



Personal factors in the ICF: Dutch analysis and approach

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Yvonne Heerkens¹, Dorine van Ravensberg¹,
Hillegonda Stallinga², Marcel Post³, Huib ten Napel⁴,
Marijke de Kleijn–de Vrankrijker⁴

1 Dutch Institute of Allied Health Care; 2 University Medical
Centre Groningen; 3 University Medical Centre Utrecht;
4 Dutch WHO FIC Collaborating Centre; The Netherlands

Abstract Functioning and disability of a person can be influenced by his/her health condition, environmental factors and personal factors. The 2001 version of the ICF however does not contain a list of personal factors, only a definition and some examples are included. Inclusion of a list of personal factors was seen as 'blaming the person'. Nevertheless, it is undisputed that personal factors can influence the functioning and disability of a person. Based on literature and expert opinion we composed a provisional list of personal factors that is open for discussion.

Introduction

Several research groups are interested in a common list of personal factors for use in research, education, and health care.

A gross list of personal factors was already composed by Geyh et al. (Disability and Rehabilitation 2011; 33 (13-14): 1089-102) based on a systematic review and content analysis of literature. In 2011 another interesting article was published by the same group 'Capturing the psychological-personal perspective in spinal cord injury (AJPMR 2011; S79-S96).

Methods

We used the gross list of Geyh et al. as starting point and removed items which we felt are part of the other boxes of the ICF-scheme.

Based on (research) projects, including the conversion of measurement instruments to the ICF, and adaptations for specific health professions, experts from the Dutch WHO-FIC Collaborating Centre together with people working with the ICF adapted Geyh's list to a provisional subdivision of personal factors.

Proposed subdivision

1 General personal data

- sociodemographic factors
such as age, language, education
- personal situation
such as marital status, position in family, housing, income
- life course and (major) life events

2 Psychological assets / general 'mental' personal factors

such as self-efficacy, coping style, locus of control, attitude, health literacy, learning style, perceived stress, feelings, beliefs

3 Health related personal factors

such as illness perceptions, illness beliefs, compliance to therapy

4 Lifestyle

such as movement habits, smoking habits, use of alcohol / drugs, dietary habits, safety habits

5 Work related personal factors

such as occupation, commitment to work, job satisfaction, change of job, ambition, employability

Discussion

1 Concept

Personal factors can be determinants of functioning, prognostic factors, mediators, moderators and – partly – also outcome measures.

2 Difference between mental functions and personal factors

Mental functions can be impaired; someone can have an impairment in memory or in attention; these items are 'real functions'. For other concepts this is not possible; e.g. there are less desirable or less effective forms of coping, but it is not possible to say that someone has an 'impairment in coping'.

According to this line of reasoning, we believe that items in class b126 and b130 should be considered personal factors in stead of mental functions!

3 Work related personal factors

In the domain of occupational health, a separate category of work related personal factors is useful. However an item as change of job can also be part of 'life course and (major) life events'.

4 Difficult items

There is discussion about the correct position of several 'difficult' terms. Examples are:

Frailty: function, structure or personal factor?

Comorbidity or multimorbidity: a personal factor or a 'health condition'?

Quality of life

Satisfaction with: a personal factor or a (new) qualifier?

Expectation: a personal factor or a (new) qualifier?

Detailed version

During the meeting a more detailed version of the proposed subdivision of personal factors is available!

Contact

We would like to hear comments on our present subdivision!!

Please feel free to contact us during the meeting or afterwards

heerkens@paramedisch.org

