



Credentialing: The need for a national research agenda

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ABSTRACT

A national research agenda is needed to promote inquiry into the impact of credentialing on health care outcomes for nurses, patients, and organizations. Credentialing is used here to refer to individual credentialing, such as certification for nurses, and organizational credentialing, such as American Nurses Credentialing Center Magnet recognition for health care organizations or accreditation of providers of continuing education in nursing. Although it is hypothesized that credentialing leads to a higher quality of care, more uniform practice, and better patient outcomes, the research evidence to validate these views is limited. This article proposes a conceptual model in which both credentials and standards are posited to affect outcomes in health care. Potential research questions as well as issues in research design, measurement, data collection, and analysis are discussed. Credentialing in nursing has implications for the health care professions and national policy. A growing body of independent research that clarifies the relationship of credentialing in nursing to outcomes can make important contributions to the improvement of health care quality.

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The Quality Imperative and the Need for Credentialing

Concern about the quality and safety of health care in the United States has been high since the Institute of Medicine published its landmark report *To Err is Human*

(2000). Efforts to improve care for the nation are focused on insurance reform, increasing access to affordable care, and improving quality ([Patient Protection and Affordability Act, 2010](#); [Understanding the Affordable Care Act, 2010](#)). Undoubtedly, the manner in which health care personnel are employed will change as reform continues. Nurses, as a large part

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of the health care workforce, have great potential to contribute to the success of health care reforms.

Improving health care quality and implementing health care reform provide challenges and opportunities for nursing. *The Future of Nursing: Leading Change, Advancing Health* frames nursing's role in improving health care systems (Institute of Medicine, 2011). Nurses will need to practice to their full potential with an expanded scope of practice for advanced practice registered nurses. Partnership with other professions will be required to solve major health care problems and engage in multidisciplinary teams. New and expanded standards and related competencies will be needed.

Because of its role in translating standards to practice, credentialing will become increasingly important for ensuring the readiness and capabilities of health care professionals and health care organizations to provide quality care. Credentialing of either organizations or individuals is one means by which health care providers seek to assure the public that high standards of care are being met.

Organizations becoming credentialed provide assurance to the public they are providers of safe, quality care. Individual nurses who receive certification, including those serving in all advanced practice roles, provide assurance to the public that they have acquired the specialized professional development, training, and competencies required to provide safe, quality care for specific patient populations. The Institute of Medicine's (2011) *Future of Nursing* report is supportive of credentialing, noting that nursing education should serve as a platform for continued lifelong learning. "Accrediting, licensing, and certifying organizations need to mandate demonstrated mastery of core skills and competencies to complement the completion of degree programs and written board examinations" (p. 163). Certifications allow the public, employers, and third-party payers to determine which practitioners are qualified in a specialty or occupation.

Definition of Credentialing

Credentialing is used here as a broad term to reflect the establishment of the requirements and the evaluation of individuals or organizations against those requirements so that a particular status is achieved (International Council of Nurses, 2009). By this definition of credentialing, certification¹ is viewed as one form of credentialing. Recognition and accreditation programs are other forms of credentialing. This article focuses on three forms of credentialing programs in

¹ Credentialing for individuals encompasses certification but is distinct from regulations, which are considered necessary to protect the public from incompetent and unethical practitioners. States assume authority for this through licensing and registry boards where the primary focus is on setting standards and assessing competence for initial entry into the field.

nursing, certification, recognition, and accreditation.² Certification is a credentialing program for individuals, whereas recognition and accreditation are organizational credentialing programs.

Standards for credentialing programs in nursing are defined for practice and based on evidence from research, consensus, and expert opinion. In the area of individual credentialing, the accreditation of certification programs is available from the Accreditation Board for Specialty Nursing Certification (American Board of Nursing Specialties, 2009) and the National Commission for Certifying Agencies (Institute for Credentialing Excellence, 2013). According to a list of selected national certifications posted by the Magnet Recognition Program (American Nurses Credentialing Center [ANCC], Silver Spring, MD), about half of the certifications available to nurses have been accredited by either the Accreditation Board for Specialty Nursing Certification or the National Commission for Certifying Agencies or both (ANCC, 2013c). The American Nurses Credentialing Center has also successfully sought ISO 9001:2008 certification for both its individual and organizational credentialing programs (ANCC, 2013a), signifying compliance with quality management standards that were developed by the International Organization for Standardization.

Prior Work

The authors have been examining the literature on credentialing in nursing for a number of years in relation to their work on the Research Council³ of the American Nurses Credentialing Center. Previous publications have included two literature reviews of the Magnet hospital research published in 2008 (Lundmark) and 2010 (Lundmark & Hickey) and a white paper on credentialing in nursing published in 2012 (Lundmark, et al.). The present article builds from and extends this prior work.

To seek a broader perspective, the American Nurses Credentialing Center in 2012 sponsored the establishment of a standing committee at the Institute of Medicine to consider the challenges of research on credentialing in nursing and expand the discussion to other disciplines. Unlike consensus study groups that produce reports such as *The Future of Nursing*, the Institute of Medicine standing committees provide continuing advice but do not issue reports (Institute of Medicine, 2013). The task of the Standing Committee

² Licensure, registration, approval, and endorsement are additional examples of different credentialing processes, although terminology may vary across settings, locales, and professional groups (International Council of Nurses, 2009).

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