**Critiquing a Qualitative Research Article**

The purpose of this study was to explore the lived experiences of family caregivers of resistiveness to care when they provided care for people with dementia. This purpose was communicated adequately in the title, *Resistiveness to Care as Experienced by Family Caregivers Providing Care for Someone with Dementia*. Its structuring notifies the reader of the descriptive nature of this study. Following the title, the abstract sufficiently covers the content as it appears within the research. Here, the division of the abstract into specific areas including the purpose, design, methods, findings, and conclusion ensured that the abstract is a summary of the research. After exploring the contents of the actual research, it becomes clear that the abstract sufficiently articulated each of the components as covered in the distinct areas.

The introduction to this article provided the background into the care of older adults, elaborating the contexts and reasons for the occurrence of resistance to care. It contextualized the reactions of the caregiver to the resistance to care within the stresses that could negatively impact the health of the caregiver. This last element became the basis for the statement of the research problem, which is the possible jeopardy to the health of the caregiver induced by exposure to this resistance of care. As such, the problem statement based on a cohesive argument, that where the exposure of the caregiver to continued resistance imposes heavily on their mental health. Like in other nursing contexts, the persistence of stressors will not only compromise their health, but diminish the overall quality of life for the caregivers. Therefore, adopting a phenomenological descriptive approach for this study allowed exploring the situations of the caregivers within the work context. The method ensured that the caregivers are identified as part of their context, as the phenomenon in this case is inseparable from the situation of its occurrence.

The theoretical framework for this study rotated about the central concept of resistiveness to care. This, according to Mahoney et al. (1999), is defined as an identified collection of behaviors signaling an opposition to care provided during a caregiving encounter between a caregiver and care recipient. The concept has particular indicators, whereby the patient receiving care undergoes a change in perception of the self, which also signals an increase in the responsibilities of the caregiver in the future. These results also had effects on the caregiver such as questioning their abilities and emotional responses to the situation. As such, the relationship of the caregiver and the receiver often transits from the usual stable state towards having to make deliberate choices regarding their role in the caregiving process for the patient. The entire relationship is likely to change, with the degree and direction of change depending on the amount of distress and complexity of the receiver’s behavior. Identifying the common situations of resistance facilitated the development of praxis for the implementation in future practice and management practices to cope with resistance.

The literature review for this study was largely lacking. In the introduction, there was a brief reference to previous research that facilitates building the perspectives on the impact of stressors on the caregiver and the possible risk these pose on their health. The rest of the existing literature on the subject only emerged as part of the discussion, with the authors using the claims of previous researchers to gauge the directionality of the results of this study. As such, the application of the literature was limited to the development of the current study findings. Considering the point at which previous research was introduced into this article, it was insufficiently applied as a basis for the justification of this research or the guiding research questions. A more extensive review could have elaborated the degree of interest that the area has generated among scholars and even explained the basis for the choice of method in this study.

The article applied a descriptive phenomenological approach to research. The study detailed the elements of this type of qualitative research, featuring a disciplinary approach for the collection and analysis of data and rigorous human science (Giorgi, 2009). This approach was suitable, especially because assessing resistance and the impact on caregivers may prove difficult under the typical methods of scientific measurement. The perceptions and changes in behavior of the caregivers are inherently linked, implying the application of phenomenology would best to elaborate the direct experience of the caregivers.

The collection of data took place among caregivers belonging to an Alzheimer’s support groups. This setting was executed by one of the researchers attending the meetings with permission from the leader, and introducing the study to the caregivers present. The setting of this study was suitable for the type of data required. This research was interested in caregivers likely to be experiencing resistance in their service provision, and those offering the same to the elderly are more likely to exhibit this trait. This setting, therefore, creates relative ease in the consequent sampling process and ensures the acquisition of quality respondents.

Sampling was by the purposive technique. Here, 8 participants were selected based on the inclusion criteria, which included: unpaid caregivers, verbal cuing in care, provision of physical care to a person with dementia, above 18, and believing to have experienced resistance to care. The application of purposive sampling suited this phenomenological study. This is because the study required participants exhibiting particular phenomenon as opposed to an equal representation within the population (Creswell, 2013). With the interest in depth, as opposed to statistical abundance, 8 respondents were also sufficient for this study (Creswell, 2013). Therefore, applying probability sampling approaches may have been ineffective as an approach to identifying a suitable range of participants.

The process of data collection applied the interview method, with this instrument allowing conversational engagement with participants. The interview method offers the chance to clarify responses from the participants, as well as for the participants to adequately understand the questions as presented to them. The method, therefore, ensured the provision of more detail due to the probing approach implemented in this context.

At the same time, the approach to analysis considered the provisions of the phenomenological approach, using reduction methods to create meaning. These were suitable approaches to data collection and analysis. Here, the researcher had the opportunity to clarify responses, ensuring that the eventual results are descriptive and without any efforts at inference by the researcher. Considering the purpose of the study, the method suited the accomplishment of the research goals. Inference may have produced results away from the actual nature of this phenomenon, which would be unsuitable for the resulting generation of theories or hypotheses.

From the choice methods adopted and the process of data collection and analysis, the implementation of this study may be considered rigorous and the results trustworthy. The analysis took six months, with details regarding the meaning units being well elaborated as a basis for qualitative research reliability. The research also detailed the respective roles of each of the researchers as well as the compensation given to encourage participation. It was not sufficiently large to compromise the sample or responses, which further validates the results.

The study results centered about the constituents of the experience of resistance from the perspective of the caregivers. These constituents include the behavior change signaling increased future responsibilities, changes in self-perception, questioning of the abilities of the self, emotional responses that may be unexpected, and the view of the disease shifting to that of a changed person.

According to the article, the findings had implications on both nursing practice and future research. The constituents elaborated the areas of focus in future research efforts targeting the caregiver and interventions intended to facilitate their stress management. At the same time, the article suggested the future research areas where nursing research should focus in the development of theoretical and practical interventions for managing distress in the process of caregiving.

This study exhibited particular strengths and weaknesses. The primary strength was the rigor employed in the collection of data and the process of analysis. The researchers were deliberate in the process of sampling and the subsequent interviews, ensuring that the participants provided in depth information without necessarily guiding the direction of responses. The study also exhibited strength in the approach to analysis. Here, the time taken and the reduction approach demonstrated significant commitment to obtaining adequately comprehensive results despite being limited from inferences.

However, the study had some shortcomings. One of the weaknesses manifested in the limitations to the type of respondent to family unpaid caregivers. The result is that the results are not generalizable to the general population. At the same time, the study showed weakness in its inability to generate any new theories. With the phenomenological description, the article should have postulated a theory that could be tested in consequent quantitative studies and larger populations.

This study was important to nursing practice and education. While studies exploring stressors in nursing practice are common, the specificity of this research provides for the development of interventions tailored to handle issues relating to resistance from the receiver of care. At the same time, it develops the current theory in this area, forming part of the body of research that facilitates the execution of evidence-based practice in the current nursing context.

Some of the references that I would wish to explore further include Action (2013) and Mittleman, Roth, Haley, and Zarit (2004). The former articulated the struggle of the caregiver between the right thing and their typical reactions to resistance. This struggle must have implications on the eventual behavioral choices of the care provider and provides an interesting perspective to pursue. At the same time, the latter reference details the reactions to resistance as predictors to the caregiver placing the receiver in a facility. Considering the proportion of the elderly in facilities, it is critical to identify whether this resistiveness of care interacts with other variables to act as a predictor of this choice.

**References**

Creswell, J. W. (2013). *Qualitative inquiry and research design: choosing among five approaches. .* Thousand Oaks: SAGE.

Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach.* Pittsburgh, PA: Duquesne University Press.

Mahoney, E., Hurley, A., Volicer, L., Bell, M., Gianotis, P., Hartshorn, M., & Warden, V. (1999). Development and testing of the Resistiveness to Care Scale. *Research in Nursing and Health, 22*, 27–38.

Mittleman, M. S., Roth, D. L., Haley, W. E., & Zarit, H. (2004). Effects of a caregiver intervention on negative caregiver appraisal of behavior problems in patients with Alzheimer’s disease: Results of a randomized trial. *Journal of Gerontology, 59B*(1), P27–P34.