



# ICF- personal factors: an impression of the interpretation in Flanders

5-11 October 2019

Banff, Canada

Poster Number

WHO/CTS to insert

Nadja Brocatus, Greetje Desnerck &amp; Jolien Veys

**Abstract** In Flanders there's sometimes confusion about the interpretation and use of 'Personal factors' (PF) in the ICF. The ICF-Platform, a non-profit organization in which various researchers and practitioners collaborate, did a small-scale inquiry to get an impression about use and beliefs about PF. We represent this work in order to participate in this discussion.

## Introduction

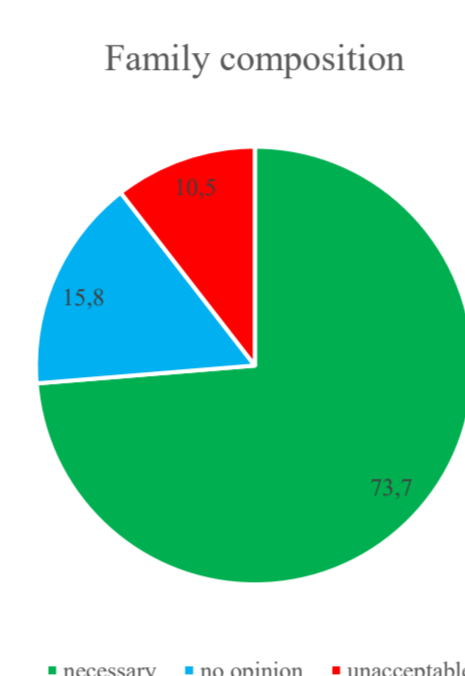
In practices all over the world there's sometimes confusion about the interpretation and use of 'Personal factors' (PF) in the ICF. In literature we find a debate about the desirability of classification of personal factors into categories similar to the other components of the ICF-scheme. We have the intention to open the debate and let the ICF-world know that Flanders wants to participate in the dialogue. Therefore we organised a query amongst the members of the 'ICF-Platform' of Flanders. We propose a description of PF which is an impression of the interpretation and use in Flanders today. This is a work in progress.

## Methods & Materials

We started our activities with a small group of members of the ICF-Platform to brainstorm about PF. All our members (n = 40) could volunteer in this group. This ad hoc working group formulated a proposal mainly based on experiences in clinical practice combined with a (limited) literature study. The group also used input sent by mail by other practitioners. We have sent this proposal to all members of our Platform via e-mail so that everyone could make their remarks, additions and reservations. During the General assembly there were still some reservations about the proposal. So, we did an additional literature study. We made a comprehensive list of all possible topics that were mentioned in the literature that could resort under PF. Each participating member of the platform (n = 19) brought out a vote for each topic. It was possible to state if a certain topic is necessary, unacceptable or 'no opinion'. Respondents could also put comments, which are at least as important. Based on the majority of the votes, the topics were selected for the description. We want to emphasize that this leads to a first impression. The comments of members will be analysed more thoroughly and we will use the Delphi method to refine our proposition.

## Results

One important decision was that we unanimously agreed on formulating a proposal for a new description of PF but haven't made an exhaustive classification similar to the other ICF-components.



These topics were selected because (almost) all the participants scored this as 'necessary': age, gender, educational level, language, family composition, position in the family, marital status, relevant life experiences, wishes and expectations, preferences and interests, resilience, habits (such as smoking, alcohol use).

These topics the majority of the respondents scored as 'unacceptable': acceptance, locus of control, attribution, beliefs and percepton about the impairment, knowledge about the impairment. There was discussion about 'religion'; this is not restrained. Independently of the usefulness, our law forbids the registration.

The other topics in the description are topics the respondents disagreed on: country of origin, position in the family, care demands, attitude, coping, feelings, needs, perceptions, life goals, self-confidence and self-respect, self-management, talents, ambitions, job satisfaction, commitment/ motivation/ involvement.

In our questionnaire the word 'necessary' could create the expectation that practitioners should ask this topic in every case. There was the comment that PF should be formulated by de patients / clients themselves.

Another very important issue is that there is concern about 'blaming the victim' mechanism.

Several respondents emphasized the importance to link of PF to activities and participation.

Sometimes there is confusion about whether a topic is a personal factor or a mental function (f.e. locus of control).

The description suggested is:

**'Personal factors' are the background of an individual's life and living and comprise features of the individual that are not part of a health condition or health state. These factors may include socio-demographic data (age, gender, ethnicity, country of origin, education level, language, profession or position, family composition, position in the family, marital status), relevant life experiences ( concerning personal life, educational career, working career), care demands, wishes and expectations, needs, attitude, beliefs, coping, feelings, perceptions, preferences and interests, life goals, resilience, self-confidence and self-respect, self-management, talents, habits, ambitions, commitment/ motivation/ involvement, job satisfaction.**

## Conclusions

One important decision to make is wether personal factors have to be classified similar to other ICF-components. We suggest not to, but tentative lists can help praticioners to decide whether input of their patients / clients are PF or not.

With this work we have the intention to open the debate and let the ICF-world know that Flanders wants to participate in the dialogue.

## Acknowledgements or Notes

Thanks to the members of the ICF-Platform for participating in this inquiry.

