

# Knowledge and Effective Use of ICF in Health Professionals' Clinical Practice

## Clinical use of ICF by health professionals

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### INTRODUCTION

ICF provides a common language in interdisciplinary work. However, knowledge of ICF and its use seem to not be unanimous among professionals. Therefore, it is important to research the use of ICF in health professionals' clinical practice, identifying the factors that influence it.

### METHODS

Observational and cross-sectional study with a sampling of Brazilian health professionals: physiotherapists, speech therapists, occupational therapists and nurses. These professionals received questions using Likert scale with score from 1 to 5 via social networks and emails related to their knowledge of, use of and satisfaction with using ICF in clinical practice. Inferential and descriptive statistics were developed from the data, using nonparametric tests, including Spearman correlation.

**RESULTS**  
Of the 61 volunteers, 88.5% (54) reported that they knew ICF and, of these, 37.75% (23) stated that their first contact with its concepts was during undergraduate studies. A total of 30 (49.2%) reported not using ICF in professional practice, and about 21 (34.4%) reported using ICF neither during patient evaluation nor when establishing objectives for treatment. The professionals' level of specialization did not influence the value they assigned to the use of ICF  $2.08 \pm 1.44$ ,  $p=.50$  or satisfaction with its use  $3.11 \pm 1.35$ ,  $p=.72$ .

**Table 1.** Correlations between health professional's age, importance, knowledge and satisfaction with ICF in clinical practice.

Variables	Mean	SD	Age	Importance of ICF in clinical practice	Adequate knowledge of ICF	Satisfaction using ICF
1. Age	35.5	8.9				
2. Importance of ICF in clinical practice	2.08†	1.44	-.10 [-.35, .15]			
3. Adequate Knowledge of ICF	3.51†	1.29	-.00 [-.34, .30]	-.16 [-.41, .02]		
4. Satisfaction using ICF	3.11†	1.35	-.26* [-.47, .06]	.20 [-.04, .52]	-.10 [-.40, .15]	

Note: SD, standard deviation. Values in square brackets indicate the 95% confidence interval for each correlation.\* indicates  $p < .05$ . † indicates Mean of score from 1 to 5.

Nevertheless, there was a significant difference regarding adequate knowledge about ICF among those who use it in their clinical practice  $3.51 \pm 1.29$ ,  $p < 0.01$ .

Table 2: Characteristics of Health Professionals

N=61	n	%
<b>Gender</b>		
Men	15	24.6
Women	46	75.4
<b>Health professional</b>		
Nurse	8	13.1
Physiotherapist	39	63.9
Speech therapist	3	4.9
Occupational therapist	7	11.5
Other	4	6.6
<b>Time after undergraduate degree (in years)</b>		
2 to 5	18	29.5
5 to 10	11	18
more than 10	32	52.5
<b>Level of expertise</b>		
Undergraduate degree	11	18
Lato sensu specialization	27	44.3
Master's	16	26.2
Doctorate	7	11.5
<b>Workplace</b>		
Primary health care	9	14.8
Clinic	13	21.3
Private office	8	13.1
Home care	9	14.8
University/Faculty	13	21.3
Hospital	9	14.8
	Mean	SD
Age	35.6	8.9

### CONCLUSION

The use of ICF by all health professionals involved in the process of rehabilitating individuals with disabilities, limitations, and restrictions has not yet become a common practice in our sample. Professionals' satisfaction with using ICF was related to practicing it, wich suggests that training strategies for ICF need to be focused on clinical practice in the different areas of health services in Brazil.

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