Revisiting Caring as a Threshold Concept

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My 93 year old mother recently visited her GP and needed to have some blood taken. Struggling to find a vein the nurse called a Doctor to help. Neglecting to say 'hello' or making any attempt to communicate with her he took the blood sample and departed leaving her with a sore and bruised arm. Worse still she felt upset by his lack of kindness and apparent inability or unwillingness to connect with her as a human being.

Almost a decade ago I identified 'caring' as a threshold concept because I had witnessed it as having transformative potential for student health care professionals. Two factors provide a rationale for revisiting my original thoughts. First, care, and more importantly poor care, is increasingly making headline news. Second, threshold concept theory has become sufficiently developed to have been critiqued.

The discourse of care has been dented by the frightening revelation that care is not all we would wish. The highest profile case of Mid Staffordshire NHS Foundation Trust (Francis, 2013) has triggered national concerns about lack of empathy and compassion in care (note the addition of further concepts), as well as acknowledging that care is more than clinical competence; small acts of kindness and a human connection are crucial. My mother's experience is one of probably a plethora of tiny events that occur every day which reveal the complexities of care and the challenge in achieving the fundamental change in healthcare culture deemed necessary. The 290 recommendations of the Francis Inquiry include a range of stipulations for changes in education and training of health care professionals that include values based recruitment, aptitude testing for compassion and care and practical hands-on experience in delivery of compassionate care.

Simultaneously, a concise review of threshold concept theory (Tight, forthcoming) and the issues and critiques that raise questions about its applicability for higher education encourages me to reconsider its applicability in the context of care. I have argued that seeing caring as a threshold concept provides a tangible way of explaining transformation in identity as students move from lay understandings of what care entails to develop a personal framework for caring. Values based recruitment and interventions such as aptitude testing for compassion might prove useful but I remain adamant that exposure to other human beings provides the key to crossing the threshold. Challenging those who argue that threshold concepts are difficult to identify (for instance, Rowbottom, 2007) I argue that in the case of caring a significant change is identifiable on talking to students; the transformation is visceral, irreversible and integrative. Tight questions whether threshold concepts should be universal; the incident with the medic suggests that crossing the caring threshold is not. However, this makes it no less significant for those who do experience transformation. Failure to develop a personal framework for caring presumably results in resolution of any liminality by conceptualising care as an 'intervention'. Whilst caring probably cannot be taught, perhaps by theorising it through threshold concept theory students struggling with the 'troublesomeness' of caring will avoid becoming interventionists.

"The treatment of a disease may be entirely impersonal, the care of a patient must be completely personal" - Francis Peabody, 1927.

References

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