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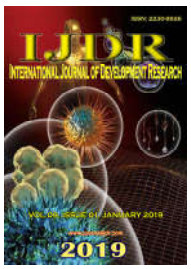

ORIGINAL RESEARCH ARTICLE OPEN ACCESS

# INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH IN PROFESSIONAL PRACTICE: THEORETICAL REFLECTION

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**ABSTRACT**

**Objective:** Weaving reflections on the use of the International Classification of Functioning, Disability and Health Professional Practice of Health. **Method:** A reflexive study from the reading of texts on the said classification in professional practice. **Results:** It presents an approach about the family of classification of the World Health Organization with emphasis in this classification and a reflection on its use as a multiprofessional terminology with a focus on health, enabling systematic practice based on evidence and in decision-making according to the real needs of individuals. **Conclusion:** It considers that the use of a unified technical-scientific language, at national and international level, facilitates the professional practice in the area of functionality and health, with ducts and references understood by specialists and non-specialists, ensuring a continuous assistance and qualified to the clientele served, in favor of health promotion and improvement of quality of life. **Descriptors:** Classifications in Health; International Classification of Diseases; International Classification of Functioning, Disability and Health; Professional Practice; Terminology.



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## INTRODUCTION

Considered as a valuable tool for describing and comparing the health of populations in an international context, the family of the classifications include the International Classification of Diseases (ICD) and the International Classification of Functioning, Disability and Health (ICF), which can be used with summary measures of population health and contribute to monitor and assess the various causes of mortality and morbidity (ICF, 2015). The ICD is the classification most known and internationally used, and has in his focus the record of morbidity and causes of mortality.

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It features a structure etiology, a diagnosis of diseases, disorders or other health condition. Already the ICF constitutes the universal reference framework, which has as its main attribute the model of functionality and its various determinants, aiming to describe, evaluate and measure the health and the inability, both individual and populational (ICF, 2015).In its latest version, the biopsychosocial model is complete and inverts the notion that disability is a linear process, i.e., the disease or the aggravation caused disability and incapacity. From the point of view of epidemiology, this classification is more interesting than the ICD, because through it, you can know aspects of the environment, called facilitators or barriers, and personal factors that interfere with the functionality, the activity and participation (ICF, 2015). The ICF stimulates more than the multidisciplinary work,

interdisciplinary or transdisciplinary because it makes the health care professionals recognize their reaction of dependence with other professionals who are not in this area, to ensure the functionality of the individual (Araujo, 2016). In the practice of professionals in the area of health care, it is observed that they perform various activities and practical skills, and in the daily routine and the record of their developments and behaviors, are faced with failures in the communicative process, whose writing, many times, is not clear nor uniformly and hinders the understanding of all that comprise the provision of care in hospitals, clinics and other health services. In the scientific-technical field, the noises of communication, the emergence of new terms, the evolution of technology and of diseases and the appropriation of a homogeneous language for all, translated by a terminology that covers a language of experts, which favors the communication with several specialists from other areas and with non-specialists, there are required and can strengthen the professional practice in health (Biz *et al*., 2017). There are many activities developed by the various health care professionals, such as doctors, nurses, physiotherapists, speech therapists, psychologists, among others, that lead to the diagnosis, the developments and the other professionals' records that need to be categorized in a standardized way.Some studies suggest that, as the assistance in health is encouraged to happen under the aegis multi and interdisciplinary approach, the different professionals need to be involved in caring for the patient, with a language more uniform, to be able to describe the same problem in different ways, documenting these independent and authentic information (from the point of view of each function and competence) most appropriate and understandable (Biz *et al*., 2017; Galvan, 2007).

In many circumstances, during practice, professionals found new terms, clinical findings, techniques and behaviors with better results, and as there is not a technical rigor in institutional records, which refers to a systematic dynamic and uniform, they do not use them. In this context, the following reflexive questions arise: What is the importance of the use of the International Classification of Functionality in professional practice in health? Why the ICF is still used in many health institutions in Brazil? The use of the classifications contained in the family of classifications of WHO by professionals not only legitimizes and systematizes the professional practice, as well as creates rich and real information to be developed public policies more legitimate and local and, consequently, statistics that give improvements to health and to the health system as a whole (ICF, 2015).

**Objective**

To make considerations about the use, in the professional practice of health, of the International Classification of Functioning, Disability and Health (ICF), as a multiprofessional terminology with a focus on health, enabling systematic practice based on evidences with decision-making on the real needs of individuals.

## MATERIALS AND METHODS

It is a study of the type reflective analysis on the basis of the discussions that occurred in the discipline 'Systems of Classification in Nursing and Health', in the Graduate Program in Nursing, Federal University of Paraiba, about the Family of Classification of the World Health Organization (WHO)and classifications of references and derived, emphasizing the range and the potentiation technique when used in professional practice, to describe, evaluate and measure the health and the inability of the population at both individual and collective level. It should be emphasized that its construction took place from the extensive reading about the Systems of Classifications used in the health area, with an emphasis on the Family of Classifications of WHO, by means of the references made in the discipline, which led to the understanding about the use of the ICF in professional practice in Brazil.

## RESULTS AND DISCUSSION

**International classification of functioning, disability and health:** The idea of measuring the consequences of the diseases appeared in 1980, and the WHO launched, for the purpose of research, the International Classification of Deficiency, Disabilities, and Limitations (ICIDH). After the completion of systematic studies and international consultations, this classification became the International Classification of Functioning, Disability and Health (ICF), approved in 2001 (ICF, 2015).Its goal is to establish a unified and standardized language and a structure that describes the health and the states related to it. By grouping systematically different fields of health and well-being to health, these domains are described based on the perspective of the body, the individual and society, allowing the division of ICF into two parts: the first, related to the functions and structures of the body; and the second, to the activities and participation. These terms were replaced by disability, deficiency and limitation (ICF, 2015) those were used before.

As regards the ICF, wonders why this classification is not yet used in health services nor deployed and implemented by professionals. The compulsory readings on classification systems indicate that Brazil is a member country of the World Health Organization, a signatory to the Resolution WHA54.21-WHO54.21, which recommends the use of ICF, translated into English in 2003 (MOH, 2012). In May 2012, the National Health Council adopted Resolution N452/2012, for which this classification was used in the Single Health System, including in the Supplementary Health, aiming to use them, in other circumstances, in research, to measure results on the well-being, quality of life, access to services and the impact of environmental factors on the health of individuals; as a statistical tool, to collect and record data; as a clinical tool to assess needs, reconciling the treatments with specific conditions and extend the line of care; to give visibility to the work processes and evaluate them with respect to the real impacts of the actions of health professionals who work directly with the human functionality; to scale and resize services, aiming to qualify and quantify the information relating to the treatment and recovery of health in the rehabilitation process and its results; as a tool for generating standardized information on health, which should be inserted into the National Health Information System of the Unified Health System to feed the databases, with a view to monitor, evaluate and adjust to instrumentalize the management of actions and health services in all its levels of attention; and as a source of health indicators related to human functionality (MOH, 2012). It should be stressed that, although it has been regulated, the ICF is not yet implemented nor discussed about its potential, and the Health Care professionals do not understand it, don't know nor use, as is the case of ICD.

The literature points as reasons for the health care professionals do not use the ICF in its practice its complexity, the understanding of classification, the broad approach, the knowledge and the time spent to use it, especially its extension (Araujo, 2016; Araujo and Buchalla, 2015; Castro *et al*., 2016). The ICF has over 1,400 categories, which resulted in a checklist drawn up by itself, with the aim of facilitating its applicability. Unlike the CID, whose traditional indicators are the mortality rates of the population, the ICF focuses its interest in the concept "life", considering the way people live their health problems and how they can improve their living conditions so that they can have an existence that is both productive and enriching. This has implications for the practice of health, in legislation and in social policies aimed at improving access to health care and to protect the individual and collective rights (ICF, 2015). We can say that it is a classification with multiple purposes, which aims to provide a scientific basis to be able to understand and study the health and the conditions relating to it, its determinants and effects; establish a common language to improve communication between different users, health professionals, among others involved; make comparisons of data between countries and at different moments in the course of time and provide an encoding scheme for health information systems (ICF, 2015).

It is important to emphasize that this classification is not applied exclusively on health, but also in other aspects of human health and in some components related to well-being, which are fundamental to health; therefore applies universally and describes the situations related to the functions of the human being and its restrictions, in a meaningful way, integrated and easily accessible. The ICF is a dictionary of human functionality, which contains items related to parts of the body and its functioning, on human activities, social participation and the items those influence these activities, called environmental factors. Due to this complexity, provides information on the first part - which deals with the functionality and the inability - and on the second - referring to contextual factors. The functionality is divided into: functions of the body, the structures of the body and activity and participation; and the contextual factors, in environmental and personal factors; except for the personal factors, the other components can be encoded (ICF, 2015). In the ICF constitutes that the components of functionality and disability can be used to indicate problems (disability) and non-problematic aspects of health and of the states related to health (functionality). These two terms are designed as a dynamic interaction, seen as a process or result between the states of health and contextual factors. People are not units, and the ICF describes the situation of each one of them in a range of health domain or on it (ICF, 2015).

Due to the complexity of this classification, the ICF itself defines the functionality as a term that covers all the functions of the body, the activity and participation, and in a similar way, disability covers disabilities, limitations of activity or restriction on participation. It is an approach with multiple perspectives of the classification of functionality and the inability, it strengthens the integration of the medical model and the social model and contemplates the biopsychosocial model, which attempts to provide a synthesis of a coherent vision of the different dimensions of health, in a biological perspective, individual and social (ICF, 2015). Despite the complexity of the ICF, it allows the professional practice be legitimized and formalized and uniforms and standardizes the aggravations, the symptoms, the diagnoses and the lines of care for health care professionals who are not doctors. Its use allows a broad approach, multidisciplinary, integral and centered on the individual; therefore, it is an epidemiological and clinical tool applied (Biz *et al*., 2017).

**Importance of ICF in professional practice:** To encourage the use of the ICF in clinical practice and research, there were developed the so-called sets of ICF cores or Core Sets, which are considered a list of categories of ICF who were chosen in a consensus process at various stages on which aspects of the operation are relevant for patients in specific environments or with specific health conditions and integrate the evidence of empirical studies and contributions of experts (Mueller *et al*., 2008).Its main applicability is in the areas of Physiotherapy, Social Service and Medical Expertise to assess the disability of the individual. Studies with its application, with the emergence of core sets, which constitutes the ICF of reduced form for use in specific areas, are already made in many places, at national and international level, (Castro *et al*., 2016; Brazilian *et al*., 2013), but despite encouraging the creation of core sets, they are focused for the disease.

The authors emphasize that, although the development of core set decrease the time of data collection, to be planned for groups of specific health conditions, provide data to study the functionality in specific groups and turn to the specificity of the diseases, also has disadvantages, which should be analyzed (Castro *et al*., 2016; Castaneda *et al*., 2014).Among them, we can highlight the fact that cannot be used in the general population, healthy and without any health condition or disease, so it is inappropriate for the populational study of human functionality, the target of scientific interest. The ICF also standardizes the measurement of results to improve the management of interventions of health teams. And how enables the sharing of information between multidisciplinary teams, contributes to structuring the therapeutic process, the planning and evaluation of goals and, consequently, that the conditions of health are documented and recorded (ICF, 2015). In its current version, the ICF emphasizes that its use will depend, in large part, onits practical usefulness and enumerates the extent to which it is able to serve as a measure of the performance of the health service, by means of indicators based on the results of the users and the extent to which it is applicable to all cultures so that international comparisons can be made to identify the needs and resources for planning and search.

Among the many challenges to deploy and run the ICF, there is the proposal that there are two specific versions: one for clinical use, on codification and terminology, which will be based in the main classification and will provide additional detailed information as guidelines for evaluations and clinical descriptions, and a version for research, which will meet the specific needs of research and give precise definitions and operational to evaluate health conditions (ICF, 2015). Considers that the use of the ICF in professional practice, as a unified technical-scientific language, at national and international level, will facilitate the professional practice on the area of functionality and health, with behaviors and references understood by specialists and non-specialists, ensuring a continuous assistance and qualified to the clientele served, in favor of health promotion and improvement of quality of life. But, it is acknowledged that the use of the ICF professional practice will improve with its use, not only on the

information relating to the functionality of the individual, but also in understanding its determinants, which would result in the development of real social policies and addressing the needs of each population, regarding the deepening in scope professional. This would gain the qualifications of the care and improvement in the therapeutic plan, with proposals for lines of care with evidence and facilitate interdisciplinarity and transdisciplinarity that are fundamental to the success of health care (Araujo, 2016; Biz *et al*., 2017; Castaneda *et al*., 2014). On this focus, the Primary Attention to Health, composed of a multidisciplinary team, may be the entry door for a study that seeks to systematize a protocol of care based on four conditions-multidimensional assessment, design, implementation and monitoring of the care plan -for that care be coordinated based on strategies by means of which it is possible to improve the lives of older people and their families and performance of the health teams, employing a specialized language, in this case, the ICF to strengthen the decisions and techniques for a plan of care based on scientific evidence.

**Conclusion**

Considers that the practice of care with the use of the ICF is not yet visible, because it requires, among other things, a standardized record, which for many professionals results in more institutional bureaucracy. However, this thought should not be viewed as the mere fulfillment of a checklist, but as a clinical protocol, which will facilitate the implementation of careful listening, a more qualified, the state provided and the behaviors more understandable from the point of view multi and interdisciplinary. The fact that this tool, so essential to the practice in health is not used by the professionals, new questions arise, such as: the non-use of the ICF comes from the fact that these professionals have not received the due stimulus for its use or was by the lack of such content in vocational training? The knowledge or involvement in something more technician will require more dedication, more time and more training? To answer these questions, you will need further studies. Demystify the use of ICF by health professionals in Brazil will be a process for not having the premise that this classification is bureaucratic, prolonged, tiresome, but needed to standardize multiple factors that comprise not only the care process, but also the complex organization of the health care system turned to the real needs of the population.

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