Why the concept of participation as defined in the International Classification of Functioning disability and Health (ICF) is still difficult to use in clinical practice. A critical review of contemporary literature.

Dominique Van de Velde¹,², Marieke Coussens¹,², Stijn De Baets¹,², Lode Sabbe³, Peter Vlerick⁴, Lien Van Malderen⁵, Ellen Gorus⁵, Patricia De Vriendt⁵,¹
¹Faculty of Medicine and health care sciences, Department of Rehabilitation Sciences, Occupational Therapy, Ghent University., Ghent, Belgium, ²Department of Occupational Therapy, Artevelde University College, Ghent, Belgium, ³Department of Physical and Rehabilitation Medicine, University Hospital Ghent, Ghent, Belgium, ⁴Faculty of psychology and educational science; Department of Personnel Management Work and Organizational Psychology Ghent University, Ghent, Belgium, ⁵Department Gerontology and Frailty in Ageing (FRIA) Research Group Vrije Universiteit Brussel, Brussels, Belgium

Background: rehabilitation services are increasingly interested in improving social functioning and regaining performance in daily life of their patients. Within the International Classification of Functioning, Disability and Health (ICF) this is referred to as participation and defined as 'involvement in a life situation'. A lot of questions regarding its conceptualization have been raised and a comprehensive overview of the critique is lacking.

Methods and aim: in a first phase a critical review of the literature between 1976 and 2017 was performed to identify recurring conceptual problems in applying participation. In a second phase a focused critical review has been performed to identify how participation measures are operationalized.

Results: phase 1 resulted in 4 key limitations: (1) there is ambiguity and vagueness about the term itself, (2) differentiating between activity and participation remains unclear (3) the subjective aspects of participation are missing and (4) there is no consensus on how to measure participation. Phase 2 resulted in 18 instruments that have been operationalized in different ways: (a) unidimensional; the frequency of performing activities (b) unidimensional; the experienced limitations in performing activities (c) multidimensional; multiple subjective dimensions and (d) multidimensional combining objective and subjective dimensions.

Discussion and conclusion: notwithstanding an increasing body of knowledge some issues remain blurred and specifically how participation is measured is still subject to debate. A call to find common ground regarding the concept is indicated. Insight in current body of knowledge and awareness of shortcomings might inspire professionals aiming to apply participation in clinical practice.