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## REVIEW

Lilia Rosenfeld dissertation *Bridging the Expectations and Reality Gap? Formal  
Caregivers' Views on Challenges in Dementia Care*

### *Evaluation of the novelty, relevance and originality of the research*

The dissertation addresses a highly relevant and socially significant research topic, responding to contemporary demographic, social, and health-related challenges associated with population ageing and dementia. The research is timely and important, as dementia increasingly affects not only individuals but also families, care institutions, and broader welfare systems. By engaging with this topic, the author contributes to ongoing academic and policy-oriented discussions on health, care, and social responsibility.

The novelty of the research lies in its interdisciplinary approach, which combines insights from health sciences and sociology. The author demonstrates a strong ability to integrate medical knowledge with sociological analysis, thereby moving beyond narrowly defined disciplinary perspectives. This integrative approach allows research to address dementia not only as a medical condition but also as a social phenomenon shaped by institutional practices, care relations, and broader societal structures.

The originality of the study is further reflected in the author's critical engagement with existing literature. Rather than summarizing dominant positions, the research evaluates different theoretical and empirical approaches, highlights their limitations, and places them in dialogue with one another. This is particularly evident in the discussion of contemporary care practices and therapeutic interventions, where the author adopts a balanced and reflective stance that acknowledges both their potential benefits and their shortcomings.

The dissertation is also characterized by a broad comparative and contextual perspective. By drawing on international examples and diverse empirical materials, the research situates dementia care within wider social, cultural, and institutional contexts. Although this breadth sometimes challenges the analytical focus, it nevertheless underscores the author's ambition to produce a comprehensive and theoretically informed account of dementia and care practices.

Overall, the research demonstrates a high level of academic maturity, originality, and relevance. Its main contribution lies in the systematic integration of interdisciplinary knowledge and in the critical examination of dementia-related care practices from a sociological perspective. Despite certain structural and analytical challenges, the dissertation offers original insights that advance scholarly understanding in the fields of health sociology, ageing studies, and care research.

### *Evaluation of methods applied for dissertation research*

The chosen methodology for the dissertation research is somewhat unexpected, as this is the fifth chapter of this dissertation research. The author presents a concise, scientifically formulated research objective, which seeks to investigate caregivers' perspectives on the quality of care provided. To achieve this goal, the author of the dissertation research chose two models: the Job Demand–Resources Model (Karasek) and the ABC Model of Attitudes. From a sociological perspective, the combination of these two models allows the author to address both structural working conditions and subjective attitudes, which is particularly relevant when examining caregiving as a form of emotionally and institutionally embedded labor. However, the most important “gem” of the work is that the author, having critically assessed the strengths of the two existing models, proposes a new conceptual model.

This conceptual contribution demonstrates a high level of methodological maturity and originality, as the author moves beyond the mechanical application of existing frameworks and engages in theory-building. However, on page 271, when describing the problem of the work, it would have been appropriate to rely not on feelings, but on scientific literature. It is understandable that the author, as an expert who has delved deeply into the vast amount of literature on the topic under study, may also have an intuition or a personal relationship with the phenomenon being studied, but scientific work requires disciplined argumentation.

The research method is presented, but rather reductively. Usually, the authors of a dissertation study describe the methods used and the motives for their choice in more detail, which could have been expected when reading the introduction. Also, this part does not clarify why a qualitative study was chosen and focus groups were used. No information is provided on when exactly the focus group discussions took place. From the information provided on page 291, it can be understood that the study could have been conducted in 2020–2021, since COVID-19 restrictions are mentioned. The fact that the author describes the course of the focus group discussions in sufficient detail (pp. 291–293) is a positive thing. This detailed description enhances the credibility of the qualitative analysis and demonstrates the author's methodological competence in conducting and documenting empirical research.

### *Evaluation of the scientific level of the research, reliability of the obtained results and validity of the conclusions*

In the first chapter of the dissertation, the author has delved into the problems of the dementia phenomenon at a high level. The information presented in the dissertation research is presented in descriptive ways. The author provides a lot of details about the development of dementia, treatment, and the like. From a sociological standpoint, this descriptive depth can be seen as a strength, as it creates a solid contextual foundation for later analytical sections and allows the reader to understand dementia not only as a medical condition but also as a socially embedded phenomenon. In some places, the text is supplemented with interview data, but it is not very clear whether these interviews are conducted by the author or simply based on previous research. Since, as mentioned, the author is involved in this interdisciplinary topic at a good level, it can be seen that in this place the author operates with knowledge of both health sciences and sociology. This interdisciplinary positioning is especially important in dementia studies, where social meanings,

institutional practices, and professional cultures play a crucial role alongside biomedical knowledge.

The author of the dissertation research perfectly demonstrates her scientific competence in examining the use of music in the treatment of this serious disease. She not only presents arguments in favor of this treatment therapy but also discusses the shortcomings of this method, which demonstrates her competence to critically evaluate modern dementia treatment methods.

Continuing the review of healthcare institutions, the author competently examined the experience of different countries, emphasizing the professionalism of healthcare providers. From a comparative sociology perspective, this already demonstrates the author's ability to think beyond a single national context and to recognize institutional diversity as an analytical resource rather than a limitation. However, it is not very clear why it was necessary to single out institutions of individual countries, such as Switzerland, Poland, the Netherlands. It is not clear why these countries were selected for analysis. A summary table is also missing, in which it would be possible to compare healthcare institutions for seniors in these countries.

On page 17 of the dissertation study, the author presented the costs of treating patients, but it is not clear how these costs were calculated, whether they are the author's calculations, since no sources are indicated. Also, the mortality rate figures provided on the same page are dated 2013. Couldn't more modern data be found?

As for section 1.3, this section is disproportionately small compared to other sections in this part – perhaps it should have been merged. It also uses 2018 statistics on caregivers in Israel, which, in my opinion, is a bit old. Next, in section 1.4, the author presents dominant positions on caregivers, their competencies, the pressure they experience, and professional burden. This discussion aligns well with sociological analyses of emotional labor, professional stress, and care work, even if these theoretical labels are not always made explicit. Despite the high-quality literature review, it could have been supplemented with positions from the street-level bureaucracy theory, because there has certainly been a lot of work done in this area. Of course, it is clear that the author is good at analyzing scientific literature and presents it in a systematic way, but it is not clear, for example, why on page 30 it is necessary to distinguish the works of other researchers by geography, e.g. researchers from England. What is the difference here? It is not very clear why on page 32. Figure 13 appeared – is this a technical error? Why was there a picture here about the elderly support system in Israel, when the section itself seems to be about other things? There is a lack of transition in the text, as it initially presents various programs to help patients with dementia, such as Namaste Care, and then suddenly everything turns to a support system in Israel.

In the second chapter of the dissertation, the author begins a discussion about quality of life as a sociological concept. An interesting overview is presented before section 2.1, but it is not very clear why such a division was necessary, especially considering that the title of section 2.1 is “Existing Research on Quality of Life”. True, the title of the section itself is somewhat misleading, because when reading the section, one gets acquainted with a high-quality and well-conducted study about the relationship between quality of life and health. The author presents the dominant positions of researchers, presents the main factors that contribute to improving the quality of life of an individual.

Section 2.2 is also interesting to read, but in some places, it seems to me, it deviates from the topic, because on pages 45–46. a huge fragment about Erikson's theory is presented, but it is not very clear how this helps in examining the quality of life of the elderly. At the same time, Erikson's theory may be seen as an attempt to conceptually link life-course perspectives with ageing and identity, which are relevant themes in sociological discussions on old age and dementia.

Section 2.3 is called the quality of life of the elderly with dementia. The author provided a constructive discussion, although at least at the beginning she deviates into repetition, then moves on to the cost of services for people with dementia. Of course, important statistics are presented here, but it is not very clear why it was necessary to rely on such old data and forecasts, which may or may not have already come true, e.g., page 61: According to data presented by <...> (Thyrian & Hofmann, 2012). It is also not very clear on this page where the statistics about Spain are taken from. If from Farre et al. (2015), then a decade has also passed. Continuing in this section, the author turns to the subtleties of caregiver work with patients with dementia. There are good arguments presented about how the quality of life of patients with dementia depends on caregivers, as they face stress, burnout at work, and the like. But, on the other hand, they often rely on various standards, their professionalism, and have a lot of discretion when working with such patients.

On page 69, the author made a rather “strong” statement: as today, <...> partial extent <...>. I think a reference is needed here, or this is not a very well-founded argument, especially when we are talking about the whole world. On the same page, there is a sudden transition to a legal discussion of the circumstances of caregiver work in some EU countries.

Finally, regarding section 2.4, which discusses the Antonovsky model for coping with stress, it is completely unclear the need for this separate section, what role it has in common with the title of the section, why this particular model was chosen, and what considerations were considered before choosing it. Nevertheless, the choice of the Antonovsky model indicates the author’s intention to connect health sociology with broader theories of coping, resilience, and sense-making in stressful professional environments. Especially knowing that public administration studies have provided a wealth of research on how nurses and social workers cope with stress and what strategies they choose to overcome stress. And at the end of the section.

The third chapter of the dissertation is presented in a highly academic style. The academic rigor of this chapter clearly demonstrates the author’s familiarity with classical and contemporary sociological theory, which strengthens the theoretical credibility of the dissertation as a whole. The section presents five sections, the titles and content of which sometimes raise doubts as to whether the author is really able to consistently maintain the distinction between the patient as an object and the patient as a subject. In addition, according to the regulations of healthcare institutions, a person visiting such an institution, even without having any diseases, becomes a patient, which in itself can be considered a form of indirect discrimination.

Section 3.1 also raises some doubts. First of all, it is not clear why such a small text has been separated into a separate section. In addition, the justification of the theoretical connections between Michel Foucault and Erving Goffman seems insufficient, since too little attention is paid to this issue.

In section 3.2, the author also tries to cover many different topics under rather broad titles. As already mentioned, all the material presented is described scientifically and meets modern academic criteria, but the question often arises why the author teaches about certain phenomena in one place. For example, on page 86, discrimination is briefly discussed, and at the end of the same page, the text suddenly switches to a discussion of the loneliness of elderly people. After this paragraph, the text switches to the Israeli context. In general, a significant number of sections in this part are quite long, so it might have been appropriate to structure the text by highlighting clearer subtopics.

Section 3.3 contains an interesting discussion of the roles of men and women in providing care to the elderly, but it is difficult to agree with the arguments presented at the end of page 90. Looking at the context of Poland and other post-communist countries, medicine and nursing have

traditionally been dominated by women, while men have more often been dominant in surgery. Only in recent years have more men appeared in the ranks of doctors and nurses. Although it is important to note that the author refers to and cites classic works, such as Linton (1936) (p. 93), such indicators as the number of books or even the size of an apartment are no longer such clear symbols of social status today as the author tries to justify.

Of particular importance for the dissertation are sections 3.4 and 3.5, which discuss the issues of patients with dementia, stigmatization and totalitarian nursing. In these parts, the author manages to delve deeply into the topics under consideration and present a variety of topical, dominant researcher positions, criticism, and different approaches and interpretations. This allows us to see how the author of the dissertation research constructs the theoretical basis of her research, based on the works of authorities in various scientific fields, which should be evaluated positively.

The fourth chapter of the dissertation research, entitled “Specificity of Modern Western Societies”, sounds very intriguing. From a macro-sociological point of view, this chapter provides a broader structural background that helps situate dementia care within wider processes of modernization, globalization, and demographic change. Since I am a supporter of a more rigorous research layout, such extremely long introductions before section 4.1 are not entirely understandable to me, especially considering that in the third part of the dissertation research, the introduction before section 3.1 is very short. Regarding the content of the introduction, it is obvious that the presented analysis of the literature is of high quality, as the author draws on the works of classical sociologists such as Bauman, Giddens and others, once again proving her ability to work with scientific literature, systematize, analyze and evaluate it.

On the other hand, it is unclear to what extent this analysis helps to move forward, as the section itself begins with Section 4.1, entitled “Globalization”, which seems to deviate from the main focus of the study, i.e. service providers and patients with dementia. Although the changing role of the family, the phenomenon of migration, the ageing of the population, the pension system in Poland and similar aspects are discussed, it remains unclear what added value this brings to this study.

Without a clear explanation, we move on to Section 4.2, which describes the main characteristics of the Israeli population. All this is presented in detail and supplemented with visualizations that allow us to see the directions of development of Israeli society. Therefore, this section provides a lot of information about the country’s context, and the empirical material collected is valuable in its content. However, this section is very short and stands out from the other sections of this section in its scope.

The following is a comparison of the elderly population with OECD countries. This quantitative comparison could have been combined with section 4.2, as could section 4.4, which is also very short. The information presented after this section is almost two and a half times the length of the previous sections, and some of the topics are repeated. Furthermore, it is difficult to understand why this text is included in the section on the “Specificity of Modern Western Societies”, since some of the material presented is closely related to the topics discussed in the third section of the dissertation.

Perhaps the author could have paid more attention to the combination of the breadth and depth of the dissertation research, because it seems that even two dissertations could have been formed here, taking into account the extremely large and thoroughly analyzed body of literature, which is, of course, commendable. At the same time, the impressive scope of literature and thematic coverage clearly reflects a high level of academic ambition and intellectual curiosity.

Since the fifth chapter of the dissertation consists of the methodology and the presentation of the results of the qualitative study, here I will present my opinion on the results presented in section 5.5. The use of focus groups itself is methodologically appropriate for exploring shared meanings, professional experiences, and collective interpretations, which are central concerns in sociological research. In the methodology section, the author did not present hypotheses or defensible statements that would be tested using qualitative research. The author provides text and excerpts from focus group interviews, but she wanted the information to be divided according to the previously named research sections: quality of care, death with dignity, and the like, because now each generation needs to strive for what the author of the dissertation research wants to say. The data presented are limited to very basic descriptions related to the main questions of the study, but the results obtained are in no way related to the scientific literature that was examined in this dissertation research. When citing excerpts from focus groups in the text, a link to the page is provided, but it would be better to provide a link to the focus group and the date it was conducted.

Finally, the conclusions answer when the study was conducted and through what platform the focus group was organized. This information is usually provided in the methods section. The conclusions summarizing the qualitative study are presented below, but it is common practice to provide answers to the tasks formulated in the introduction in the conclusions. I missed this, because there must also be conclusions from the analyzed theory. And the conclusions of the study can be presented with the results of the study.

#### *General conclusions*

To sum up, the dissertation meets the requirements set forth in the legislation of the Polish law in Article 13.1 of the Act of March 14, 2003 on scientific degrees and titles and on degrees and titles in the field of art (Journal of Laws No. 65, item 595, as amended), and the candidate is eligible to proceed to the subsequent stages of the doctoral procedure.")



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2026-01-21