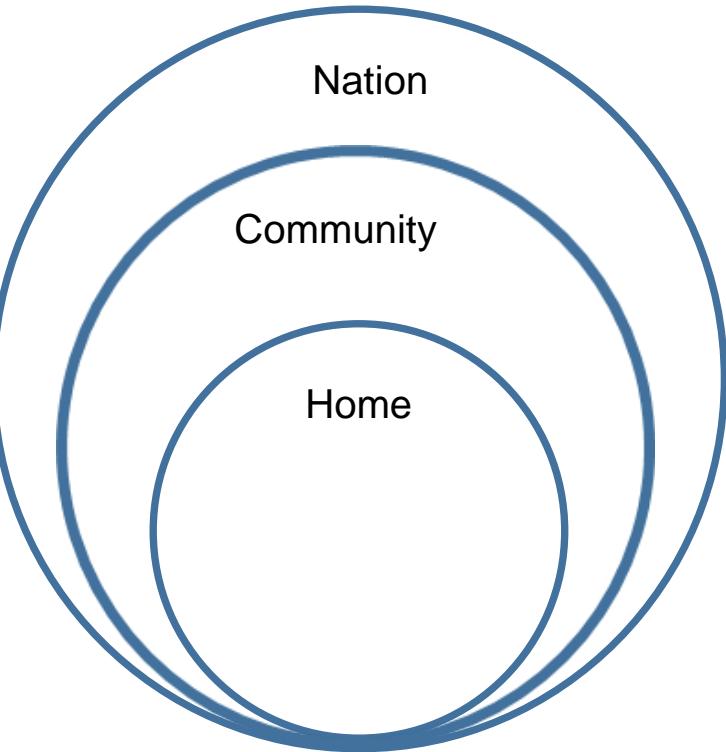


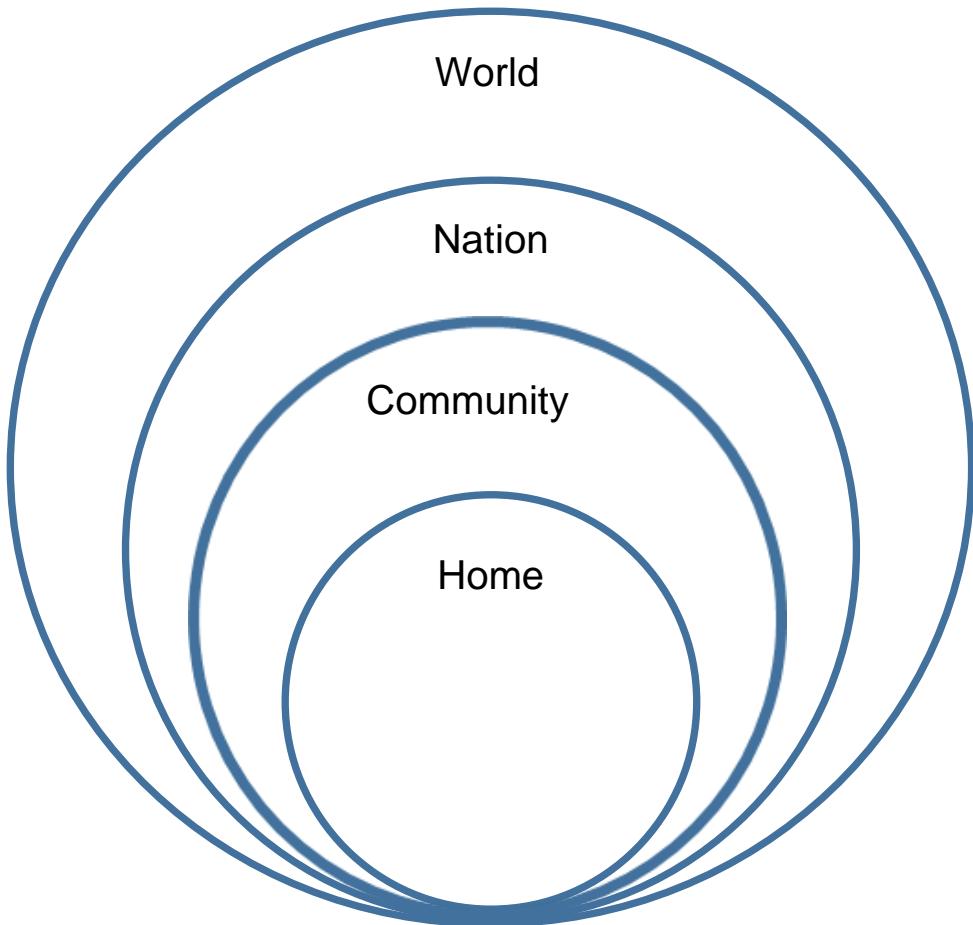
Home



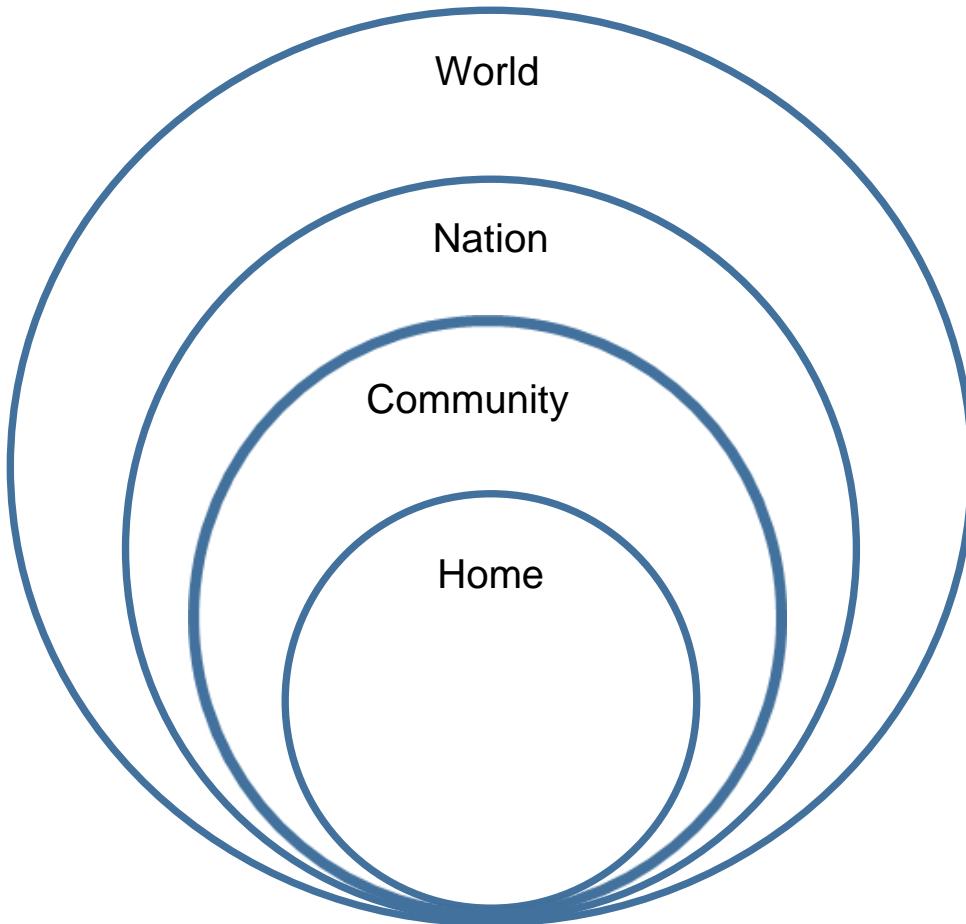
Home



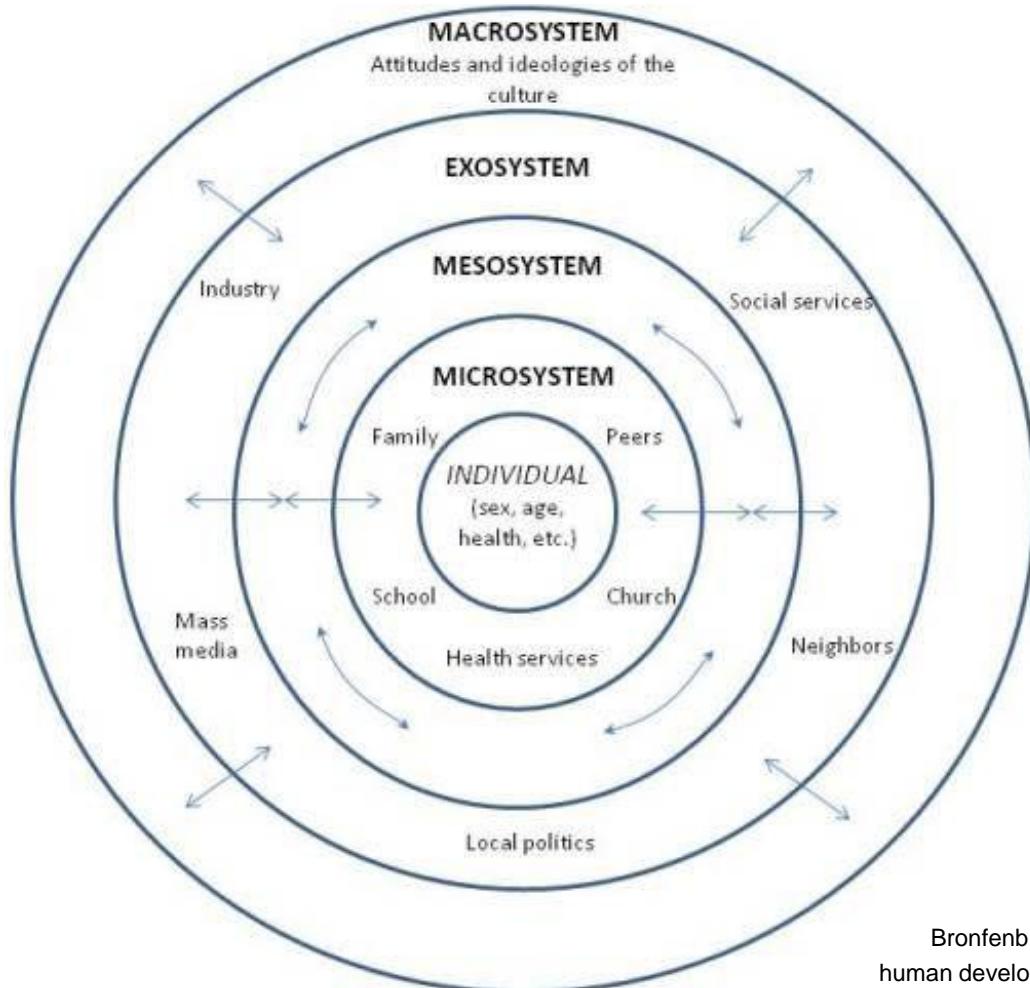




Heinemann AW, Tulsky D, Dijkers M, Brown M, Magasi S, Gordon W, et al. Issues in participation measurement in research and clinical applications. *Arch Phys Med Rehabil* 2010; 91: S72–S76.



THEORETISCHE ACHTERGROND BRONFENBRENNER



Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press

EEN ANDERE MANIER OM DE CONTEXT DE DUIDEN

Definieer de rollen die mensen opnemen in de maatschappij.

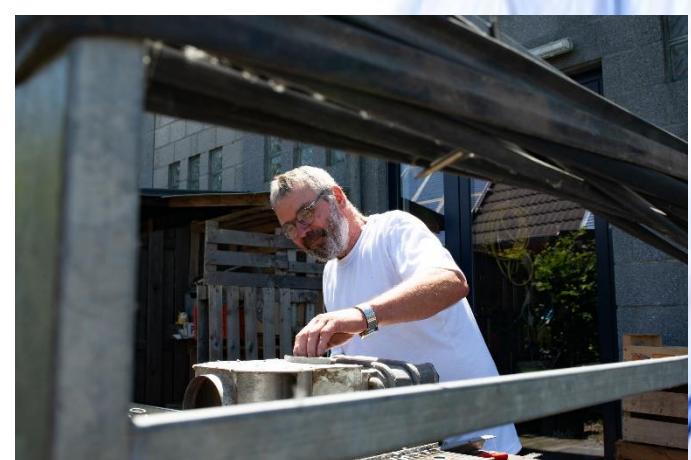
Moeder, vader, grootmoeder, grootvader, werknemer, werkgever, sporter,...



MET BETREKKING TOT DE CONTEXT

- Dit verklaart dan de huidige levenssituatie:
 - Thuis,
 - Gemeenschap,
 - Revalidatie centrum,
 - Rust en verzorgingstehuis,
 - ...

Maar: dit verklaart de
mate van betrokkenheid NIET



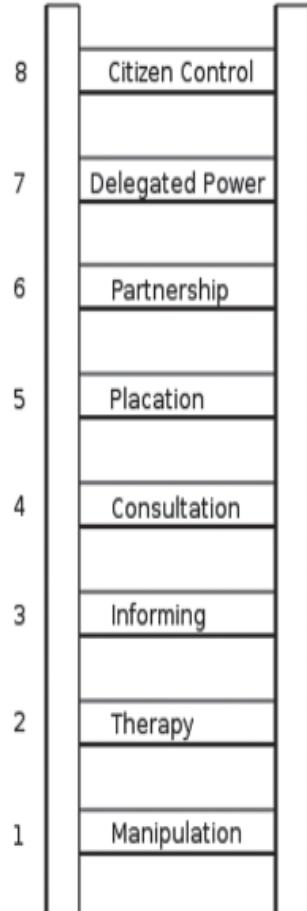
FASE 2:

EEN ‘SCOPING REVIEW’

HOE DE MATE VAN BETROKKENHEID BEPALEN?



ÉÉN MANIER?



Arnstein (1969):

The participatie ladder;

Definieer de mate van
betrokkenheid op basis van de
mate van 'macht' dat iemand
wenst.

EEN ANDERE MANIER: DEFINIEER DE SUBJECTIEVE ERVARING VAN PARTICIPATIE.

RESEARCH PAPER

What does participation mean? An insider perspective from people with disabilities

JOY HAMMEL¹, SUSAN MAGASI², ALLEN HEINEMANN², GALE WHITENECK³,
JENNIFER BOGNER⁴ & EVELYN RODRIGUEZ⁵

RE

Perceived participation, experiences from persons with spinal cord injury in their transition period from hospital to home? An insider perspective from people

ALE WHITENECK³,

Dominique Van de Velde^a, Piet Bracke^c, Geert Van Hove^b, Staffan Josephsson^e

International Journal of Rehabilitation Research
2010, Vol 00 No 00

JOY HAMM

JENNIFER BOO



GHENT
UNIVERSITY



Master of Science in de
Ergotherapeutische wetenschap

RE

Perceived participation, spinal cord injury in their trap

Dominique Van de Velde^a
and Guy Vanderstraeten^b

International Journal of Rehabilita-
tion Research

JOY HAMMIE
JENNIFER BOYD

J Rehabil Med 2008; 40: 89–95

ORIGINAL REPORT

THE COMPLEXITY OF PARTICIPATION IN DAILY LIFE: A QUALITATIVE STUDY OF THE EXPERIENCES OF PERSONS WITH ACQUIRED BRAIN INJURY

Anna Häggström¹, MSc, OT and Maria Larsson Lund², PhD

From the ¹Kalix Hospital, Department of Occupational Therapy, Kalix and the ²Department of Community Medicine and
Rehabilitation, Occupational Therapy, Umeå University, Umeå, Sweden

BESLUITEN UIT DEZE STUDIE:

Individuen ervaren participatie omdat ze subjectieve ervaring hebben:

- Controle ervaren
- De kans ervaren om te kiezen
- De kans ervaren om zelf te beslissen
- De kans ervaren om dingen door te geven aan anderen
- Reciprociteit ervaren
- Betekenis ervaren
- Engagement ervaren
- Keuzemogelijkheden ervaren
-
- Een link ervaren met levensgebeurtenissen uit het verleden.

FASE 3:

EEN ‘SYSTEMATIC REVIEW’

WAAROM EEN NIEUWE SR??

- Er zijn vier bestaande reviews:

VOORBEELD

DISABILITY AND REHABILITATION
2019, VOL. 41, NO. 5, 584–600
<http://dx.doi.org/10.1080/09638288.2016.1198433>



ORIGINAL ARTICLE

Using the refined ICF Linking Rules to compare the content of existing instruments and assessments: a systematic review and exemplary analysis of instruments measuring participation

Carolina S. Ballert^{a,b}, Maren Hopfe^{a,b}, Sandra Kus^c, Luzius Mader^b and Birgit Prodinger^{a,b,d}

^aSwiss Paraplegic Research, ICF Unit, Nottwil, Switzerland; ^bDepartment of Health Sciences and Health Policy, University of Lucerne, Lucerne, Switzerland; ^cDepartment of Medical Informatics, Biometry and Epidemiology – IBE, Chair for Public Health and Health Services Research, Research Unit for Biopsychosocial Health, Ludwig-Maximilians-University (LMU), Munich, Germany; ^dICF Research Branch a Cooperation Partner within the WHO Collaborating Centre for the Family of International Classifications in Germany (at DIMDI), Nottwil, Switzerland

ABSTRACT

Background: Existing instruments measuring participation may vary with respect to various aspects. This study aimed to examine the comparability of existing instruments measuring participation based on the International Classification of Functioning, Disability and Health (ICF) by considering aspects of content, the perspective adopted and the categorization of response options.

Methods: A systematic literature review was conducted to identify instruments that have been commonly used to measure participation. Concepts of identified instruments were then linked to the ICF following the refined ICF Linking Rules. Aspects of content, perspective adopted and categorization of response options were documented.

Results: Out of 315 instruments identified in the full-text screening, 41 instruments were included. Concepts of six instruments were linked entirely to the ICF component Activities and Participation; of 10 instruments still 80% of their concepts. A descriptive perspective was adopted in most items across instruments (75%), mostly in combination with an intensity rating. An appraisal perspective was found in 18% and questions from a need or dependency perspective were least frequent (7%).

Conclusion: Accounting for aspects of content, perspective and categorization of responses in the linking of instruments to the ICF provides detailed information for the comparison of instruments and guidance on narrowing down the choices of suitable instruments from a content point of view.

ARTICLE HISTORY

Received 22 December 2015

Revised 13 April 2016

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Published online 24 June 2016

KEYWORDS

Comparability; International Classification of Functioning, Disability and Health; outcome measures; participation; rehabilitation

Table 2. General description of instruments included in the review.

No.	Full name of instrument (Reference; [Reference]) Instrument Version (if applicable)	Items and sub-scales	Response scale
1	Activity & Participation Questionnaire (APQ-6; [40])	11 items, 6 questions; 4 questions include sub-questions	Varying response formats
2	Assessment of Life Habits (LIFE-H; [41]) General Short Form (Version 3.1)	77 items, 12 domains, each with varying numbers of items (1) Nutrition (2) Fitness (3) Personal care (4) Communication (5) Housing (6) Mobility (7) Responsibilities (8) Interpersonal relationships (9) Community life (10) Education (11) Employment (12) Recreation	Varying response formats
3	Australian Community Participation Questionnaire (ACPQ; [42])	14 domains, 30 items (1) Contact with immediate household (2) Contact with extended family (3) Contact with friends (4) Contact with neighbours (5) Social contact with workmates (6) Adult learning (7) Religious observance (8) Organized community activities (9) Voluntary sector activity (10) Giving money to charity (11) Active interest in current affairs (12) Expressing opinions publicly (13) Community activism (14) Political protest	7-point scale
4	Community Integration Questionnaire (CIQ; [43])	15 items, 3 sub-scales (1) Home Integration (2) Social Integration (3) Productive Activities	Varying response formats
5	Measure of Community Reintegration of Service Members (CRIS; [44])	287 items, 3 different rating scales (1) Extent of participation (2) Perceived limitation in participation (3) Participation satisfaction	7-point scale
6	Frenchay Activities Index (FAI; [45])	15 items, 3 sub-scales (1) Leisure/work (2) Outdoors (3) Domestic	4-point scale
7	Functional Independence Measure (FIM; [46])	18 items, 2 sub-scales (1) Physical domains (2) Cognition domains	7-point scale
8	Participation – Patient Reported Outcome (PAR-PRO; [47])	20 items	5-point scale
9	Impact on Participation and Autonomy (IPA; [48])	41 items, 5 sub-scales (1) Autonomy indoors (2) Family role (3) Autonomy outdoors (4) Social role (5) Autonomy in the community	5-point scale

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Functionaliteit



Table 2. Continued

No.	Full name of instrument (Reference; [Reference]) Instrument Version (if applicable)	Items and sub-scales	Response scale
31	MOS Short-Form Health Survey (SF-36; [71,72]) Short Version	(9) Community, social and civic life 36 items, 8 domains (1) Physical functioning (2) Role limitations because of physical health problems (3) Bodily pain (4) Social functioning (5) General mental health (psychological distress and psychological well-being) (6) Role limitations because of emotional problems (7) Vitality (energy/fatigue) General health perceptions	11-point scale
32	Sickness Impact Profile (SIP; [73])	08 items, 6 sub-scales (1) Somatic autonomy (2) Mobility control (3) Psychological autonomy and communication (4) Emotional stability (5) Mobility range (6) Social behavior	Dichotomous
33	Social and Community Opportunities Profile (SCOPE; [74]) Short Version	48 items, 9 domains (1) Leisure time (2) Housing and accommodation (3) Work (4) Finances (5) Safety (6) Education (7) Health (8) Family and friends (9) Profile section	Varying response formats

VERWARRING ALOM!

WAT HEBBEN WIJ GEDAAN?

- Gezocht naar participatie meetinstrumenten waarbij:
 - Participatie in de titel van het instrument staat
 - Participatie gedefinieerd werd als ‘involvement in life situation’
 - En NIET gereduceerd werd tot een specifieke context’ (vb arbeidsparticipatie)
- Geanalyseerd op basis van
 - De items – type van vragen
 - De antwoordmogelijkheden
 - De manier waarop participatie is geoperationaliseerd
 - Objectieve of
 - Subjectieve factoren

THE SYSTEMATIC REVIEW

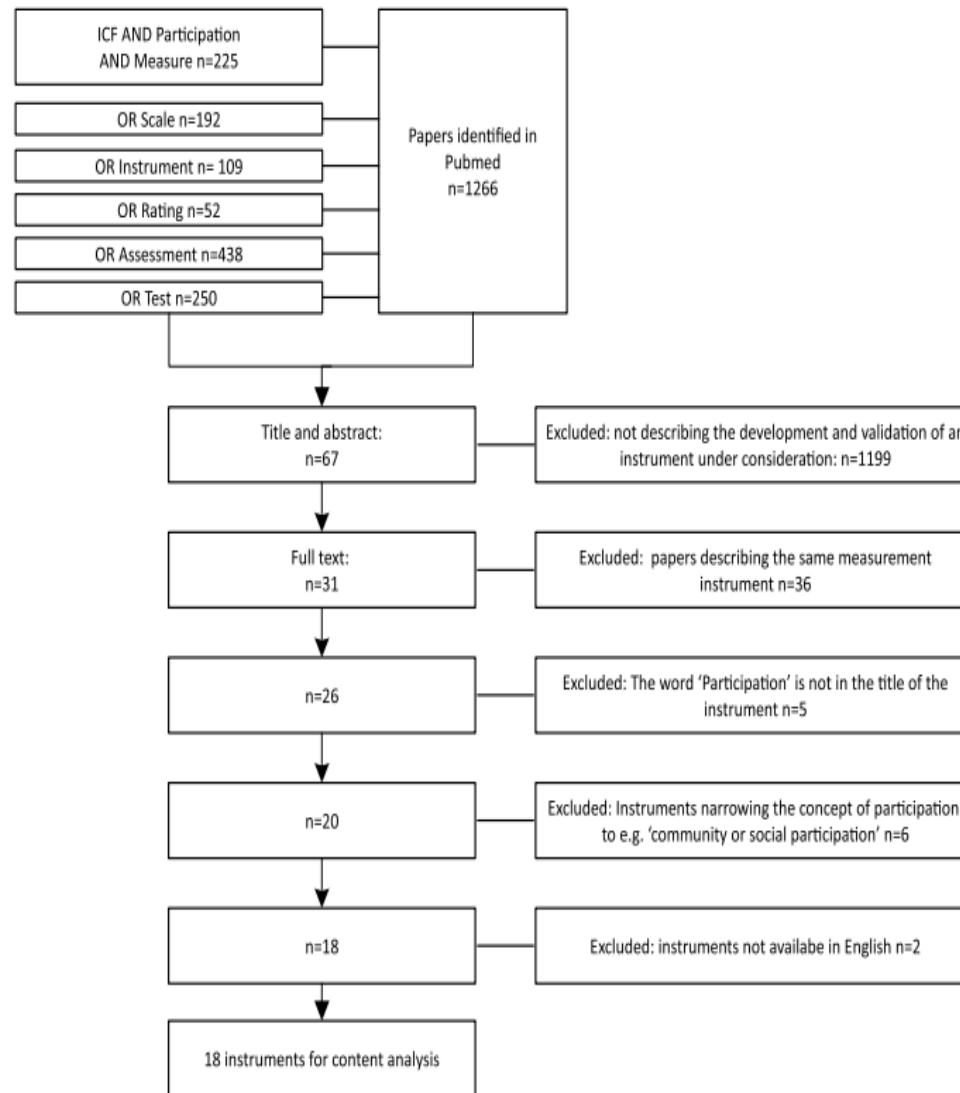


Fig. 4. Flow chart of the selection procedure for the systematic review.

Dominique Van de Velde - 2020 - Brussel - ICF Platform

THE SYSTEMATIC REVIEW

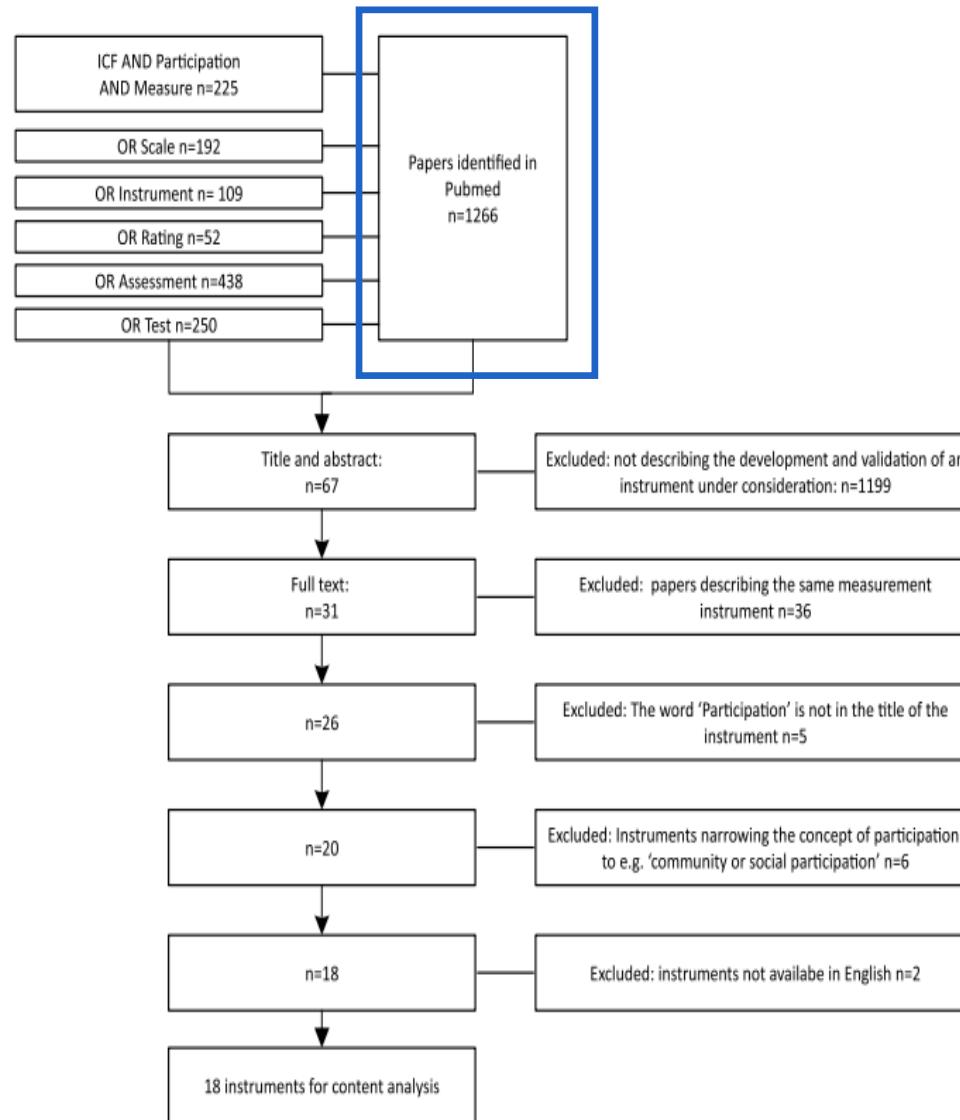


Fig. 4. Flow chart of the selection procedure for the systematic review.

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THE SYSTEMATIC REVIEW

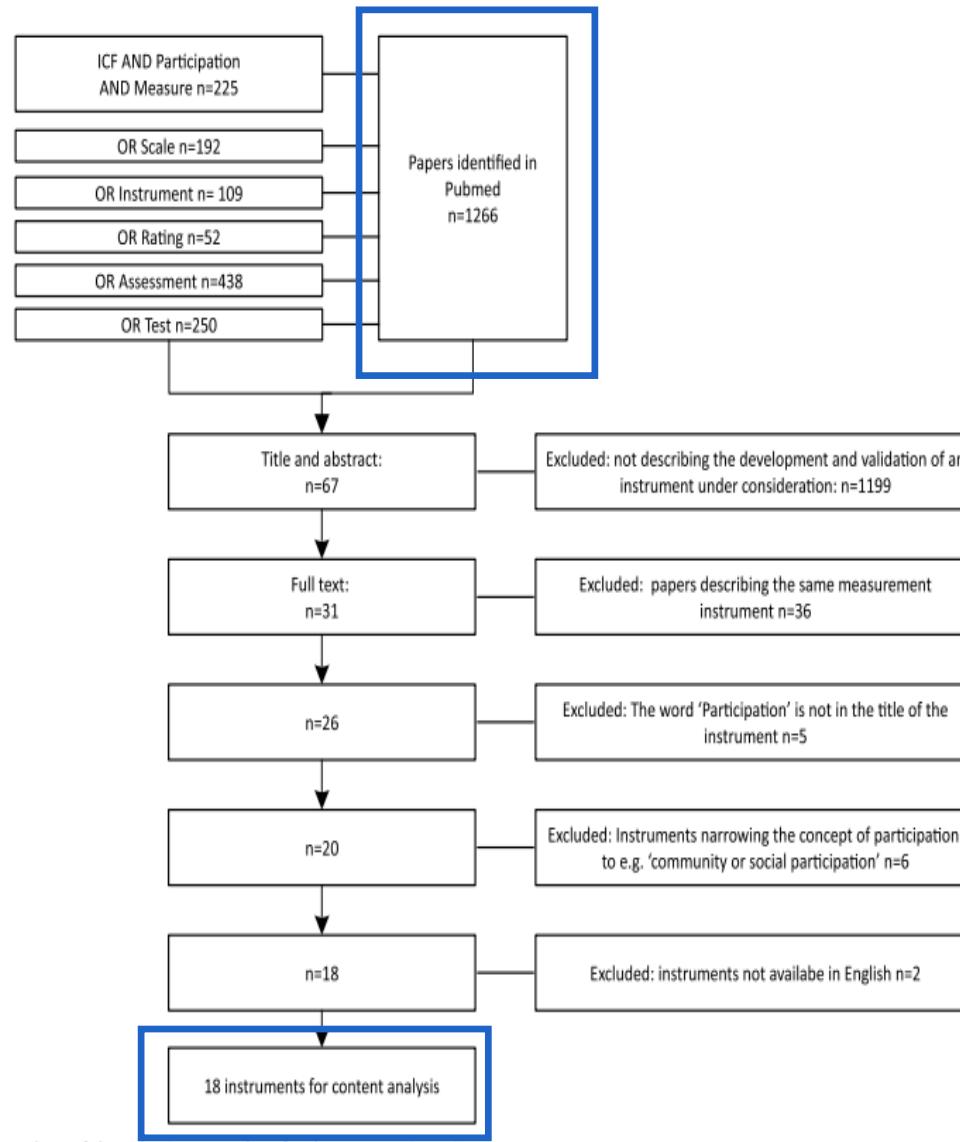


Fig. 4. Flow chart of the selection procedure for the systematic review.

Dominique Van de Velde - 2020 - Brussel - ICF Platform



RESULTATEN

Uni-dimensionele instrumenten

Table I. Overview of participation instruments, abbreviations, way of operationalizing and domains of the International Classification of Functioning, Disability and Health (ICF)

Instrument	Abbreviation	Way of operationalizing	ICF domains covered
1. Unidimensional Instruments: frequency			
1.1 The Keel Assessment of Participation (112)	KAP	<p>11 items.</p> <p>Frequency: e.g. of an item: <i>During the past 4 weeks, I have moved around in my home, as and when I have wanted.</i></p> <p>5-point scale: all of the time, most of the time, some of the time, little of the time, none of the time.</p>	5 domains: d4, d6, d7, d8, d9
1.2 Participation, patient-reported outcome (113)	PAR-PRO	<p>20 items.</p> <p>Frequency: e.g. of an item: <i>Work/employment.</i></p> <p>5-point scale: Did not participate in this life situation, participated monthly (once every 3–4 weeks), participated bi-weekly (once every 2 weeks), participated weekly (1–4 days per week), participated daily/ almost every day (5 or more days per week).</p>	5 domains: d4, d6, d7, d8, d9
2 Unidimensional Instruments: limitations			
2.1 Participation Scale (85)	P-Scale	<p>18 items.</p> <p>Limitations: e.g. of an item: <i>helping other people.</i></p> <p>5-point scale: no restriction, some restriction but no problem, small problem, medium problem, large problem.</p>	8 domains: d1, d3, d4, d5, d6, d7, d8, d9
2.2 ICF measure of Participation and Activities Questionnaire – screener part (26)	IMPACT-S	<p>33 items.</p> <p>Participation Restrictions: e.g. of an item: <i>basic economic transactions.</i></p> <p>3-point scale: no restrictions, minor restrictions, major restrictions.</p> <p>Remark: next to participation also activities are operationalized in this instrument.</p>	4 domains for participation: d6, d7, d8, d9
2.3 Oxford Participation and Activities Questionnaire (114)	Ox-PAQ	<p>Activity Limitations: e.g. of an item: <i>communicating, receiving.</i></p> <p>3-point scale: no limitations, minor limitations, major limitations</p>	5 domains for activities: d1, d2, d3, d4, d5 Theoretically based on ICF, but not on the 9 domains (the following domains are given: routine activities, emotional well-being and social engagement).
2.3 Child and Adolescent Scale of Participation (45, 122)	CASP	<p>23 items.</p> <p>Difficulties: e.g. of an item: <i>how often during the past four weeks you had difficulties with getting up in the morning?</i></p> <p>5-point scale: never, rarely, sometimes, often, always.</p>	Theoretically based on ICF, but not on the 9 domains.
3 Multidimensional instruments: multiple subjective dimensions			
3.1 Impact on Participation and Autonomy Questionnaire (35, 115, 139)	IPA	<p>41 items – 2 dimensions.</p> <p>Autonomy: e.g. of an item: <i>My chances of contributing to looking after my home the way I want to are:</i></p> <p>5-point scale: very good, good, fair, poor, very poor.</p> <p>Limitations: e.g. of an item: If your health or your disability affect your activities in and around your home, to what extent does this cause you problems?</p> <p>3-point scale: no problems, minor problems, major problems.</p>	Theoretically based on ICIDH-2 (17). (The following domains are given: autonomy indoors, family role, autonomy outdoors, social life and relationships, work and education)
3.2 Participation Enfranchisement (116)	PE	<p>19 items – 3 dimensions.</p> <p>Choice and control, e.g. of an item: <i>I have choices about the activities I want to do.</i></p> <p>4-point scale: true, mostly true, mostly false, false.</p> <p>Contribution to the community, e.g. of an item: <i>I do things that improve my community.</i></p> <p>4-point scale: true, mostly true, mostly false, false.</p> <p>Valued by others, e.g. of an item: <i>I feel valued as a member of the society:</i></p> <p>4-point scale: true, mostly true, mostly false, false.</p>	Theoretically based on ICF, but not clear on which domains (the following domains are given: productivity, social participation, being out and about in the community)
3.3 Rating of Perceived Participation (117)	ROPP	<p>16 items – 3 dimensions.</p> <p>Restrictions in performing activities, e.g. of an item: <i>involvement in cultural, political and spiritual activities.</i></p> <p>5-point scale: not restricted, mildly restricted, moderately restricted, very restricted, severely restricted.</p> <p>Satisfaction with my level of participation (same item).</p> <p>2-point scale: yes, no.</p> <p>Change: <i>I want support to change my level of participation</i> (same item).</p> <p>2-point scale: yes, no.</p>	Originally based on the ICIDH-2, including 7 domains; d3, d4, d5, d6, d8 and d9 but blended in other subdomains.

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2 Unidimensional Instruments: limitations			
2.1 Participation Scale (85)	P-Scale	<p>18 items.</p> <p>Limitations: e.g. of an item: <i>helping other people.</i></p> <p>5-point scale: no restriction, some restriction but no problem, small problem, medium problem, large problem.</p>	8 domains: d1, d3, d4, d5, d6, d7, d8, d9
2.2 ICF measure of Participation and Activities Questionnaire – screener part (26)	IMPACT-S	<p>33 items.</p> <p>Participation Restrictions: e.g. of an item: <i>basic economic transactions.</i></p> <p>3-point scale: no restrictions, minor restrictions, major restrictions.</p> <p>Remark: next to participation also activities are operationalized in this instrument.</p> <p>Activity Limitations: e.g. of an item: <i>communicating, receiving.</i></p> <p>3-point scale: no limitations, minor limitations, major limitations</p>	4 domains for participation: d6, d7, d8, d9
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2.3 Child and Adolescent Scale of Participation (45, 122)	CASP	<p>20 items.</p> <p>Limitations: e.g. of an item: <i>Compared to other children your child's age, what is your child's current level of participation in household activities?</i></p> <p>4-point scale: as expected for age, somewhat limited, very limited, unable (at home, in school and in neighborhood/community in comparison with peers).</p>	Theoretically based on ICF, but not on the 9 domains.
3 Multidimensional instruments: multiple subjective dimensions			
3.1 Impact on Participation and Autonomy Questionnaire (35, 115, 139)	IPA	<p>41 items – 2 dimensions.</p> <p>Autonomy: e.g. of an item: <i>My chances of contributing to looking after my home the way I want to are:</i></p> <p>5-point scale: very good, good, fair, poor, very poor.</p> <p>Limitations: e.g. of an item: If your health or your disability affect your activities in and around your home, to what extent does this cause you problems?</p> <p>3-point scale: no problems, minor problems, major problems.</p>	Theoretically based on ICIDH-2 (17). (The following domains are given: autonomy indoors, family role, autonomy outdoors, social life and relationships, work and education)
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RESULTATEN

Uni-dimensionale instrumenten

Multi-dimensionele instrumenten

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2.2 ICF measure of Participation and Activities Questionnaire – screener part (26)	IMPACT-S	33 items. Participation Restrictions: e.g. of an item: <i>basic economic transactions.</i> 3-point scale: no restrictions, minor restrictions, major restrictions. Remark: next to participation also activities are operationalized in this instrument.	4 domains for participation: d6, d7, d8, d9
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Instrument	Aspects measured	Domains of the ICF covered
CIM	Performance	Not based on the ICF domains
KAP	Frequency	5 domains (4.6.7.8.9)
CIQ2	Performance, Satisfaction and Importance	Not based on the ICF domains
IPA	Autonomy, Limitations	Not based on the ICF domains
LLFDI	Frequency, limitations	Not based on the ICF domains
PAR-PRO	Frequency	5 domains (4.6.7.8.9)
PM-PAC	Limitations, duration, satisfaction	8 domains (1.3.4.5.6.7.8.9)
POPS	Frequency, satisfaction and importance	5 domains (4.6.7.8.9)
PARTS/M	Frequency	6 domains (4.5.6.7.8.9)
P-Scale	Limitation	8 domains (1.3.4.5.6.7.8.9)
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PARTS/M	Frequency	6 domains (4.5.6.7.8.9)
P-Scale	Limitation	8 domains (1.3.4.5.6.7.8.9)
USER-p	Frequency, Restriction, Satisfaction	4 domains (6-7-8-9)



Instrument	Aspects measured	Domains of the ICF covered
CIM	Performance	Not based on the ICF domains
KAP	Frequency	5 domains (4.6.7.8.9)
CIQ2	Performance, Satisfaction and Importance	Not based on the ICF domains
IPA	Autonomy, Limitations	Not based on the ICF domains
LLFDI	Frequency, limitations	Not based on the ICF domains
PAR-PRO	Frequency	5 domains (4.6.7.8.9)
PM-PAC	Limitations, duration, satisfaction	8 domains (1.3.4.5.6.7.8.9)
POPS	Frequency, satisfaction and importance	5 domains (4.6.7.8.9)
PARTS/M	Frequency	6 domains (4.5.6.7.8.9)
P-Scale	Limitation	8 domains (1.3.4.5.6.7.8.9)
USER-p	Frequency, Restriction, Satisfaction	4 domains (6-7-8-9)



RESULTATEN

Uni-dimensionale instrumenten

Multi-dimensionele instrumenten

en hoe zit het met de psychometrische kenmerken?

	Content Validity	Internal Consistency	Criterion Validity	Construct Validity	Reproducibility Agreement	Reproducibility reliability	Responsiveness	Floor-Ceiling effects	Interpretability	Overall score
CIM	+	+	-	-	+	0	-	+	+	4
KAP	?	na	-	na	-	-	0	-	+	2
CIQ2	+	+	-	-	+	+	0	+	+	6
IPA	+	+	-	+	+	+	+	-	+	7
LLFDI	+	+	-	0	-	+	-	-	+	4
PAR-PRO	-	+	0	-	0	-	0	+	-	2
PM-PAC	?	+	-	+	+	+	+	-	+	6
POPS	+	0	0	0	0	0	0	0	+	1
PARTS/M	+	+	?	-	?	?	0	0	-	2
P-scale	?	+	0	+	+	+	+	-	+	6
USER-P	+	+	?	+	+	+	+	+	+	7

	Content Validity	Internal Consistency	Criterion Validity	Construct Validity	Reproducibility Agreement	Reproducibility reliability	Responsiveness	Floor-Ceiling effects	Interpretability	Overall score
CIM	+	+	-	-	+	0	-	+	+	4
KAP	?	na	-	na	-	-	0	-	+	2
CIQ2	+	+	-	-	+	+	0	+	+	6
IPA	+	+	-	+	+	+	+	-	+	7
LLFDI	+	+	-	0	-	+	-	-	+	4
PAR-PRO	-	+	0	-	0	-	0	+	-	2
PM-PAC	?	+	-	+	+	+	+	-	+	6
POPS	+	0	0	0	0	0	0	0	+	1
PARTS/M	+	+	?	-	?	?	0	0	-	2
P-scale	?	+	0	+	+	+	+	-	+	6
USER-P	+	+	?	+	+	+	+	+	+	7

	Content Validity	Internal Consistency	Criterion Validity	Construct Validity	Reproducibility Agreement	Reproducibility reliability	Responsiveness	Floor-Ceiling effects	Interpretability	Overall score
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IPA	+	+	-	+	+	+	+	-	+	7
LLFDI	+	+	-	0	-	+	-	-	+	4
PAR-PRO	-	+	0	-	0	-	0	+	-	2
PM-PAC	?	+	-	+	+	+	+	-	+	6
POPS	+	0	0	0	0	0	0	0	+	1
PARTS/M	+	+	?	-	?	?	0	0	-	2
P-scale	?	+	0	+	+	+	+	-	+	6
USER-P	+	+	?	+	+	+	+	+	+	7

FASE 4 HET ZELF ONTWIKKELEN VAN EEN INSTRUMENT

PROBLEEM

Er is geen enkel instrument dat

- Zowel subjectieve and objectieve variabelen bevat en,
- Alle domeinen van participatie dekt en
- Gebaseerd is op de ICF qualifier scale.



- 0 – No participation problem
- 1 – Mild participation problem
- 2 – Moderate participation problem
- 3 – Severe participation problem
- 4 – Complete participation problem

Doel: Zelf een instrument ontwikkelen dat valide, betrouwbaar en interpreteerbaar is: GPS, De Gentse Participatieschaal



ITEM DERIVATION – KWALITATIEF ONDERZOEK EN LITERATUUR STUDIE

Structuur van de Schaal - Exploratorerende factor analyse:

- Subschaal 1: Activiteiten volgens vooropgestelde keuzen en wensen
- Subschaal 2: Activiteiten die leiden tot waardering en sociale aanvaarding
- Subschaal 3: Gedelegeerde activiteiten



home > [Participeer](#)

De Gentse Participatieschaal

Deze vragenlijst peilt naar je betrokkenheid in het maatschappelijke leven.

Deze zal ongeveer 20 minuten in beslag nemen. Het is belangrijk dat je even de tijd neemt om na te denken over uw alledaagse activiteiten die je doet. De verschillende stappen looden je doorheen het ganse traject. Rechts in de kolom met 'STAPPEN' kan je alle deelstappen volgen en zie je hoe ver je staat bij het invullen.



1. Belangrijke activiteiten voorbije die je week zelf hebt uitgevoerd of waaraan je hebt deelgenomen.

Geef hier de vijf BELANGRIJKSTE activiteiten op die je gedurende de voorbije week zelf hebt uitgevoerd of waaraan je hebt deelgenomen. Dit kunnen activiteiten zijn die met je WERK (OPLEIDING), je ONTSPANNING of je ZELFZORG te maken hebben.

Beschrijving activiteit 1 *



Beschrijf een belangrijke activiteit uit voorbije week die je zelf hebt uitgevoerd of waaraan je hebt deelgenomen.

Bowlen met de medepatiënten van de afdeling.

Beschrijving activiteit 2 *



Beschrijf een belangrijke activiteit uit voorbije week die je zelf hebt uitgevoerd of waaraan je hebt deelgenomen.

Bijvoorbeeld: zwemmen



Activiteiten volgens vooropgestelde keuzes en wensen

Bent u eens met onderstaande stellingen?

Ik maakte volledig zelf de keuze om aan deze activiteit deel te nemen.

1 2 3 4 5

Ik heb deelgenomen aan deze activiteit volledig zoals ik het zelf wil.

1 2 3 4 5

Gedurende deze activiteit kon ik helemaal mezelf zijn.

1 2 3 4 5

Gedurende deze activiteit kon ik mezelf volledig ontplooien.

1 2 3 4 5

Gedurende deze activiteit had ik een volledig gevoel van controle.

1 2 3 4 5

2. Geef hier de vijf belangrijkste activiteiten op die je omwille van bepaalde redenen door iemand anders hebt laten uitvoeren.

Geef hier de vijf belangrijkste activiteiten op die je omwille van bepaalde redenen door iemand anders hebt laten uitvoeren. Let op: Vul steeds vijf activiteiten in. Er zijn zeker 5 activiteiten die anderen doen voor jou.

Beschrijving activiteit 1 *



Beschrijf een belangrijke activiteit die je door iemand anders hebt laten uitvoeren.

Vuilzakken buitenzetten.

Beschrijving activiteit 2 *



Beschrijf een belangrijke activiteit die je door iemand anders hebt laten uitvoeren.

Bijvoorbeeld: de afwas doen

Ervaringen activiteit 1 *

Bent u eens met onderstaande stellingen?

-
- Ik maakte volledig zelf de keuze om deze activiteit te laten doen door iemand anders. 1 2 3 4 5
-
- Ik ervaarde meer controle omdat ik deze activiteit heb laten uitvoeren door iemand anders. 1 2 3 4 5
-
- Ik voelde me veiliger omdat iemand anders deze activiteit voor mij uitvoerde. 1 2 3 4 5
-
- Ik had het gevoel dat anderen deze activiteit graag uitvoerden voor mij. 1 2 3 4 5
-
- Omdat anderen deze activiteit voor mij uitvoerden vielen mijn zorgen er volledig over weg. 1 2 3 4 5
-
- Ik had een volledige vertrouwen in de mensen die deze activiteit voor mij uitvoerden. 1 2 3 4 5
-

References

Van de Velde, D., Bracke, P., Van Hove, G., Jossephsson, S., Vanderstraeten, G. Perceived participation. (2010) Experiences from persons with spinal cord injury in their transition period from hospital to home. *International Journal of Rehabilitation Research* 33(4):346-55. doi: 10.1097/MRR.0b013e32833cdf2a.

RESULTATEN

Resultaten



Algemene gegevens

Naam: **Sam Buydens**

Geboortedatum: **06/09/1990**

Datum afname: **11/07/2019**

Naam aanvrager: **Sam Buydens**

Resultaten: participatie foto

Ervaren participatiegraad: **73%**

Ervaren participatiegraad voor zelf uitgevoerde activiteiten: **82%**

- Activiteiten volgens vooropgestelde keuzes en wensen: **78%**

- Activiteiten die leiden tot waardering en sociale aanvaarding: **86%**

Ervaren participatiegraad voor gedelegeerde activiteiten: **63%**

ICF qualifier: 1

Licht participatieprobleem

RESULTATEN

Resultaten



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Naam: **Sam Buydens**

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Ervaren participatiegraad voor gedelegeerde activiteiten: **63%**

ICF qualifier: 1

Licht participatieprobleem

Participeert aanzienlijk

RESULTATEN

De zelf uitgevoerde activiteiten:

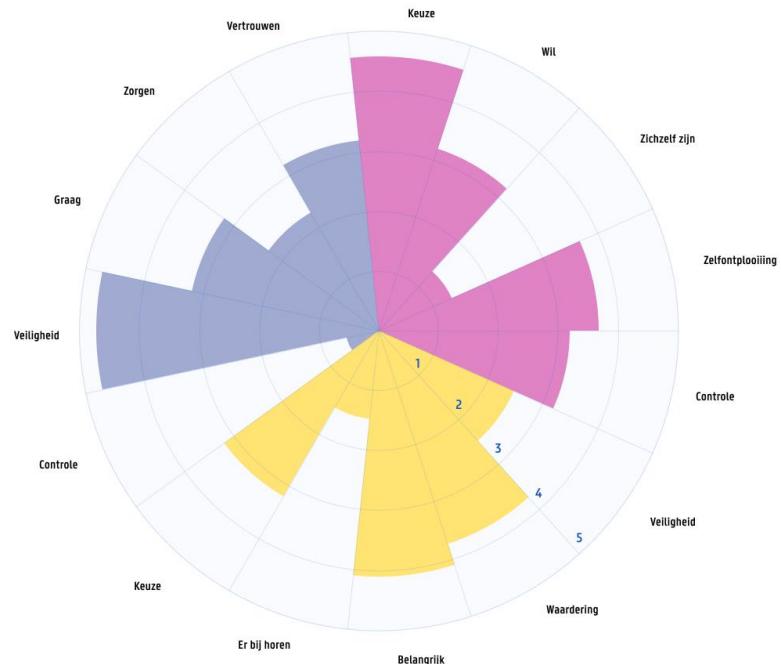
	ICF-code	Qualifier Fifth digit
Dansen	d850	4
Fietsen	d660	3
Lopen	d550	3
Eten	d850	2
Slapen	d660	3

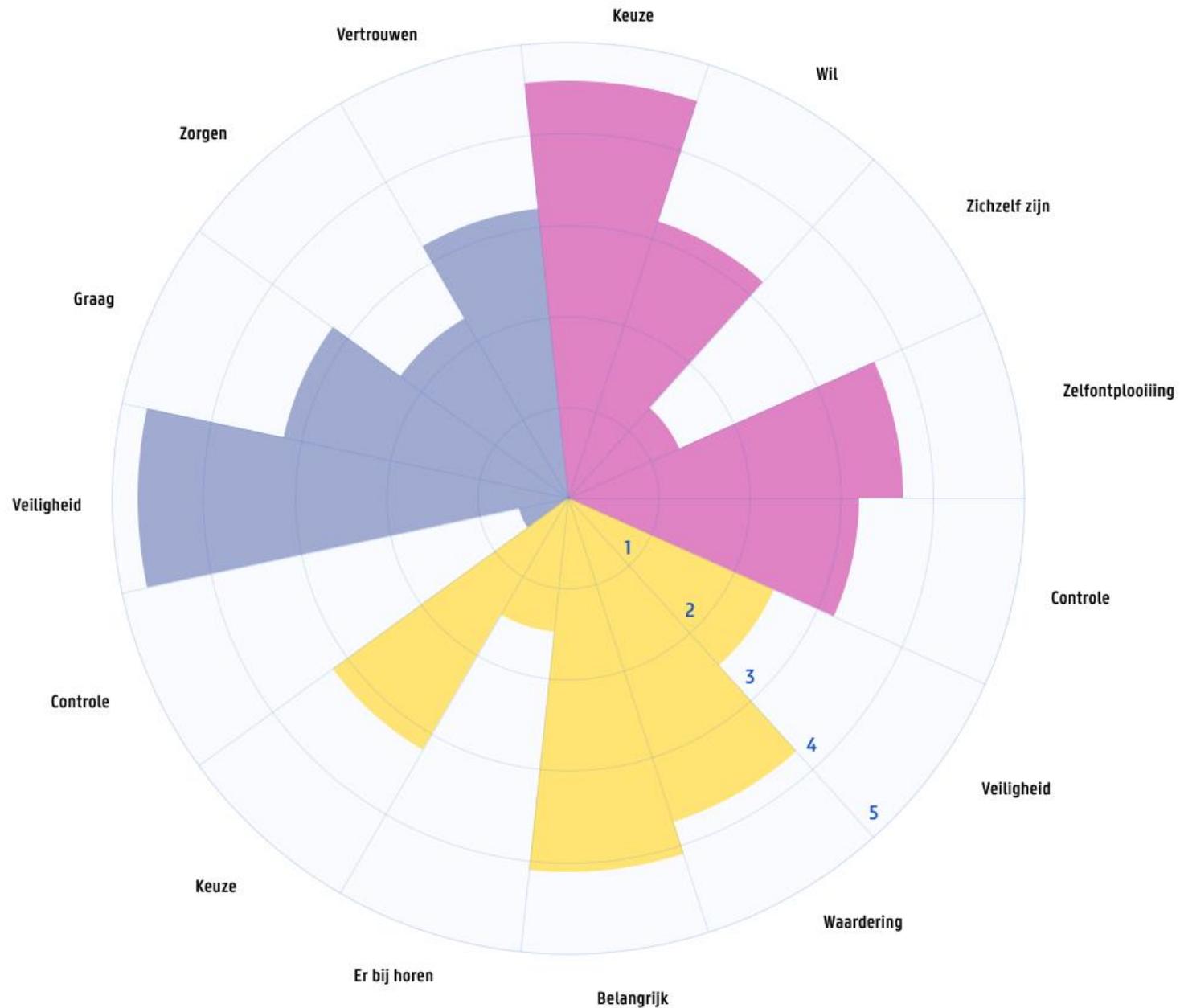
Domeinen van participatie

	Check
Leren en toepassen van kennis	X
Algemene taken en eisen	
Communicatie	
Mobiliteit	X
Zelfverzorging	
Huishouden	X
Interpersoonlijke interacties en relaties	
Belangrijke levensgebieden	X
Maatschappelijk, sociaal en burgerlijk leven	X

Gedelegeerde activiteiten:

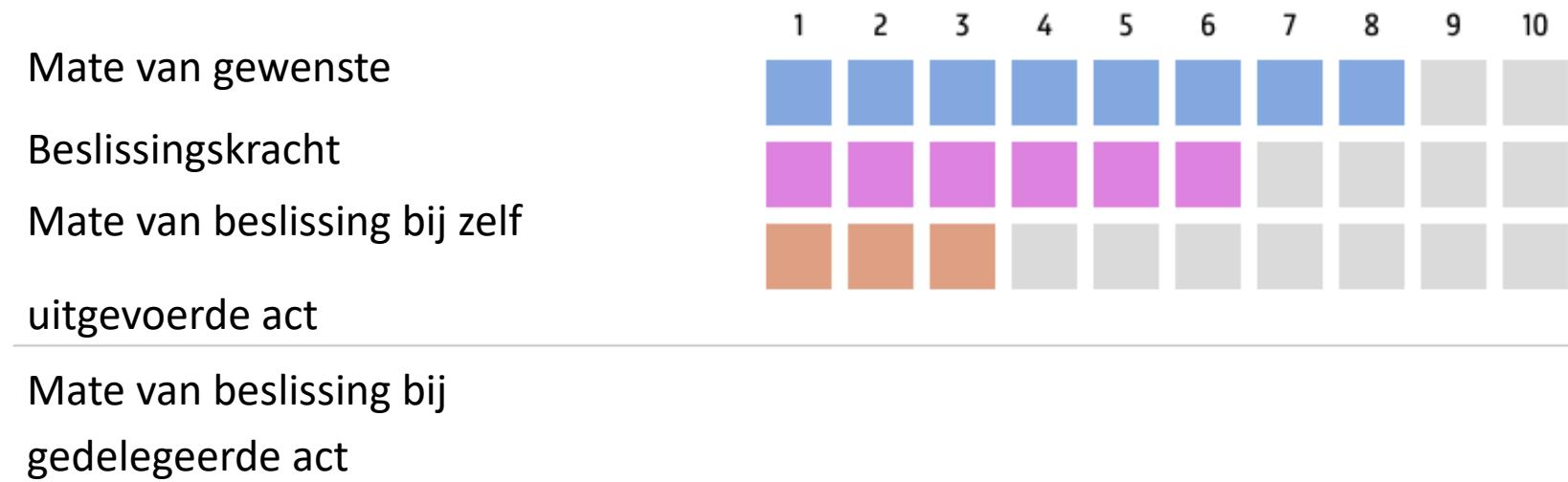
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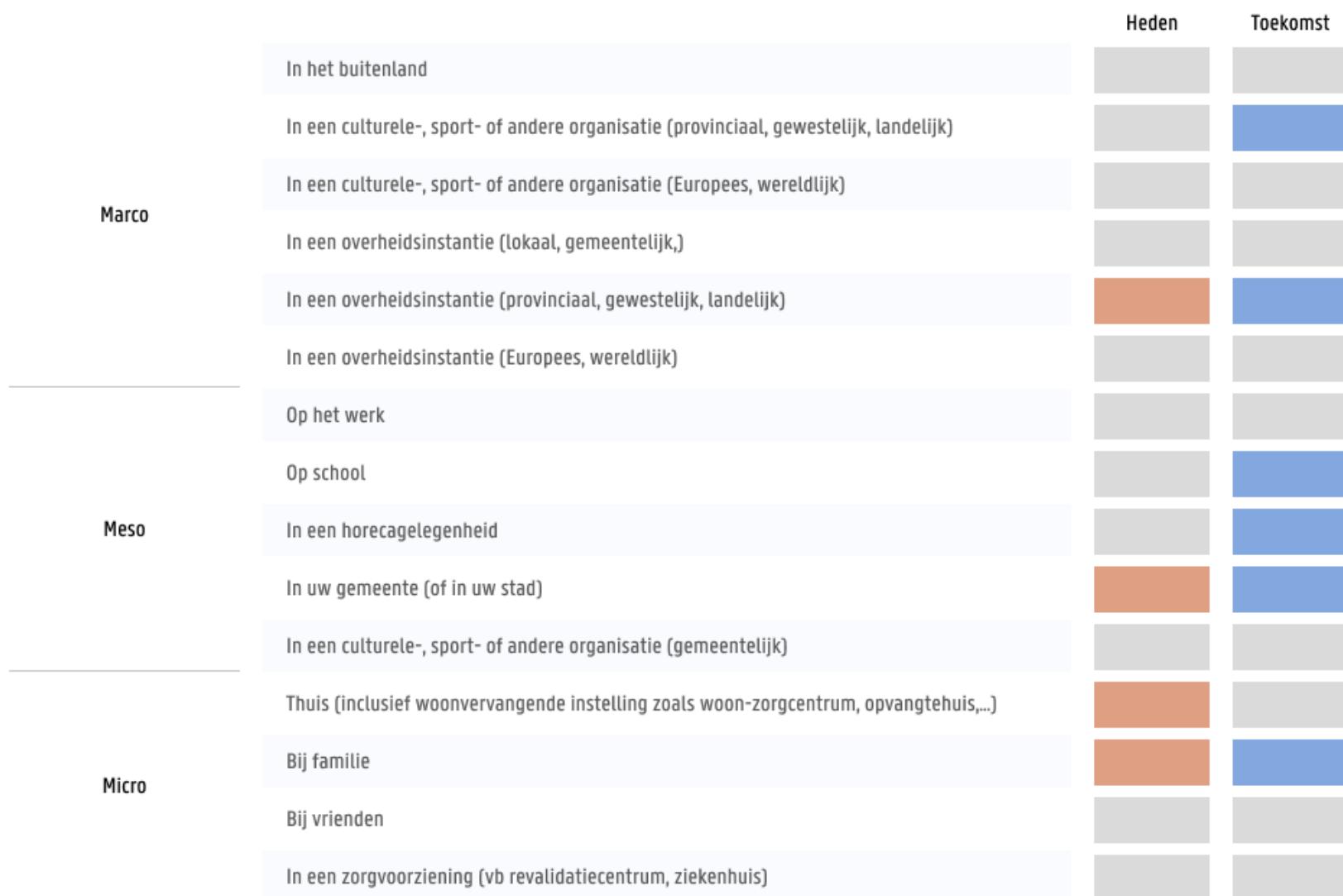
RESULTATEN

Curratie beslissingen



RESULTATEN

Locatie van de participatie



HET ONTWIKKELINGSPROCES

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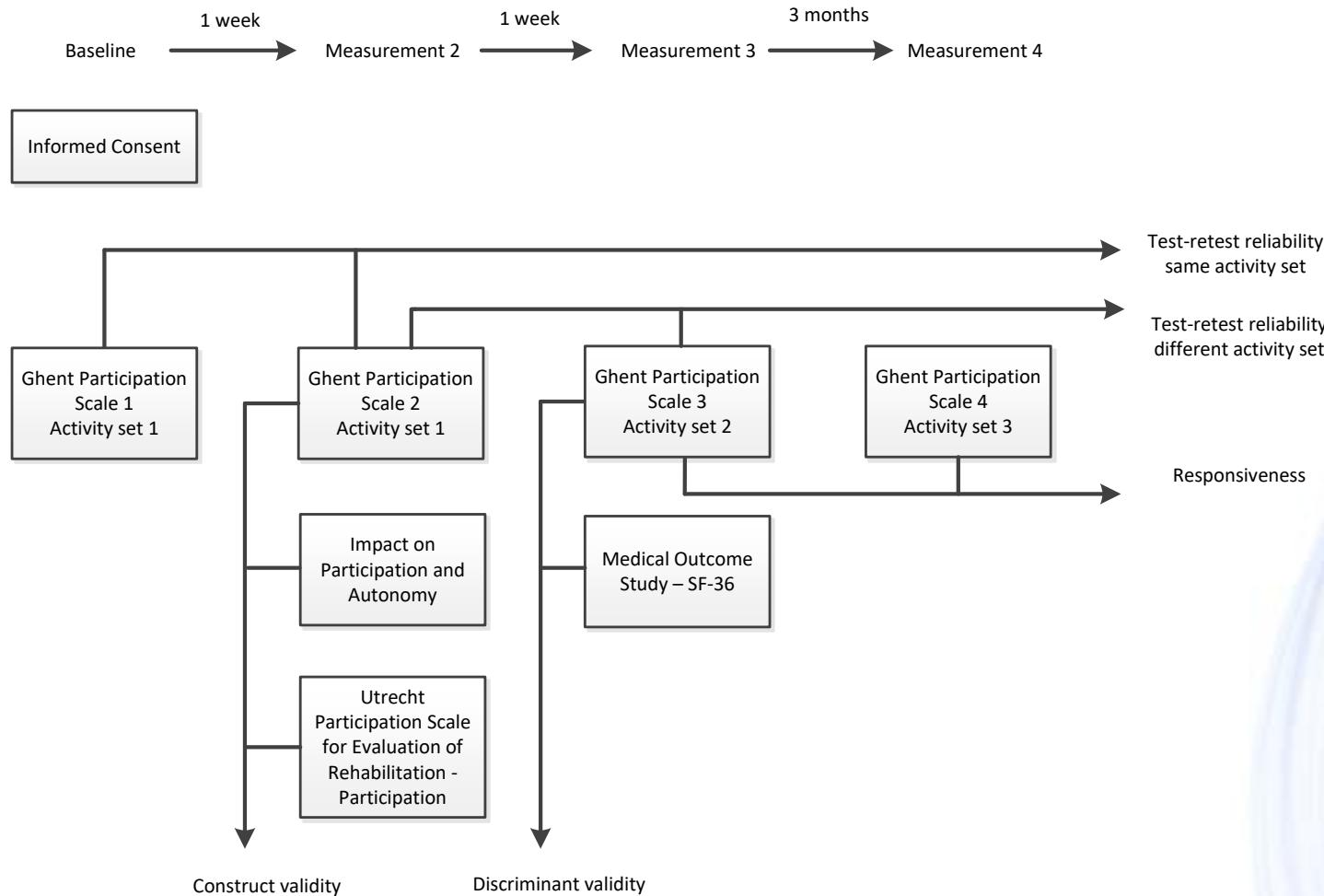
European Journal of Physical and Rehabilitation Medicine 2016 ????, 52(??):000-000

ORIGINAL ARTICLE

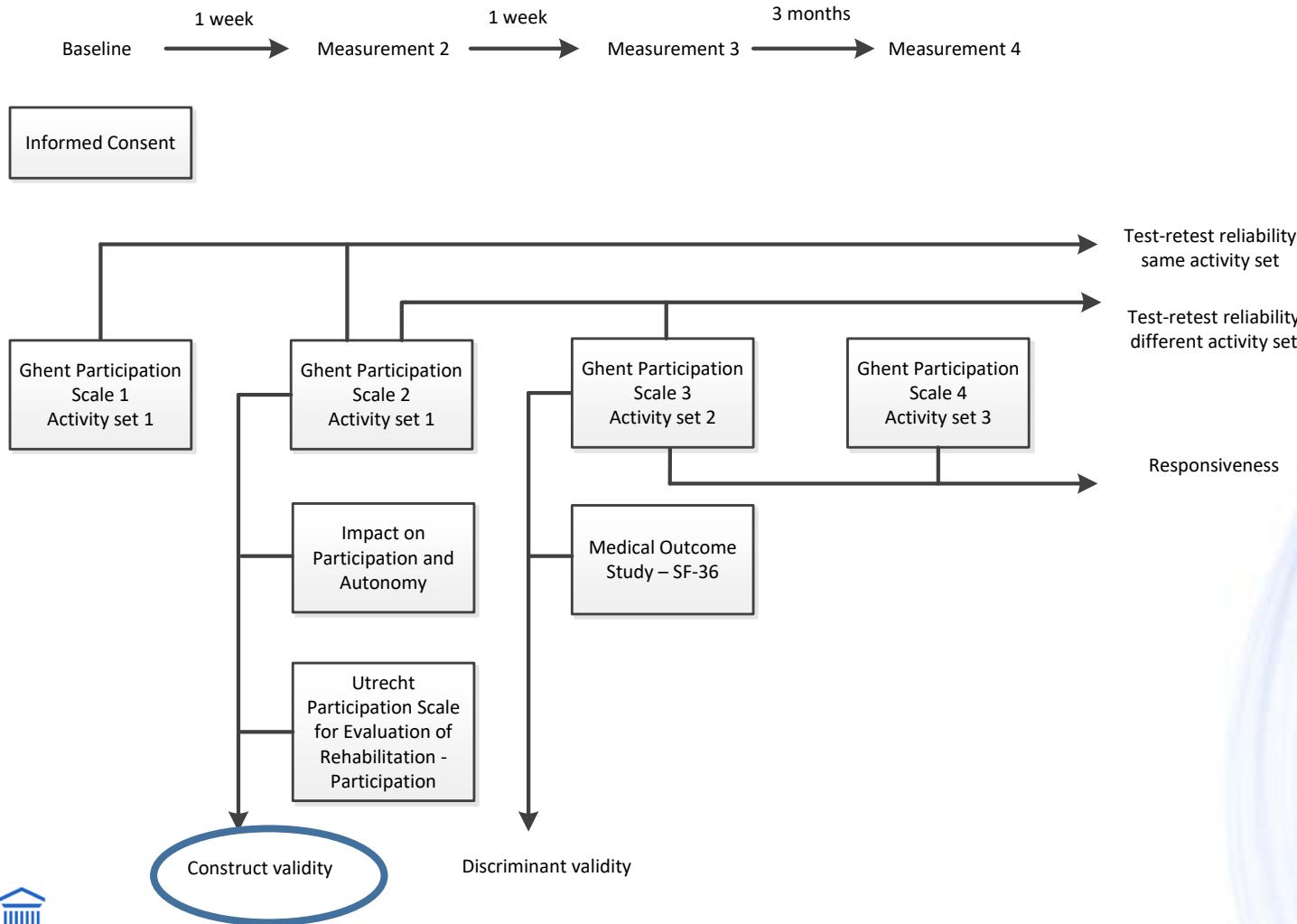
Measuring participation when combining subjective and objective variables: the development of the Ghent Participation Scale (GPS)

Dominique VAN DE VELDE¹, Piet BRACKE², Geert VAN HOVE³, Staffan JOSEPHSSON⁴,
Annick VIAENE⁵, Ellen DE BOEVER⁵, Pascal COOREVITS⁶, Guy VANDERSTRAELEN¹⁻⁵

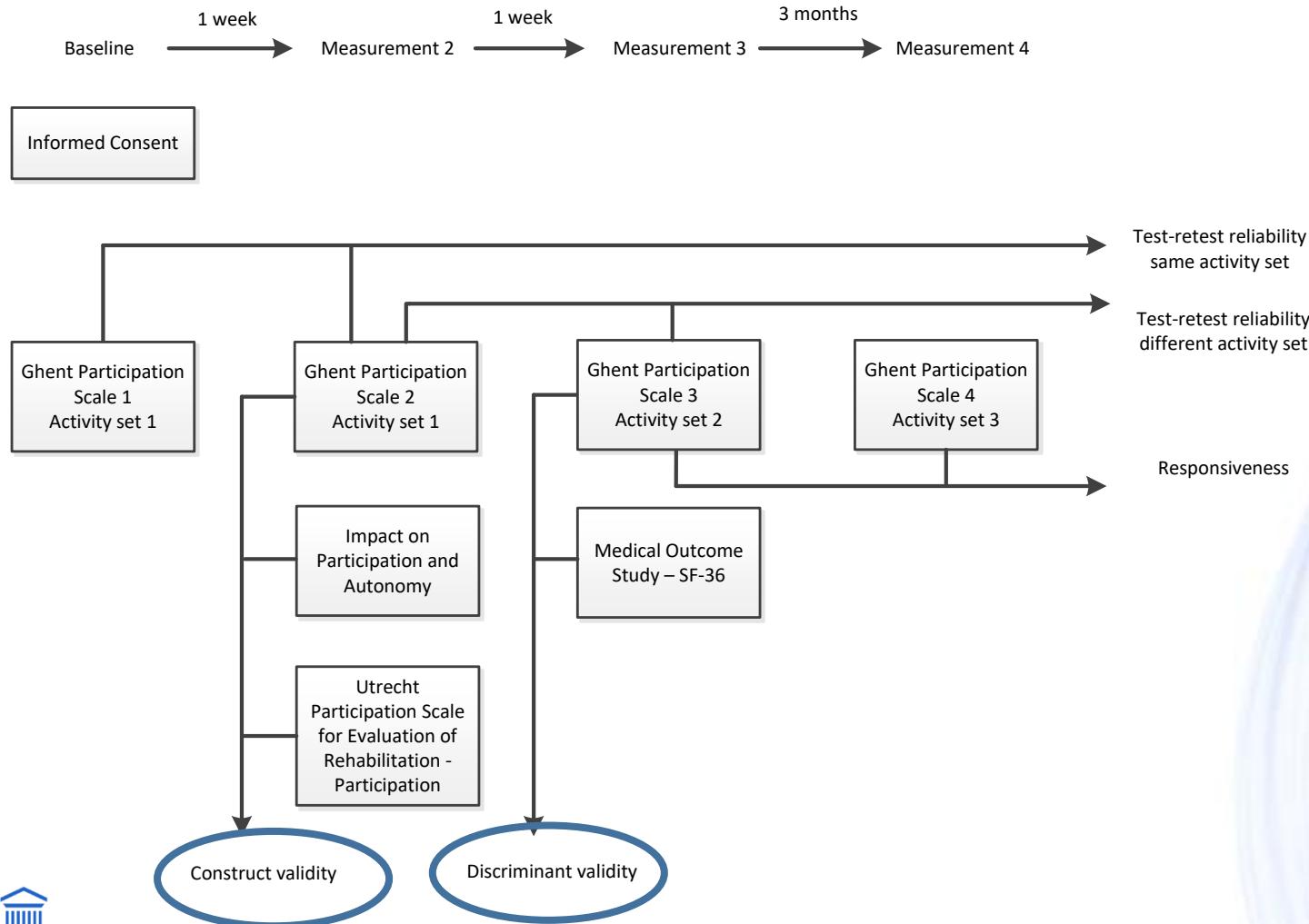
PSYCHOMETRISCHE EIGENSCHAPPEN



PSYCHOMETRISCHE EIGENSCHAPPEN



PSYCHOMETRIC PROPERTIES



Study population: N=495



Table 5. Construct and discriminative validity: Pearson's correlations coefficients between the subscales of the Ghent Participation Scale and the Impact on Participation and Autonomy, the Utrecht Scale for Evaluation of Rehabilitation-Participation and the SF-36 measuring similar or different constructs.

	Ghent Participation Scale total	Subscale: Self-performed activities	Subscale: Activities in accordance with choices and wishes	Subscale: Activities leading to appreciation and social acceptance	Subscale: Delegated activities
Impact on Participation and Autonomy					
Autonomy indoors	-0.40*	-0.45*	-0.87*	-0.46*	-0.65*
Autonomy outdoors	-0.32*	-0.51*	-0.71*	-0.36*	-0.54*
Family role	-0.38*	-0.54*	-0.44*	-0.76*	-0.21
Social relations	-0.26	-0.48*	-0.32*	-0.82*	-0.14
Work and education	-0.10	-0.16	-0.18	-0.24	-0.09
Utrecht Scale for Evaluation of Rehabilitation-Participation					
Frequency	0.14	0.06	0.02	-0.05	0.1
Restrictions	0.29	0.47*	0.13	0.15	0.54*
Satisfaction	0.45*	0.54*	0.72*	0.62*	0.45*
SF-36					
Physical component summary	0.36*	0.42*	0.42*	0.32	0.27
Physical functioning	0.52*	0.45*	0.44*	0.45*	0.21
Role-limitations (physical)	0.42*	0.32	0.24	0.52*	0.62*
Bodily pain	0.12	0.15	0.08	0.18	0.19
General health	0.31*	0.24	0.24	0.32	0.32
Mental component summary	0.19	0.21	0.12	0.24	0.25
Role limitations (mental)	0.32*	0.23	0.34*	0.10	0.51*
Vitality	0.12	0.24	0.31*	0.25	0.21
Social functioning	0.45*	0.34*	0.21	0.41*	0.30
Mental wellbeing	0.51*	0.32*	0.23	0.42*	0.45*

*Significant at the 0.05 level.



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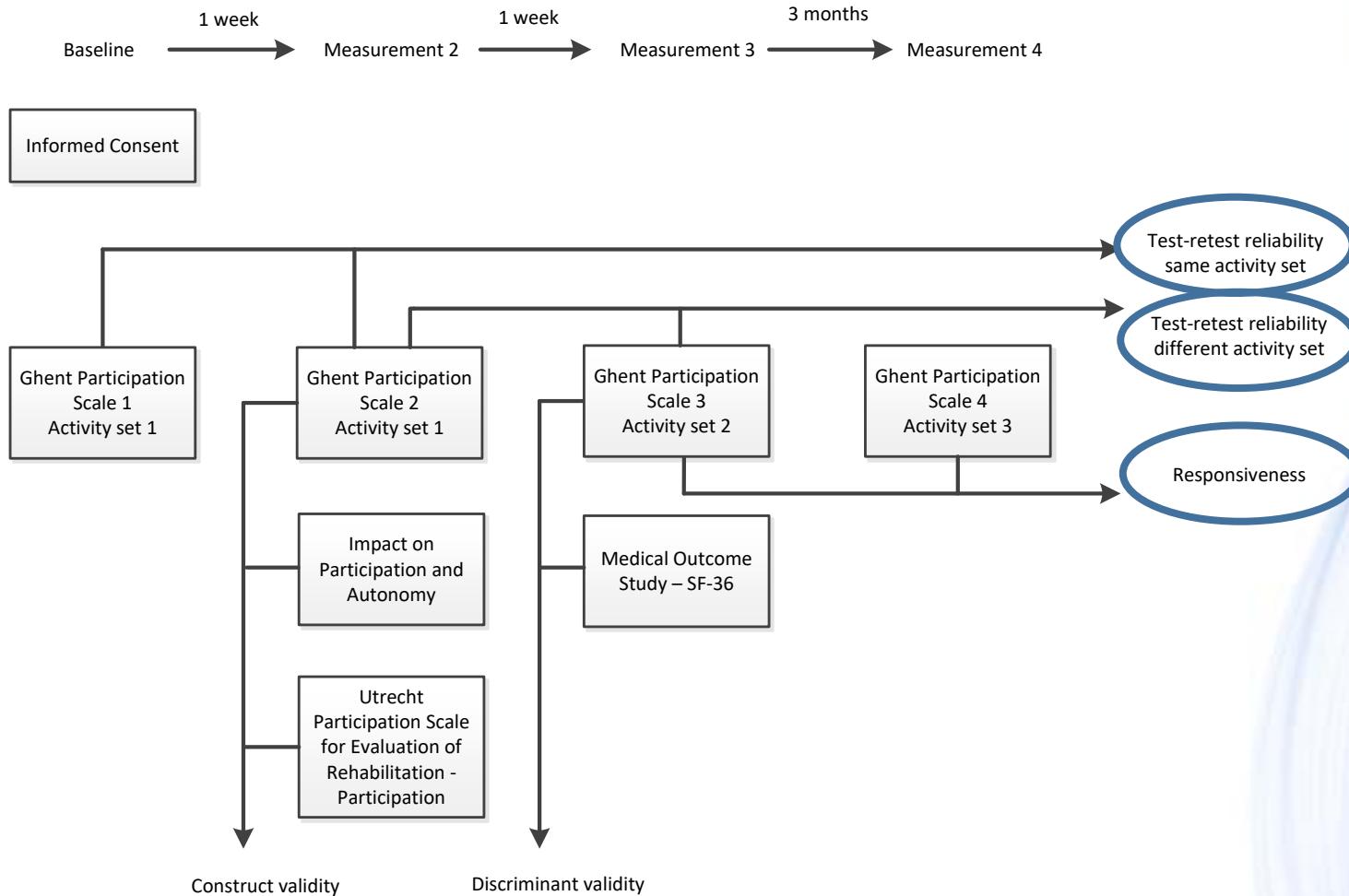


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*Significant at the 0.05 level.

PSYCHOMETRISCHE EIGENSCHAPPEN



Study population: N=495

PSYCHOMETRIC PROPERTIES

Homogeneity:

- Cronbach's α : 0,79 – 0,83
- Item total correlation: 0,57 - 0,80

Confirmatory Factor Analysis:

Confirmation of the 3 dimensions in the scale

- Activities in accordance with choices and wishes
- Activities leading to appreciation and social acceptance
- Delegated activities

Reliability same activity set:

- Scale level: Test-retest: ICC: 0,86 – 0,92
- Item level – weighted Kappa: 0,57 – 0,88

Reliability different activity set:

- Scale level: Test-retest: ICC: 0,79 – 0,88
- Item level – weighted Kappa: 0,47 – 0,72

Responsiveness:

- ROC-AUC: between 0,86 and 0,75

Feasibility:

- 0-4% missing,
- administration time: 19 (SD8)

PSYCHOMETRISCHE EIGENSCHAPPEN

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Activiteiten versus participatie?

Domains of participation

d1	Learning and applying knowledge
d2	General tasks and demands
d3	Communication
d4	Mobility
d5	Self-care
d6	Domestic life
d7	Interpersonal interactions and rel
d8	Major life areas
d9	Community and civic life



Activiteiten versus participatie?

Alle domeinen van de ICF behoren zowel tot activiteit als participatie.

Het is afhankelijk van de subjectieve beleving ervan.

Domains of participation

d1	Learning and applying knowledge
d2	General tasks and demands
d3	Communication
d4	Mobility
d5	Self-care
d6	Domestic life
d7	Interpersonal interactions and rel
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d9	Community and civic life

THE PSYCHOMETRIC PROPERTIES

Original Article



Clinical Rehabilitation

1–15

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Measuring participation as defined by the World Health Organization in the International Classification of Functioning, Disability and Health. Psychometric properties of the Ghent Participation Scale

**Dominique Van de Velde¹, Pascal Coorevits², Lode Sabbe³,
Stijn De Baets¹, Piet Bracke⁴, Geert Van Hove⁵,
Staffan Josephsson⁶, Stephan Ilsbroukx⁷ and Guy Vanderstraeten^{1,3}**

Abstract

Objective: To examine the internal consistency, test-retest reliability, construct validity, discriminant validity and responsiveness of the Ghent Participation Scale.

ALGEMENE CONCLUSIE

Als je Participatie wil gebruiken als uitkomstmaat in je klinsische praktijk:

- Definieer de context waarin de persoon wil participeren.
- Definieer de mate van autonomie dat de persoon wenst te bereiken.
- Maak helder welke dimensies je wil gaan meten (objectief, subjectief, combinatie,...)
- Maak een bewuste keuze uit het juiste instrument

DANK VOOR HET LUISTEREN EN DE INTERESSE

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Bijscholing:

Participatiegericht werken in de revalidatie:

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