

Nursing Educational Requirements: Relevance to Life Care Planning Credentialing Policy

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Abstract

There has been debate among life care planning practitioners and policy-makers regarding the minimum educational requirements for nurses engaged in life care planning practice. Specifically, should nurses be required to attain a minimum of a bachelor's degree in order to be considered qualified, and to be eligible for certification in the area of life care planning? Some historical background about this debate is presented, followed by an analysis of current nursing educational policy and practice in the United States. Implications for credentialing in the area of life care planning are discussed.

Keywords: life care planning, nurse life care planners, life care planner credential

Life care planning methodology was first detailed by Deutsch and Raffa (1981, 1982) in *Damages in Tort Actions*. Since that time, its practice has attracted "board certified professionals from diverse fields of practice, including rehabilitation counseling, rehabilitation nursing, rehabilitation psychology, psychiatry, case management, and other areas" (Deutsch, Allison, & Reid, 2003, p. 5-1). There has been debate among practitioners and policy-makers about what kind of educational background is necessary for competent life care planning practice. In 2000, this question became one of the topics for discussion in the first Life Care Planning Summit conference. In proceedings of that Summit, Weed and Berens (2001) reported that "Qualification standards are needed that are professionally appropriate for life care planning without being exclusionary" (p. 5). The majority view of participants discussing educational requirements for professional preparation in life care planning recommended, "Minimal level of education at the Bachelors Degree level . . . If professional entry level is higher, i.e., Masters Degree, this higher level is required" (p. 5). However, many experienced rehabilitation nurses have been practicing life care planners with degrees or diplomas below the bachelor's degree level. Should they be excluded from professional practice in life care planning, and from certification in this area of practice?

Grisham and Weed (1998) stated, "Although a nursing education in itself provides a nurse with some of the basic skills used in the life care planning process, a higher level of knowledge and expertise is required to address the complex issues involved in life care planning" (p. 25).

Examples of such knowledge and expertise have been described by Reid, Deutsch, and Kitchen (2005):

“Life care planning has become a specialty area requiring not only global application of concepts of general case management, but the development of skills specific to particular disabilities. Life care planners should be trained in the areas of medical aspects of disability, psychological and behavioral aspects of disability, facility placement (making effective referrals), preventative care techniques, rehabilitation engineering (equipment related to disability), and vocational aspects of disability” (p. 426).

Turner, Taylor, Rubin, and May (2000), in conducting a study of the job functions of life care planners, identified three job function areas associated with the development of life care plans: “assessment of client’s medical and independent living service needs, vocational assessment, and consultant services to the legal system” (p. 3). However, this study did not specifically address the educational requirements that qualify a life care planner to carry out those job functions. Similarly, although the Standards of Practice for Life Care Planners (developed by the International Academy of Life Care Planners/IALCP) were published in the *Journal of Life Care Planning* after the 2000 Summit (Reavis, 2002), and revised in 2006 (IALCP, 2006), those Standards did not specifically address whether or not life care planners should have a minimum of a bachelor’s degree.

The Commission on Health Care Certification (CHCC), which administers the Certified Life Care Planner (CLCP) credential, has taken different positions on this question at different points in time. In 2003, the CHCC’s Standards and Examination Guidelines document stated that “Each candidate must hold the entry level degree or certificate/diploma for their profession. Currently, research is being conducted to determine the efficacy of requiring a minimum academic degree of a B.A. or B.S. in a related field, which results are expected by early 2004” (CHCC, 2003, p. 9-10). This document offers further detail:

“Due to their unregulated status or professional status that varies among states, the following is offered as clarification for qualified status regarding the following professionals: 1) Rehabilitation Counselor – CRC, 2) Case Manager – CCM, 3) Counselor – NCC, CRC, or State License or State Mandate to Practice, 4) Psychologist – State License or State Mandate to Practice, 5) Special Education – Undergraduate or Graduate Degree in Special Education, 6) Social Worker – MSW or State License in Social Work, 7) Nursing with an emphasis in rehabilitation – undergraduate or graduate degree in nursing” (p. 10).

Additionally, this document specified some groups of professionals who were excluded from certification eligibility: “Persons holding licensure designations as “technicians” or “assistants,” to include but are not limited to . . . Licensed Practical Nurses (LPNs), are excluded from qualifying to sit for the CLCP or CDE credential” (CHCC, 2003, p. 10).

However, an undated document (from the CHCC “News and Notes” archives, www.CHCC1.com) announced a “moratorium” on the requirement for nurses to document attainment of a Bachelor of Science in Nursing (BSN) degree:

“The CHCC has decided to nullify the minimum requirement of a Bachelors degree pending further academic review of state regulations and policies

pertaining to the licensure of Registered Nurses across the country. It was brought to the Board's attention that a more formal study may be necessary since such a decision may have a significant impact on the practices of capable professionals offering life care planning services. It was agreed that the following questions should be addressed before a definitive policy outlining the minimum academic criteria be implemented by the Commission:

1. What percentage of RNs have BS versus a diploma or AS program?
2. What Nursing Certification programs have gone to a minimum BS requirement?
3. What Nursing Certification programs have decided, after research, not to go to a minimum BS requirement?
4. What Nursing Certification programs have decided, after going to a minimum BS requirement, to rescind the decision?
5. How many non-BS programs for RNs remain in existence? In other words, are we going to lose most non-BS RNs through attrition?
6. What is the experience of most continuing education and certification programs regarding BS/RNs and their ability to handle courses and testing versus older diploma nurses with experience and their ability?
7. How many states have gone to a minimum BS degree requirement for RN licensing?
8. Of those States that require a BS for licensure, what is their Grandfathering allowance/clause?

The above list is by no means an all inclusive listing, and more questions will be added as the Commissioners review this subject matter. As a matter of record, the CHCC will rescind its current policy that requires a minimum Bachelor's degree, and continue with its prior policy of including diploma and AS Registered Nurses. This policy will remain in effect until a study can be undertaken to answer the questions necessary to make an informed decision regarding this Bachelor's degree minimum requirement policy" (CHCC, undated).

In 2005, at the request of the Foundation for Life Care Planning Research, researchers at Virginia Commonwealth University conducted an investigation to gather information about current educational standards in the profession of nursing, and their relevance to minimal educational requirements for life care planning practice and certification. Specifically, information was collected to guide policy-makers in asking: Should Registered Nurse (RN) life care planners hold at least a bachelor's degree, or should RNs who possess associate's degrees or diplomas in nursing also be allowed to practice (and apply for credentialing) as life care planners? If a minimum standard of at least a bachelor's degree is chosen, would this perhaps unnecessarily exclude associate's degree and diploma RNs who might otherwise be qualified to perform as professional life care planners?

Background

Aside from meeting the other criteria needed to apply for the CLCP (i.e., 120 hours of approved post-graduate training in life care planning, life care planning experience, and successful completion of the CLCP examination), the CHCC requires that a candidate "...meet the minimum academic requirements for their designated health care related profession and be certified, licensed, or meet the mandates of the candidate's respective state that allow him or her to practice service delivery within the definition of his or her designated healthcare

related profession” (CHCC, 2007a). However, the CHCC does not currently specify what that minimum requirement should be for the nursing profession. The current CLCP application form (CLCP, 2007b) includes the following educational degree categories: “Bachelors,” “Nursing,” “Masters,” and “Doctoral.” The level of nursing degree (Associate’s degree, Bachelor’s degree, etc.) required is not specified.

Although the majority of professional disciplines are defined by a particular degree or level of educational preparation, nursing does not necessarily fit this mold (Kidder & Cornelius, 2006). In the U.S. today, the nursing profession is somewhat unique in that there are several different levels of education an individual can obtain in order to gain a beginner’s entry into the field in general (Discover Nursing, 2007; Lusk, Russell, Rodgers & Wilson-Barnett, 2001; Nelson, 2002; Wawrzynski & Davidhizar, 2006). For instance, Licensed Practical Nurses (LPNs) or Licensed Vocational Nurses (LVNs) are trained in programs that last approximately one year at technical or vocational schools. LPNs/LVNs usually provide basic patient care (e.g., taking vital signs, bathing patients, applying dressings, etc.). Diploma nurses are trained via a two- to three-year hospital-based nursing program, and deliver direct patient care. Associate’s degree nurses are educated in two- to three-year programs, usually at junior and community colleges. They are also prepared to provide direct patient care. Bachelor’s degree nurses are trained in four-year programs at colleges or universities, and educated to practice in all types of health care environments.

According to the 2004 National Sample Survey of Registered Nurses, approximately 25% of RNs had completed their initial preparation for nursing at the diploma level, 42% at the associate’s degree level, and 31% at the bachelor’s degree level. More than twenty years prior, in 1980, the percentages were 63% for the diploma level, 19% for the associate’s degree level, and 17% for the bachelor’s degree level (Health Resources and Services Administration, 2004). Clearly, the change over the past couple of decades has been away from entry into practice at the diploma level and has instead focused on a greater emphasis towards associate’s and bachelor’s level training.

The National Council of State Boards of Nursing is the national organization that offers the National Council Licensure Examinations (NCLEX), the standardized test utilized by the individual state boards of nursing through which nurses can satisfy the examination requirement for RN licensure. In order to sit for the NCLEX-RN licensure exam, a nurse must be a graduate of an accredited two-year associate’s degree program, a three-year diploma program, or a four-year bachelor’s degree program (National Council of State Boards of Nursing, 2007). Interestingly, pass-rates for the NCLEX are reportedly quite similar among applicants with these three different levels of training. In 2003, for instance, the pass-rate for diploma nurses was 89.9%, for associate’s degree nurses 87.0%, and for bachelor’s degree nurses 86.9% (National Organization for Associate Degree Nursing/N-OADN, 2004). Although nurses wishing to gain RN licensure must pass the NCLEX, licensure itself is regulated and granted by each individual state board of nursing. At the time this article was written, none of the state boards of nursing specifically required a bachelor’s degree in order to acquire RN licensure.

Due to an increased demand for nurses following World War II, and need to develop a more efficient means for preparing a greater number of qualified nurses to enter the workforce, associate’s degree programs in nursing were developed in 1952. The plan was known as the Cooperative Research Project in Junior Community College Education for Nursing, and involved seven pilot programs, starting in 1958 (Davidson, 2003; Mahaffey, 2002; N-OADN, 2006). Within the first 25 years, the initial seven associate degree programs grew to almost

700, and now, almost fifty years later, number over 940 (Mahaffey, 2002; N-OADN, 2006). However, despite its popularity throughout the last half-century, associate's degree entry into practice has not been without controversy. And, for that matter, neither has diploma level entry into practice. In 1965, the American Nurses Association (ANA), one of the discipline's primary professional organizations, produced "the Position Paper," which in part promoted bachelor's degree training as the minimum level of preparation for professional entry into practice (Donley & Flaherty, 2002; Mahaffey, 2002; Nelson, 2002; Smith, 2005). In that same year, the National League for Nursing (NLN), another one of the discipline's powerful professional organizations, concerned primarily with nursing education issues, produced "Resolution 5," a document that was more cautious than the ANA's 1965 position paper, but which called for an examination into the differentiation of nursing practice functions for the different levels or types of training (Mahaffey, 2002). Then, in 1982, the NLN generated their "Position Statement on Nursing Roles-Scope and Preparation," which promoted bachelor's degree level training for entry into what they termed professional nursing practice, and associate's degree or diploma level training for entry into technical nursing practice (Mahaffey, 2002). Understandably, many associate degree nursing educators became displeased with both the ANA and the NLN and formed the National Organization for the Advancement of Associate Degree Nursing (N-OADN) in 1986, which supported associate's degree level training as a viable means for entry into professional practice (Mahaffey, 2002; N-OADN, 2006).

Given that the field of nursing as a whole continues to be somewhat divided as to what constitutes a sufficient level of training for entry into professional practice, the issue for life care planning policy-makers becomes one of attempting to understand the minimum level of nurse training that would be appropriate specifically for the practice of professional life care planning.

Methodology

The Foundation for Life Care Planning Research identified a need for exploring the minimum level of training that should be required of people seeking to become credentialed as life care planners, with a focus on the profession of nursing. The authors of this article investigated and reported on three main questions: (1) What are the various nursing organizations' positions on the different levels and types of training? (2) What do other nursing-related certifications require for educational qualifications? (3) What are the primary issues found in the nursing literature regarding the debate between bachelor's versus associate's and/or diploma level training?

Results

Nursing Organization Positions

The positions and stances on the issue of minimum level of education for entry into professional practice were sought from the nursing profession's primary and general organizations and associations, as well as from some of the more specialized nursing organizations whose interests are somewhat related to the practice of life care planning.

The National Council of State Boards of Nursing (NCSBN) is the primary organization through which the individual state boards of nursing work collectively on various issues of common interest. The NCSBN also provides the nationally standardized RN-licensure exam utilized by the individual state boards; the NCLEX. Presently, the NCSBN allows graduates of accredited diploma, associate's, and bachelor's degree training programs to sit for the NCLEX. Understandably, the NCSBN does not advertise a stance on any

particular training program to be the minimally desired level for entry into professional nursing practice.

The American Nurses Association (ANA) is perhaps the primary organization that represents nurses and the profession as a whole. The ANA describes itself as

“...the only full-service professional organization representing the nation’s 2.9 million registered nurses (RNs) through its 54 constituent member associations. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the economic and general welfare of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public” (American Nurses Association, 2007, p. 1).

Since 1965, via their “First Position on Education for Nursing” document, the ANA has explicitly supported the position that the bachelor’s degree should be recognized as the standard for minimal educational preparation for entry into professional [italics added] nursing practice (Donley & Flaherty, 2002; Mahaffey, 2002; Nelson, 2002; Smith, 2005). In 2000, this position was officially reaffirmed by the ANA in a press release (ANA, 2000).

The National League for Nursing (NLN) is another powerful nursing organization in the U.S., concerned principally with issues related to nursing education. It is the only organization that collects and analyzes data from all types of nursing education programs (i.e., doctoral, master’s, bachelor’s, associate’s, diploma).

In 1982, via their “Position Statement on Nursing Roles-Scope and Preparation” document, the NLN’s position had been that the bachelor’s degree should be viewed as the minimal educational preparation for entry into professional [italics added] nursing practice, while the associate’s degree and diploma programs should be utilized to prepare nurses for technical [italics added] roles (Mahaffey, 2002). However, this 1982 position paper is no longer considered current or in circulation (NLN, 2007). In its 2003 position statement titled “Innovation in Nursing Education: A Call to Reform,” and its 2005 position statement titled “Transforming Nursing Education,” the NLN has instead seemed to focus more on ensuring better evidence-based and innovative nursing education for all levels and types of nursing education, as opposed to drawing particular distinctions between professional versus technical nurse preparation and roles (NLN, 2003; NLN, 2005).

The National League for Nursing Accrediting Commission, Inc. (NLNAC), the accreditation body of the NLN, “accredits all types of nursing education programs – master’s and baccalaureate degree programs, associate degree programs, diploma programs, and practical nurse programs” (National League for Nursing Accrediting Commission, 2006, p. 82). As of 2006, the NLNAC oversaw the accreditation of one doctorate program, 102 master’s, 259 bachelor’s, 617 associate’s, 59 diploma, and 153 practical nursing programs (NLNAC, 2007).

The NLNAC purports that differences do in fact exist between the types of nurse training programs. According to the NLNAC’s Accreditation Manual (2006), the

“purpose of the degree, certificate, or diploma is to organize educational experiences and establish academic expectations. Thus program types are vastly different. To ignore, or diminish the differences would mean that nursing education, as we know it is misleading the public, and in so doing puts the entire health care system in jeopardy.

The added value of the degree, compared to other credentials, is its provision of an experience that includes general education, a major, and education for a profession.

The qualities and conditions that distinguish the nursing education program types are:

- the amount and extent of general education;
- the scientific knowledge, characteristics of reasoning, ethical and clinical judgment and decision-making, and interpersonal and technological skills integral to nurses' clinical expertise, roles, and scopes of nursing;
- the complexity, intensity, and length of the program of study;
- the identification, formulation, and evaluation of possible solutions to a broad range of society's needs that are problematic, uncommon, or complex;
- the opportunity to practice nursing in a variety of health care structures offering a broad spectrum of help including preventative and rehabilitation services, health counseling and education, direct care and comfort, coordination of care and case management, planning and focus on integrating care across multiple settings, and implementing new models of care delivery;
- the legally defined scope of practice for which the program's graduates are prepared;
- the range of identified essential services the graduate is expected to safely provide;
- the organizations and regulations by societies that maintain standards of the practice of nursing by different types of clinician;
- community sanctions in the form of a license or permit which serves as a social contract with society (LPN, RN, Advanced Practitioner);
- the particular culture (commitment and investment of time, formal and informal networks; relationships, experiences, and linkages);
- the complexity, comprehensiveness, structure, and process of parent institution in which different program types are based, and the range of expectation and conflicting demands on dimensions of the faculty role in teaching and learning, research and scholarship, the practice of nursing care, and public and community service" (p. 82).

Unfortunately, the NLNAC does not specify which levels of these qualities and conditions are associated with which types of nursing degrees. Although the NLNAC does not provide detailed curricular standards, their accreditation manual outlines some basic curriculum requirements for the different educational levels:

Master's Degree Programs

"curriculum provides for attainment of knowledge and skill sets in the current master's/advanced practice of nursing, nursing theory, research, community concepts, health care policy, finance, health care delivery, critical thinking, communications, professional role development, therapeutic interventions, and current trends in health care" (p. 97)

Bachelor's Degree Programs

"curriculum provides for attainment of knowledge and skill sets in the current practice of nursing, nursing theory, research, community concepts, health care policy, finance, health care delivery, critical thinking, communications, therapeutic interventions, and current trends in health care" (p. 111).

Associate's Degree Programs

“curriculum provides for attainment of knowledge and skill sets in the current practice of nursing, community concepts, health care delivery, critical thinking, communications, therapeutic interventions, and current trends in health care” (p. 125).

Diploma Programs

“curriculum provides for attainment of knowledge and skill sets in the current practice of nursing, community concepts, health care delivery, critical thinking, communications, therapeutic interventions, and current trends in health care” (p. 139).

Practical Nursing Programs

“curriculum provides for attainment of knowledge and skill sets in the current practice of practical nursing, community concepts, health care delivery, critical thinking, communications, therapeutic interventions, and current trends in health care” (p. 153).

Basically, the NLNAC curricular requirements for accrediting diploma and associate's degree programs are identical, and the only specified difference between requirements for those programs and a practical nursing program is the word “practical.” The difference between accreditation requirements for these three types of programs and bachelor's degree programs is the addition of “nursing theory,” “research,” and “finance” as curricular topics. The difference between requirements for accrediting bachelor's and master's degree programs is the addition of the topic of “professional role development.”

In contrast to the NLNAC, the American Association of Colleges of Nursing (AACN) only represents and promotes bachelor's and graduate degree nursing education programs. It does not represent diploma or associate's degree programs. The AACN's 1996 position statement (updated in 2000) titled “The Baccalaureate Degree in Nursing as Minimal Preparation for Professional Practice” (American Association of Colleges of Nursing, 2000), its 1997 statement titled “A Vision of Baccalaureate and Graduate Nursing Education: The Next Decade” (AACN, 1997), and its 2005 “Position Statement on Baccalaureate Nursing Programs Offered by Community Colleges” (AACN, 2005) all state that the bachelor's degree should be considered the minimal level of educational preparation for entry into professional nursing practice roles. However, the above-referenced 1996 position also affirms that the AACN “will not engage in efforts to restrict entry into practice” and “upholds the need for licensure of [associate degree] graduates” and “does not seek to limit the role of the associates degree-prepared nurse in the practice setting” (AACN, 1996, p. 2-3).

The Commission on Collegiate Nursing Education (CCNE) is the autonomous accrediting agency associated with the AACN, and only grants and oversees the accreditation of bachelor's and graduate level training programs. It presently does so for over 600 such programs in the U.S. (Commission on Collegiate Nursing Education, 2007). Its stated reason for focusing only on bachelor's and graduate level nurse training is because,

“Rapid change and mounting complexities in health care have made baccalaureate- and graduate-degree education and professional nursing

important distinctions.

Today, the primary pathway for entry into professional-level nursing, as compared to technical-level practice, is a four-year Bachelor of Science (BSN) degree in nursing. The professional nurse with a baccalaureate degree is the only basic nursing graduate prepared to practice in all health care settings—critical care, public health, primary care, and mental health.” (CCNE, 2007, About Professional Nursing section, p. 1-2).

The National Organization for Associate Degree Nursing (N-OADN), on the other hand, is the principal organization that advocates specifically for associate’s degree nursing education and practice. In its 2006 “Position Statement of Associate Degree Nursing,” the N-OADN asserted that associate’s degree nursing education “provides a dynamic pathway for entry into professional RN practice” and “involves evidence-based practice which prepares graduates to employ critical thinking, clinical competence, and technical proficiency in their healthcare setting” (N-OADN, 2006, p. 4).

The American Association of Community Colleges (AACC) is the primary proponent and advocate for the U.S.’s more than 1,100 community college institutions. It is estimated that over 600 of today’s 940+ associate degree nursing programs are situated in community colleges (N-OADN, 2006). In its 2000 “Position Statement on Associate Degree Nursing” the AACC announced that its Board of Directors “believes that the Associate Degree in Nursing provides the competencies required for educational preparation into the registered nursing profession” (AACC, 2000, Background Statement section, ¶ 1) and thus they endorsed “continued recognition of the successful attainment of an Associate Degree in Nursing as a minimum educational requirement to sit for the licensure exam (RN-NLCEX) and to be eligible for the interstate compact for multi-state licensure in the United States” (AACC, 2000, AACC Board Resolutions section, p. 6).

The Association of Diploma Schools of Professional Nursing (ADSPN) is an organization that specifically represents hospital-based schools of professional nursing (i.e., diploma training programs) throughout the state of New Jersey. The ADSPN describes diploma programs in nursing as “single purpose educational institutions which prepare graduates to practice as professional [*italics added*] nurse generalists in a variety of healthcare settings” (ADSPN, 2007, p. 1).

The Federation for Accessible Nursing Education and Licensure (FANEL) is an organization that advocates for the continuation of the current system of nursing education and licensure, and emphasizes the “competence of nurses educated in a variety of programs” (FANEL, 2007, p. 2).

The National Student Nurses’ Association (NSNA) represents and mentors nurses in training, offering guidance in professional development and entry into practice issues. In its 1997 resolutions passed by the NSNA House of Delegates, a declaration entitled, “In Support of the Five Methods of Entry into Nursing Practice” was composed, which offered support to each of the nurse training levels (i.e., diploma, associate’s, bachelor’s, master’s, and doctorate degree) as appropriate means for entry into practice (NSNA, 1997).

Certification Eligibility Standards

The positions and stances on the issue of minimum level of education for entry into professional practice were sought from the nursing profession's primary certification-granting bodies, as well as from some of the more specialized certification-granting bodies whose interests are somewhat related to the practice of life care planning.

Primary Nurse Certification Bodies

The American Nurses Credentialing Center (ANCC), connected with the American Nurses Association, is presently the largest nurse credentialing body in the U.S. Currently, the ANCC offers several different certifications in four general categories: (1) Nurse Practitioner certifications, (2) Clinical Nurse Specialist certifications, (3) other Advanced-Level certifications, and (4) Specialty certifications (ANCC, 2007).

It is interesting to note that all of the Nurse Practitioner, Clinical Nurse Specialist, and other Advanced-Level nurse certifications require, among various other eligibility requirements, RN licensure and a master's degree or higher. These include the following certifications: Acute Care, Adult, Adult Health (formally known as Medical-Surgical), Adult Psychiatric and Mental Health, Child/Adolescent Psychiatric and Mental Health, Diabetes Management – Advanced, Family, Family Psychiatric and Mental Health, Gerontological, Nursing Administration – Advanced, Pediatric, and Public/Community Health. On the other hand, most of the Specialty certifications require the RN licensure but do not stipulate a particular educational level. These include the following: Ambulatory Care Nurse, Cardiac Vascular Nurse, Case Management Nurse, Gerontological Nurse, Medical-Surgical Nurse, Pain Management, Pediatric Nurse, and Psychiatric and Mental Health Nurse. However, three other Specialty certifications do require applicants to have obtained at least a bachelor's degree. These include: Informatics Nurse, Nursing Administration, and Nursing Professional Development. Until recently, nurses seeking the various Specialty certifications were granted "board certified" status if they possessed a bachelor's degree or higher, or received "certified" status if their highest level of training was at the diploma or associate's degree level (Trossman, 2002). However, in a press release dated October 3, 2006, it was announced by the ANCC that this distinction would be discarded. Therefore, all nurses who qualify for a particular Specialty certification will now uniformly be granted "board certified" status (ANCC, 2006).

The American Board of Nursing Specialties (ABNS) is the council that provides accreditation for several of the primary and well-known RN specialty-practice certification bodies. The ABNS does not, however, focus on issues related to LPN practice. Some of the member certification bodies of the ABNS include: the American Nurses Credentialing Center, the Canadian Nurses Association Certification Board, the American Association of Nurse Life Care Planners Certification Board, the American Board for Occupational Health Nurses, the American Legal Consultant Certification Board, and the Rehabilitation Nursing Certification Board (American Board of Nursing Specialties, 2007). The ABNS does not advertise a stance about the minimum level of nursing preparation required for entry into professional practice (other than the implicit fact that that they only focus on and represent RN practice issues – i.e., diploma, associate's, bachelor's and graduate level nurses – and do not represent LPN issues).

Certification Bodies Relevant to Life Care Planning

The American Association of Nurse Life Care Planners (AANLCP) promotes the practice

and standards of professional nurse life care planning. It also grants and administers the Certified Nurse Life Care Planner certification. The AANLCP does not advertise a position concerning what its leaders believe should be the minimum level of training for entry into professional nursing practice. However, the AANLCP requires applicants for the Certified Nurse Life Care Planner certification to have been RNs for at least five years, to have at least two years of full-time case management experience, and to have at least 500 hours of life care planning experience or undergone at least 60 hours of continuing education specific to life care planning (American Association of Nurse Life Care Planners, 2007).

The Association of Rehabilitation Nurses (ARN) promotes the practices and standards of professional rehabilitation nursing, which is devoted to enhancing the quality of life for individuals with disabilities and chronic illness. The ARN grants and administers the Certified Rehabilitation Registered Nurse (CRRN) certification. Like the American Association of Nurse Life Care Planners, the ARN does not advertise a stance on what should be the minimum level of training for entry into professional nursing practice. The ARN, along with other eligibility standards, requires applicants for the CRRN certification to at least possess RN licensure (Association of Rehabilitation Nurses, 2007).

The American Association of Legal Nurse Consultants (AALNC) promotes the practices and standards of professional legal nurse consulting. The role of legal nurse consulting as described by this organization is to:

“...evaluate, analyze, and render informed opinions on the delivery of health care and the resulting outcome...act[ing] as collaborators and strategists, offering support in medically-related litigation and other medical-legal matters in the variety of practice areas including...personal injury, product liability, medical malpractice, workers’ compensation, toxic torts, risk management, medical licensure investigation, fraud and abuse and compliance, criminal law, elder law, and other applicable cases” (American Association of Legal Nurse Consultants, 2007a, What is the Role of the Legal Nurse Consultant? section, p. 1).

The AALNC grants and administers the Legal Nurse Consultant Certification (LNCC). The AALNC does not advertise a position regarding the minimum level of training for entry into professional nursing practice. Along with other eligibility criteria, it is required that applicants for the Legal Nurse Consultant Certification at least possess RN licensure (AALNC, 2007b).

Debate in Nursing Literature

A review of the literature within the nursing field relevant to the topic of minimum level of educational preparation for entry into professional practice seems to elicit a couple chief arguments that are routinely made by each side of the debate. The two primary reasons presented by those in favor of bachelor’s degree training as the minimum level are: (1) the increased complexity of health care today and expected in the future, including the broadening of RN roles and responsibilities, and (2) the fact that other health-related professions are requiring higher levels of education for entry into practice. Those who hold to the belief that an associate’s degree is sufficient for entry into professional nursing practice present their two main rationale as: (1) nurses trained in such programs have fully demonstrated themselves to

be capable of meeting the demands of today's RN roles, and (2) the shortage of nurses in the U.S. today is a problem that would be a far worse crisis if not for the hundreds of associate's degree programs that prepare nurses for entry into RN practice.

Rationale in Support of Bachelor's Degree as Minimum Standard

Increasing complexity of health care. The position that calls for the bachelor's degree as the minimum standard for entry into professional nursing practice is based, in part, on the increasing complexity of health care systems and the broadening roles and challenges that nurses must meet (e.g., Gray, 1999; Pierce, 2004). In fact, some nurse leaders would argue that as health care is becoming more and more complex, master's or even doctoral level training would perhaps be more appropriate than the bachelor's degree (Nelson, 2002).

As support for their position, proponents of higher levels of education for nurses might point to a study published in the *Journal of the American Medical Association (JAMA)* in 2003, in which a significant impact was found for the effect of educational level of RNs working in hospitals on the rate of surgical patient mortality within 30 days of hospital admission and the rate of failure to rescue (Aiken, Clarke, Cheung, Sloane & Silber, 2003). Specifically, the study concluded that, after adjusting for various patient and hospital characteristics, a 10% proportional increase in bachelor's degree nurses within a hospital (as opposed to nurses possessing less than a bachelor's degree) was associated with a 5% decrease in both patient deaths and the likelihood of failure to rescue.

Already in the 1990s, two reports from the Pew Health Professions Commission (PHPC) recognized the broadening roles and responsibilities of nurses and the need for increased levels of education. Their 1995 report titled "Critical Challenges: Revitalizing the Health Professions of the Twenty-First Century" (PHPC, 1995), and 1998 report titled "Recreating Health Professional Practices for a New Century" (PHPC, 1998), both argue strongly in favor of advanced preparation for nurses in bachelor's and graduate training in order to ensure that nursing professionals are fully trained with the knowledge and skills needed to not only function as direct care providers, but also as coordinators of services, personnel, data, resources, etc.

Further addressing nursing education and entry into professional practice, Joel (2002) writes,

"Today's health care delivery system challenges the nurse with increased technology, the mandate for cost-containment, a new consumerism and growing demand for self-care, diminished use of in-patient facilities, and the continual call for counseling and health education. More attention is directed to utilization review and quality assurance, and the need for case coordination in vertically integrated systems. The requirement for highly sophisticated providers and more independent decision-making is obvious" (And For Nursing the Past is Prologue section, ¶ 3).

The task of life care planning for a nurse does not generally include the provision of direct clinical care, but is rather the process of interviewing individuals who have been catastrophically injured and their families out in the field, reviewing and synthesizing a wide array of information, and consulting with other specialists and members of the rehabilitation team (Reid et al., 1999). Therefore, for a nurse, it could be said that life care planning is more of a community-based task. Donley and Flaherty (2002) comment on the need for a broad

liberal arts education (i.e., bachelor's degree training) to fully enable nurses to meet today's community and independent nursing responsibilities:

“As more care is provided in community care settings and more nurses work in this field, the lack of liberal arts education of a majority of nurses in community practice affects their application of knowledge about complex human and social systems. In the community, staff nurses are challenged to move beyond the technical and the technological dimensions of practice and promote health life styles, teach their patients and families self care and disease management, and link them with community resources” (p. 3).

Trend toward higher levels of training. The second primary argument made by proponents of the bachelor's degree as minimum level of education for entry into professional nursing practice is that most other health-related disciplines have already moved towards ever-increasing levels of education (Joel, 2002). For instance, Donley and Flaherty (2002) wrote:

“Registered nurses are undereducated members of the health care team, when compared with physicians, social workers, physical therapists, pharmacists, and dieticians, to name a few. Looking beyond the clinical environment, the nurse work force also lacks the educational credentials of people in business, investor, and insurance communities that now play significant roles in health care decisions” (p. 1).

And, Gosnell (2002) also reflected along the same line of reasoning:

“It is also somewhat sobering to note that although the vast majority of today's new nurse graduates are being educated in academic programs, today's nurses are the least educated of all health professionals with two-thirds possessing less than a baccalaureate education. In contrast, most other professionals (i.e., therapists, speech pathologists, pharmacists) are now requiring entry into practice at the graduate level” (p. 3).

Not only have other health-related disciplines in the U.S. been moving toward requiring higher levels of academic preparation for entry into practice, but other countries have as well. The trend has been to establish at least a bachelor's degree as the required minimum for entry into practice in such countries as Australia, New Zealand, the United Kingdom, and Canada (Lusk, Russell, Rodgers & Wilson-Barnett, 2001; Nelson, 2002; Wawrzynski & Davidhixar, 2006). And even within the U.S., some government organizations will now only hire RNs who possess at least a bachelor's degree, such as for a commission in the armed forces, employment within the Public Health Services and work within the Veterans Administration system (Nelson, 2002).

Rationale in Support of Associate's Degree as Minimum Standard

Demonstrated capability of associate's degree nurses. For those who advocate for the associate's degree as a viable option for entry into professional nursing practice, it is often argued that associate's degree nurses have fully demonstrated themselves capable of meeting the demands of today's RN roles and responsibilities. For instance, in a 2003 survey of health

care employers by the National Council of State Boards of Nursing, only 0.8% of respondents reported that they required bachelor's degrees for all of their nursing positions and only 2% required bachelor's degrees for some of their specific nursing positions (Smith & Crawford, 2004). This would perhaps indicate that the average health care employer, as reflected in their hiring practices, does not seem to perceive any sort of significant lack of ability in associate's degree versus bachelor's degree nurses.

As mentioned previously, it is also quite interesting to note that pass rates by associate's degree nurses for the NCLEX-RN exam equal, if not slightly exceed, the pass rates by bachelor's degree nurses (Mahaffey, 2002; N-OADN, 2004).

Although proponents of the bachelor's degree would argue that only a four year degree program is capable of adequately preparing nurses with the requisite skills and knowledge needed in today's ever-changing and more complex health care system, the N-OADN 2001 "Policy Statement on the Nursing Shortage" argues that two-year associate's degree programs in nursing are

"...continually evolving to reflect local community needs and current health care trends. [Associate's degree] graduates are prepared to function in multiple health care settings, including community practice sites. Graduates of [associates' degree] programs possess a core of nursing knowledge common to all nursing education routes..." (Mahaffey, 2002, p. 23-24).

Further, the policy statement states that:

"Associate degree programs provide a sound foundation for the delivery of safe client care in the current complex care delivery system. The programs are a reasonable investment of time and money for the student, allowing licensure and employment in two years from the time of admission to the nursing program. Evidence of this can be seen by: the number of students who seek associate degrees in nursing; the strong passage rate on the NCLEX-RN exam by associate degree nursing graduates, which exceeds or equals that of other graduates; and the success of the associate degree graduates in nursing practice" (Mahaffey, 2002, p. 39).

Meeting the nursing shortage crisis. The second primary argument made by proponents of associate's degree training is that the present shortage of nurses in the U.S. would be a far worse crisis if not for the hundreds of associate's degree programs that prepare nurses to enter directly into RN roles (Davidson, 2003; Teich & Viterito, 2001).

Certainly, associate's degree nurses are presently hired by and working for a significant number of the U.S.'s health care employers. For instance, the aforementioned 2003 National Council of State Boards of Nursing study, which surveyed a sample of health care employers (i.e., hospitals, nursing homes, long term care facilities, and home health care facilities), found that 60.3% reported having hired associate's degree nurses within the past 12 months. Furthermore, of all the employers who responded to the survey, approximately 46.5% of the positions they hired for were filled by associate's degree nurses (Smith & Crawford, 2004).

Discussion

Life care planning is an advanced aspect of case management for individuals with

catastrophic disabilities or chronic illnesses, and thus is a specialization within the profession of rehabilitation (Brodwin, 2001). It is, therefore, a somewhat different and expanded role for a nurse – different and expanded from the traditional and historical role of providing direct care for patients. Regardless of which level of education is ultimately deemed sufficient for entry into professional nursing practice in general, a nurse who desires to function effectively as a life care planner must be equipped with the requisite knowledge, skills and expertise to provide such specialized case management services and consultation.

What kinds of knowledge, skills, and expertise are required of life care planners? Reid, Deutsch, Kitchen and Aznavoorian (1999) asserted that life care planners should

“be trained in the areas of medical aspects of disability, psychological and behavioral aspects of disability, facility placement (making effective referrals), preventative care techniques, rehabilitation engineering...and vocational aspects of disability....Skills and expertise in the areas of research, development, coordination, integration, interpretation, and management of life care plans are required” (pp. 426 – 427).

In addition, it is

“essential that life care planners utilize critical thinking skills to examine relevant literature and its appropriateness for a given case...Life care planners need not only critical thinking skills, but creativity and an ability to organize and maintain complex database of information” (Reid et al., p. 425).

Reid, Deutsch, & Kitchen (2005) added that life care planners should understand

“the means by which programs can be set up to prevent the onset of further problems or complications. They need to understand the methodological steps for case management planning, and be able to maintain a current grasp of reference material and research literature critical to effective plan development and implementation” (p. 236).

The very definition of a life care plan suggests essential knowledge areas:

“a dynamic document based on published standards of practice, comprehensive assessment, data analysis, and research, which provides an organized concise plan for current and future needs with associated costs, for individuals who have experienced catastrophic injury or have chronic health needs” (as cited in Weed and Berens, 2001, p. 1).

Which minimum level of nursing education adequately prepares its graduates with the background knowledge and critical thinking skills needed to gather, evaluate and synthesize holistic information concerning individuals with catastrophic disabilities or complex health care needs? What level is required to appropriately utilize research literature and to effectively explore, develop, coordinate, and manage various resources and services? These are the specific questions that should be considered when evaluating the type, depth and breadth of knowledge, skills and background for which the various nursing programs prepare their

graduates. Answers to such questions should help determine the requisite level of training for nurses seeking to become credentialed life care planners.

However, research published at the time this article was written has not yet addressed these questions. Position statements from organizations within the nursing profession itself have been inconsistent in setting a standard for the proper educational preparation of professional nurses; opinions on the matter have differed both between organizations and within the same organizations at different points in time. Few studies exist to compare clinical outcomes for services provided by nurses with different levels of educational preparation, and none of those studies directly examines the effect of nursing educational level on the outcomes of life care planning services provided by nurses. No analysis has yet been published to comparatively examine the actual curricula of differing nursing education programs in terms of the knowledge and skill areas necessary for effective life care planning practice.

Although the accrediting body NLNAC outlines several areas that should distinguish between educational preparation of associate's degree or diploma nurses versus bachelor's or master's degree nurses, it does not specify which of those qualities and conditions are associated with which educational levels. Exactly where are the differences in

“the scientific knowledge, characteristics of reasoning, ethical and clinical judgment and decision-making, and interpersonal and technological skills integral to nurses' clinical expertise, roles, and scopes of nursing; . . . the identification, formulation, and evaluation of possible solutions to a broad range of society's needs that are problematic, uncommon, or complex; . . . preventative and rehabilitation services, health counseling and education, direct care and comfort, coordination of care and case management, planning and focus on integrating care across multiple settings, and implementing new models of care delivery” (NLNAC, 2006, p. 82)?

Examining specific NLNAC curricular standards does provide some basic information about differences between the diploma/associate's degree programs and bachelor's degree programs. The three areas of nursing theory, research, and finance are required in bachelor's degree programs, but not in the briefer training programs. It can be argued that each of these three is relevant to life care planning practice, but the area of research has been most prominently identified within the life care planning literature as a critical need.

How much research expertise is needed for competent and effective life care planning practice? Are the “critical thinking skills” required in curricula for all nursing education programs sufficient for developing the ability to be an informed consumer of relevant research? If we turn to the CHCC-sponsored role and function study for life care planners, research is not even specified as one of the identified job functions of “assessment of client's medical and independent living service needs, vocational assessment, and consultant services to the legal system” (Turner, Taylor, Rubin, & May, 2000). At the same time, not one of those three job functions is specifically covered in the curricular requirements for NLNAC accreditation of any of the nursing education programs.

Any credentialing body setting educational standards for life care planners should recognize evidence that higher education for the health care professionals, including nurses, has been tied to better health care outcomes. However, it is unknown whether the populations studied are representative of life care planning practitioners. There is movement in various health care professions to upgrade the educational requirements of practitioners in the interests

of improving professionalism and respect for those professions, but decision makers in the area of life care planning credentialing should be aware of the potential consequences of excluding some nurses who have been practicing as well-respected life care planners for years. What distinguishes these nurses from other graduates of associate's degree or nursing diploma programs? What kinds of additional education, experiences, or abilities related to life care planning do they bring to their work? How can those elements be reliably and validly assessed, if not in the context of a degree program? Questions such as these should be thoughtfully considered by decision-makers establishing criteria for life care planning credentials.

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