LIFE-H AS A TOOL FOR ASSESSING DAILY FUNCTIONING AND SOCIAL PARTICIPATION IN PARKINSON'S DISEASE: POTENTIAL APPLICATIONS FOR NURSING PRACTICE

Daniela Kantareva
Medical University – Plovdiv, Department of Nursing Care, Bulgaria,
Daniela.Kantareva@mu-plovdiv.bg
ORCID ID: 0000-0002-2710-9212

Abstract: Parkinson's disease is a progressive neurodegenerative disorder that substantially impairs everyday functioning and social participation, leading to reduced autonomy, increased care dependency, and diminished quality of life. Contemporary nursing care has increasingly adopted a biopsychosocial perspective that extends beyond symptom management to include the assessment of functioning, participation, and patient-centred outcomes. Despite the widespread use of clinical rating scales for evaluating disease severity and motor impairment, fewer assessment instruments comprehensively address participation in everyday life and its implications for nursing care. The aim of this review was to examine everyday functioning and social participation in people with Parkinson's disease from a nursing perspective and to highlight the role of standardized assessment instruments in supporting individualized nursing interventions. A descriptive and analytical review of the contemporary scientific literature was conducted, focusing on the clinical manifestations of Parkinson's disease, their impact on daily functioning and social participation, the role of nursing care, and the application of standardized assessment instruments, including participation-oriented measures. Current evidence indicates that both motor and non-motor symptoms substantially compromise activities of daily living, restrict social participation, and negatively affect quality of life. Nurses play a central role in identifying functional limitations, promoting autonomy, supporting participation in meaningful life situations, and coordinating individualized care. Participation-oriented assessment instruments provide a structured framework for evaluating patients' functioning within their social environment and complement traditional symptom-based measures. Among these instruments, the Life Habits Assessment (LIFE-H) questionnaire is conceptually consistent with the International Classification of Functioning, Disability and Health (ICF) and demonstrates considerable potential for assessing participation and life habits in people with chronic conditions. Although its application in Parkinson's disease remains insufficiently explored, LIFE-H may enhance comprehensive nursing assessment and facilitate patient-centred care planning. Integrating standardized assessment of functioning and social participation into nursing practice may contribute to more individualized interventions, improved quality of care, and future development of evidence-based nursing practice in Parkinson's disease.
Keywords: Parkinson's disease, everyday functioning, social participation, nursing care, LIFE-H, assessment.

1. INTRODUCTION

Parkinson's disease is a chronic progressive neurodegenerative disorder with motor and non-motor manifestations. Bradykinesia, rigidity, tremor, and postural instability occur alongside cognitive impairment, depression, anxiety, sleep disorders, autonomic dysfunction, pain, and fatigue (Bloem et al., 2021). The interaction between these manifestations, individual characteristics, and environmental factors leads to limitations in everyday functioning, social roles, and quality of life (Bode et al., 2024; Mammen et al., 2024). According to the World Health Organization, more than 8.5 million people were living with Parkinson's disease in 2019, while the associated disability and mortality are increasing faster than those of any other neurological disorder (World Health Organization [WHO], 2022).

Contemporary care extends beyond symptom control and focuses on functioning, participation, and patients' individual priorities. This approach is consistent with the International Classification of Functioning, Disability and Health, which views functioning as an interaction between health conditions, activities, participation, and contextual factors (WHO, 2001). Nurses have a key role in identifying functional changes, maintaining independence, and coordinating personalized care (van Munster et al., 2022). This supports the need for standardized assessment of life habits and participation in meaningful life situations.

2. AIM AND OBJECTIVES

The aim of the article is to analyse everyday functioning and social participation in people with Parkinson's disease from a nursing care perspective and to assess the potential of LIFE-H for comprehensive nursing assessment and individualized care planning.

The objectives are to present the impact of motor and non-motor manifestations on functioning, participation, and quality of life; to highlight the nurse's role in maintaining independence; to present the conceptual basis, structure, and potential applications of LIFE-H; and to outline directions for its future use in Parkinson's disease.

3. METODOLOGY

A descriptive and analytical review was conducted of publications retrieved from PubMed/MEDLINE and Google Scholar, as well as official sources from WHO and the International Network on the Disability Creation Process. Combinations of the following keywords were used: Parkinson's disease, daily functioning, activities of daily living, social participation, quality of life, nursing care, person-centred care, ICF, life habits, and LIFE-H. Scientific and review articles, methodological publications, and official documents relevant to the aim of the review were included. Priority was given to publications in the last five years, while seminal sources on ICF and LIFE-H were also included. The data was organized through a thematic descriptive and analytical synthesis.

4. RESULTS AND DISCUSSION

Everyday functioning and social participation in Parkinson's disease

Everyday functioning encompasses self-care and mobility, as well as instrumental activities such as preparing meals, shopping, taking medication, and using transportation. Motor symptoms interfere with their performance and increase the risk of falls, while cognitive and emotional changes, fatigue, pain, and sleep disorders further restrict activity and independence (Bloem et al., 2021; Bode et al., 2024). Alternating "on" and "off" periods lead to variations in functional capacity throughout the day, while performance in clinical settings does not always correspond to functioning in real life (Corrà et al., 2021).

Social participation includes meaningful family, professional, and community roles, relationships, and activities. Restrictions may arise before pronounced dependence in self-care and may lead to social withdrawal, loss of roles, and poorer quality of life (Ahn et al., 2022). Actual participation and satisfaction with participation are not identical: patients with similar levels of activity may assess them differently according to their personal preferences and previous roles (Mammen et al., 2024). Mirchev (2019) emphasizes the need for the medical approach to consider physical and mental health, individual characteristics, and the sociocultural context. Assessment should therefore establish not only whether a patient can perform a particular activity, but also whether they actually participate in it, what assistance they use, and how satisfied they are.

The role of the nurse

The nurse monitors changes in self-care, mobility, nutrition, cognitive and emotional status, safety, and treatment management. The main areas of nursing practice include comprehensive assessment, treatment management, fall prevention, care for non-motor symptoms, support for relatives, multidisciplinary collaboration, and referral to social resources (Fujita et al., 2024). Interventions may include adapting activities and the environment, using assistive devices, teaching compensatory strategies, and supporting correct medication intake.

Care should be tailored to the patient's individual abilities, values, and meaningful roles while maintaining autonomy, dignity, and identity (Mirchev, 2019). Parkinson's nurse specialists support ongoing monitoring, personalization, and coordination of care (van Munster et al., 2022), while accessible nursing support strengthens partnership and facilitates coping with the practical consequences of the disease (Mcewan et al., 2024). Performing these functions requires structured information about the patient's needs and preserved abilities.

LIFE-H – Conceptual basis, structure, and characteristics

Standard clinical instruments provide important information about symptoms, functional independence, and quality of life but do not always reflect participation in meaningful life situations. Social participation is a distinct dimension and cannot be inferred solely from disease severity or motor limitations (Duncan & Earhart, 2011). The Assessment of Life Habits (LIFE-H) complements this evaluation by examining the performance of everyday activities and social roles in the person's actual living environment (International Network on the Disability Creation Process [INDCP], n.d.).

LIFE-H originates from the Disability Creation Process model, later developed into the Human Development Model–Disability Creation Process. In this model, social participation is viewed as the result of the interaction between personal factors, the environment, and life habits (Noreau et al., 2002). Although it was not developed directly from the ICF, LIFE-H is conceptually consistent with its biopsychosocial perspective and the domains of "activities and participation" (Desrosiers et al., 2004).

The general LIFE-H 4.0 version for individuals aged 14 years and older comprises 96 items across 12 categories. Daily activities include communication, mobility, nutrition, physical fitness and psychological well-being, personal care and health, and housing. Social roles encompass responsibilities, interpersonal relationships, community and spiritual life, education, employment, and recreation. For each item, the assessment records whether the life habit is performed, the technical aids and adaptations used, the human assistance required, the level of difficulty, and satisfaction. The instrument can be completed independently, with assistance, or by an appropriate respondent; whenever possible, the patient's perspective is preferred (INDCP, n.d.).

Studies involving people with functional limitations support the reliability and construct validity of LIFE-H (Desrosiers et al., 2004; Noreau et al., 2004). Life habit performance and satisfaction are related but distinct

constructs, which supports their parallel assessment (Poulin & Desrosiers, 2009). The instrument's broad scope enables the development of an individual profile of preserved abilities, support used, and areas of restricted participation.

Potential application of LIFE-H in nursing practice

LIFE-H does not replace neurological assessment, clinical scales, or professional nursing judgement; rather, it supplements information about the impact of the disease on real life. The results can assist in setting care priorities by considering the level of difficulty, assistance required, safety risks, personal significance of the activity, and satisfaction. General goals can thus be translated into specific and meaningful outcomes, such as walking safely to a nearby shop, resuming a family activity, or independently performing some household tasks.

The identified restrictions may indicate a need for fall prevention, adaptation of the environment and activities, support with nutrition and medication management, emotional support, family education, and referral to other professionals. LIFE-H identifies problem areas, while their causes and the appropriate interventions are clarified through nursing and, when necessary, multidisciplinary assessment. This is consistent with personalized care and the nurse's role in treatment management, risk prevention, and coordination of support (Fujita et al., 2024; van Munster et al., 2022).

The instrument can be incorporated into the stages of the nursing process: assessment, problem identification, planning, interventions, and outcome evaluation. Its repeated administration could document not only improvement but also the maintenance of independence, safer performance, reduced need for assistance, or increased satisfaction (Mcewan et al., 2024). A promising direction is to map the LIFE-H domains to nursing diagnoses, interventions, and outcomes from NANDA International, the Nursing Interventions Classification, and the Nursing Outcomes Classification.

Directions for future research

Future studies could assess the practical applicability of LIFE-H 4.0 in Parkinson's disease, the time and method of administration, and its responsiveness to changes following nursing and multidisciplinary interventions. Of particular importance is examining its contribution to setting individual priorities, planning care, and monitoring outcomes that are meaningful to patients.

5. CONCLUSION

Everyday functioning and social participation are essential dimensions of life with Parkinson's disease and should be incorporated into comprehensive nursing assessment. LIFE-H extends the traditional symptom-oriented approach by providing a structured profile of life habits, support required, difficulties encountered, and patient satisfaction. Its integration into the nursing process has the potential to support the identification of individual priorities, formulation of meaningful goals, selection of interventions, and evaluation of care outcomes. In this way, LIFE-H may contribute to more personalized support aimed at maintaining autonomy and participation in meaningful life situations for people with Parkinson's disease.

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