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Chapter 2

The concept of 'functioning'

Hillegonda A Stallinga

Introduction

Why is it relevant to write about the concept of 'functioning' in the context of the ICF? First, functioning is the central theme of the ICF – the International Classification of Functioning, Disability and Health, published by the World Health Organization (WHO) in 2001. Second, the idea of functioning can easily be ambiguous. Since the ICF first appeared, it has been people's experience that using the ICF, including the unified linguistic terms for aspects of functioning, does not necessarily mean that the concept of functioning is understood the same way by those using it (Chou & Kröger 2017). This chapter provides an overview of descriptions and models related to the concept of functioning; discusses when people are functioning successfully; and points out why and how to use the concept of functioning as a major focus for healthcare.

What is meant by the concept of functioning

Descriptions of the concept of functioning

The WHO describes 'functioning' in the ICF as an umbrella term encompassing all body functions, structures, activities and participation; similarly, 'disability' serves as an umbrella term for impairments, activity limitations and participation restrictions (WHO 2001). Functioning must be understood as a result of a dynamic interaction between the health condition and contextual factors (e.g. environmental and personal factors). Furthermore, functioning has to be seen as a continuous concept,



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that is, a concept that is 'more or less', and measurable along a continuum ranging from completely able to completely disabled (Bickenbach et al. 2012, Stallinga 2015). Finally, the ICF distinguishes two constructs: 'capacity' and 'performance', specifically applicable for the components of activities and participation to express one's functioning. Capacity is defined as 'an individual's ability to execute a task or an action'; performance is defined as 'what an individual does in his or her current environment' (WHO 2001).

In recent published documents, the WHO also uses the term 'functional ability'. Functional ability refers to:

the attributes that enable people to be and to do what they have reason to value. It is determined by individuals' intrinsic capacity (the combination of all their physical and mental – including psychosocial – capacities), the environments they inhabit and the interaction between the individual and these environments (WHO 2017).

Functional ability seems to be closely related to functioning as described above in the context of the ICF. All the components of the ICF are included. However, the difference with the ICF is the broadened description of the term 'capacity' by including 'what they have valued'. That, in turn, is closely related to the term 'capability' as described in the Capability Approach of Amartya Sen (Sen 1992). In Sen's interpretation, capability is defined as 'the availability of realistic opportunities to do or become what one has chosen' and is somewhat similar to the term functioning (Sen 1992). Functioning is defined as 'the "beings and doings" a person achieves, chosen by an individual by using his/her capabilities' (Sen 1992). A difference between the ICF and Capability Approach is that the latter is a political-theoretical account of egalitarian justice, whereas the ICF is meant only as a classification system for describing functioning in the context of health (Bickenbach 2014). Bickenbach demonstrated that a comparison of the Capability Approach and the ICF reveals salient aspects of convergence that arguably point to a potential synergy between both approaches when it comes to the conceptualisation of functioning (Bickenbach 2014). From the Capability Approach, we can appreciate that lacking the 'capability to convert resources into genuine and realistic opportunities to pursue goals and life plans' will decrease one's level of functioning as described in the ICF (Bickenbach 2014).

Similarities among all the listed descriptions of functioning can be found in the conceptualisation of functioning as a whole. No single aspect determines functioning. The concept of functioning has to be considered as an entity, capturing all that people *have* (body functions and body structures, e.g. sensory functions, eyes), all that people *do* (activities, e.g. tasks, skills) and all that people *are or aspire to be* (participation, e.g. being a parent, being an employee) (Bickenbach et al. 2012).

The concept of functioning and the Biopsychosocial Model

In order to capture the integration of the various aspects of functioning, the 'biopsychosocial' model is used in the ICF's theoretical base. The initial biopsychosocial model was introduced by Engel (1977). This model is considered as a complex, adaptive, personal, and experiential systems model. The main characteristic, as in many other systems models (General Systems Theory) is that no single characteristic alone is responsible for the level of an individual's functioning. This means that the system can fail even if all subparts are intact and working properly (Wade & Halligan 2017). Think of a flock of birds: every bird can fly separately, but to be a flock means that each bird has to interact in the right position at the right time. Applied to the ICF, even the presence of all functions, structures, activities and participation items represented in the ICF categories does not necessarily lead to people having successful functioning. On the other hand, deviation of one aspect, e.g. having a severe limitation in walking, does not necessarily mean that someone cannot function successfully. The biopsychosocial model attempts to achieve a synthesis, in order to provide a coherent view of different perspectives related to health from a biological, individual (personal) and social perspective (Wade & Halligan 2017). The person can determine for him or herself whether the various components are in balance (Sturmberg 2009, Wade & Halligan 2017). That implies that the health or social care professional, as a user of the ICF, must always take into consideration all the components of the model in relation to each other and the relationships among them – always in collaboration with the individual's goals and values – to try to improve functioning. It is the whole person, viewed in a holistic way, with their resources, (dis)abilities in their physical, attitudinal, social, and political environment, that has to be taken into account.

When are people functioning successfully?

The ICF provides opportunities to describe people's status of functioning both from the perspective of professionals (what is assumed to be an 'objective' view) and from the perspective of the person themselves (what is assumed to be the perceived subjective assessment). Functioning is critically centred on the individual's complex systems, including medical factors and personal factors, in interaction (really in transaction) with their physical environment in a goal-directed way and over time. In that way, successful functioning can be described as achieving one's personal goals by properly managing one's physical, psychological, sociological and contextual factors. Successful functioning is influenced, but is not solely dependent on, health condition or contextual factors (Talo & Rytökoski 2016). Thinking along the lines of the concept of functioning as described above means that the final judgment about how well or successful a person's functioning is must be primarily judged by the person themself.

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Why use functioning as the focus for healthcare?

The concept of functioning in the context of health

One's individual functioning is a key component in health and wellbeing and requires direct consideration in healthcare systems (Madden et al. 2012). In the context of the modern conceptualisation of health as the 'ability to adapt and self-manage in the face of social, physical and emotional challenges' (Huber et al. 2011), functioning, characterised by ability/disability, can be understood as the operationalisation of health. This modern concept of health emphasises ability, adaptation and self-management in a biopsychosocial context. In accordance with its origins from the salutogenic approach (Antonovsky 1987, 1996), this is called 'positive health'. This can be seen as the counterpart of the biomedical pathogenic 'ill health' approach of current healthcare systems (Bengel et al. 1998, Huber et al. 2011). Both the salutogenic and the biopsychosocial perspectives point to the need to adopt, teach and systematically implement these into the future healthcare system as a whole (Adler 2009, Becker et al. 2010, Eriksson & Lindström 2005, Lezwijn et al. 2011, Sturmberg 2009, Zeyer 1997) (see Chapter 7). This will support the experience of 'being healthy', even though one's biological or physical capacities have become reduced by a 'health condition' (Tan et al. 2016). In other words, the operationalisation of the ICF concepts at the level of the individual are essentially personal, and emphasise that healthcare procedures, interventions and programs should reflect the idea of what human functioning is, and be developed in accordance with the physical, psychological, or social capacity and resources (capability), values and goals of the individual.

Functioning as a critical concept in healthcare

The WHO states:

care inadequacies may result in patients being unable to maintain their 'functional ability', or lead to depression or early death. At best, health care is focused on meeting people's basic needs such as help with bathing or dressing, at the expense of broader objectives such as well-being and maintenance of dignity, personal choice and respect (WHO 2017).

This means that healthcare should be oriented towards optimising capacity and performance or compensating for lack of capacity so that functioning, as conceptualised in this chapter, is maintained and wellbeing more likely to be realised. Based on the principles of person-centred care, patients and their relatives have to be involved in care planning.

Functioning, as a focus for healthcare, thus asks for an approach focused on discovering the origins of health (salutogenesis) complementary to the pathogenic orientation focusing on the causes and precursors of disease.

How to work with the concept of functioning as a whole?

Functioning as the focus for healthcare requires a different healthcare system from our traditional disease-care approach. First, compared with disease-care, it is not possible to determine a general standard. In contrast with the concept of disease, this is the unique feature of the concept of functioning. To diagnose a disease, the health professional's focus is on the presence of specific, and mostly negative, indications to conclude that a person is experiencing a specific disease(s) or condition. Second, working in the concept of functioning means that initially the person themselves comes up with aspects – abilities and challenges – relevant to their experienced functioning. The ICF can be used as a practical tool to operationalise the aspects of functioning. The framework of the ICF, used in its holistic biopsychosocial model, offers the opportunity to work with the patient's concept of functioning in a decision-making model.

Subsequently, the ICF terminology – 1 500 ICF categories – offers the opportunity to register, analyse and communicate about functioning. However, to describe one's functioning, it is impractical in terms of its size to use all the ICF categories. In principle, all the ICF categories are available and applicable to everyone. To describe one's individual status of functioning in a significant way the user themselves chooses categories that are meaningfully related to a specific aim (Talo & Rytökoski 2016). Successful functioning obviously differs from person to person, and probably from one time to another in the life of the same person. What is necessary or meaningful in one personal situation may not work in another.

Last, but not least, the essence of working with the concept of functioning implies that the patient and their significant others are involved in making judgments and decisions about what is meaningful to them and therefore what issues, related to functioning, they want to address. Shared decision-making and person-centred care are key terms. This means that healthcare professionals sometimes have to accept that a patient can make a different choice related to their functioning – or their goals to achieve successful functioning – compared to what might be seen and judged as successful by healthcare professionals. In this way, the ICF represents an essentially 'democratic' 21st century approach to healthcare.

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