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Factors Associated with the Implementation of Credentialing in Hospitals: A Literature Review

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ABSTRACT:

Background: Credentialing is an essential component of hospital clinical governance, ensuring that healthcare professionals' competencies are appropriately assessed and aligned with the clinical privileges granted to them. However, the implementation of credentialing in hospitals continues to encounter various challenges related to individual characteristics, psychological factors, organizational support, and hospital policies and procedures.

Purpose: This literature review aimed to identify and analyze the factors associated with the implementation of credentialing in hospitals.

Methods: A literature review was conducted involving 10 cross-sectional studies published between 2022 and 2026. The selected articles were analyzed based on their study characteristics, statistical and descriptive findings, and synthesized according to the identified categories of associated factors.

Results: Four main categories of factors associated with credentialing implementation were identified. Individual factors included knowledge, understanding of procedures, age, and professional experience. Psychological factors comprised motivation, perceived benefits, and anxiety related to competency assessment. Organizational factors involved management support, human resource availability, interdepartmental coordination, and facility readiness. Policy- and procedure-related factors included regulatory clarity, administrative mechanisms, competency assessment standards, and the evaluation of clinical privileges. Nevertheless, some studies examined aspects related to credentialing rather than its direct implementation, indicating the need for further research to establish these associations more clearly.

Conclusion: The implementation of credentialing in hospitals is associated with individual, psychological, organizational, and policy- and procedure-related factors. Improving healthcare professionals' understanding, strengthening management support, simplifying administrative procedures, and conducting regular competency evaluations may contribute to more effective credentialing implementation.

KEYWORDS: Clinical privileges, credentialing, hospital policies, individual factors, organizational factors, psychological factors.

INTRODUCTION

Credentialing is an essential component of clinical governance in hospitals, ensuring that healthcare professionals possess competencies and clinical privileges appropriate to the services they provide. The credentialing process involves verifying qualifications and professional experience, as well as assessing competencies before healthcare professionals are granted clinical privileges. Dresser and Elgin (2023) explained that credentialing and the granting of clinical privileges are necessary to ensure alignment between professional capabilities and the scope of healthcare practice. Shute et al. (2022) emphasized the importance of evaluating clinical experience and skills as a basis for granting clinical privileges. In Indonesia, Sugondo et al. (2023) stated that appropriate credentialing practices are essential for strengthening healthcare professionals' professionalism and supporting healthcare quality and patient safety.

The implementation of credentialing in hospitals involves various components, ranging from internal policies and professional organizations to competency assessment mechanisms. This process requires clear standards to ensure that assessments are conducted objectively and in accordance with healthcare service needs. Kitta et al. (2022) found that the implementation of

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Hospital Bylaws in several hospitals had not been optimal due to limited understanding of internal regulations and the insufficient role of the Medical Committee. Similarly, Talaohu et al. (2023) demonstrated that organizational knowledge and policies were significantly associated with the role of the Nursing Committee in implementing clinical governance. These findings indicate that procedural understanding, policy clarity, and organizational support are important aspects of professional governance in hospitals.

In addition to organizational policies, individual factors are also associated with the implementation of credentialing, particularly procedural understanding, competency readiness, and time constraints. Through a cross-sectional study involving trainee doctors in Australia, Elsayed et al. (2022) found that only 15% of respondents had completed ultrasound credentialing, although most considered credentialing necessary. Identified barriers included limited time, technical difficulties, and the perceived complexity of the credentialing process. Dresser and Elgin (2023) also identified barriers to credentialing and the granting of clinical privileges among clinical nurse specialists, indicating the need for adjustments to organizational policies and procedures. These findings suggest that credentialing requires clear and practical mechanisms that can be effectively implemented by healthcare professionals.

From an organizational perspective, credentialing requires management support, interdepartmental coordination, and continuous competency evaluation. Sugito et al. (2023) found that nursing credentialing and re-credentialing at one hospital had not been conducted regularly and had not incorporated the Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE) systems. The identified barriers included overlapping responsibilities among Nursing Committee members, differences in understanding between the committee and hospital management, and the suboptimal utilization of credentialing results. Meanwhile, Boyle et al. (2023) reported that 70% of the hospitals and emergency departments studied required emergency credentialing before the use of teleconsultation services. However, only 28% of the facilities with written procedures estimated that the process could be completed within 24 hours. These findings indicate that organizational readiness and procedural efficiency are important aspects that need to be considered in credentialing implementation.

Credentialing should also be integrated with professional competency development and performance evaluation. Shute et al. (2022) explained that credentialing assessments based on clinical experience and procedure volume could support the determination of clinical privileges, although their implementation faced challenges related to assessment standards and limited case availability in smaller hospitals. A study by Ahsan et al. (2026) involving nurses found no statistically significant association between credentialing levels and nurses' work motivation or performance. This finding suggests that holding a particular credentialing level does not necessarily reflect improvements in motivation or professional performance without adequate professional management. Sugito et al. (2023) also emphasized the need for coordination with hospital management and the utilization of credentialing results in professional development and healthcare workforce reward systems.

The aforementioned studies indicate that credentialing implementation is associated with individual, organizational, policy-related, and procedural factors, which may vary across hospitals. Some studies have focused on administrative barriers and time constraints (Elsayed et al., 2022), whereas others have examined the relationship between knowledge, organizational policies, and the functions of professional committees (Talaohu et al., 2023). Sugito et al. (2023) identified challenges related to coordination and ongoing evaluation, while Ahsan et al. (2026) demonstrated that the relationship between credentialing levels and professional performance was not always statistically significant. These differences in research focus and findings warrant further examination to develop a more structured understanding of the factors associated with credentialing implementation. Therefore, this literature review aimed to identify and analyze the factors associated with the implementation of credentialing in hospitals based on studies published between 2022 and 2026.

METHODS

This study employed a literature review approach aimed at identifying and analyzing factors associated with the implementation of credentialing in hospitals. The literature search was conducted using the PubMed, ScienceDirect, Google Scholar, and Semantic Scholar databases. The search strategy employed the following keywords: "healthcare professional credentialing," "credentialing implementation," "credentialing factors," "hospital credentialing," "medical credentialing," "nursing credentialing," "clinical privileging," and "credentialing barriers." These keywords were combined using the Boolean operators AND and OR to identify relevant articles.

The literature search was limited to original research articles employing a cross-sectional study design, published between 2022 and 2026, and addressing credentialing implementation, clinical privileges, and individual, psychological, organizational, and

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policy-related factors associated with healthcare professional credentialing. Studies using research designs other than cross-sectional, publications outside the specified year range, and articles considered irrelevant to the research topic were excluded.

The literature selection process involved screening titles and abstracts, followed by a full-text assessment to determine their eligibility and relevance to the objectives of this review. A total of 10 research articles were included in the preliminary review and analyzed by identifying their study characteristics, investigated factors, statistical and descriptive findings, and synthesizing the results according to four categories: individual factors, psychological factors, organizational factors, and policies and procedures related to credentialing implementation.

RESULT

Based on the literature search, several research articles relevant to factors associated with the implementation of credentialing in hospitals were identified. These articles were subsequently analyzed to identify individual, psychological, organizational, and policy- and procedure-related factors associated with credentialing implementation. The findings of the literature review are presented in the following tables.

Table 1. Study Characteristics Based on First Author, Year, Research Location, Study Design, Sample, and Sampling Technique

No.	First Author, Year	Research Location	Study Design	Sample	Sampling Technique
1	Elsayed (2022)	Gold Coast, Australia	Cross-sectional	52 physicians	Voluntary survey
2	Herawati (2022)	Meuraxa Regional General Hospital, Banda Aceh, Indonesia	Cross-sectional	78 nurses	Total sampling
3	Talaohu (2023)	Dr. Salim Alkatiri Regional General Hospital, Maluku, Indonesia	Cross-sectional	72 nurses and midwives	Simple random sampling
4	Boyle (2023)	New England, United States	Cross-sectional	164 hospitals/emergency departments	Survey of all identified facilities
5	Asmeriyanty (2024)	Government hospitals, Indonesia	Cross-sectional	76 nurses	Total sampling
6	Fasihi (2024)	Dr. H. Jusuf SK Regional General Hospital, Tarakan, Indonesia	Cross-sectional	89 respondents	Accidental sampling
7	Ahsan (2026)	Dr. Sam Ratulangi Regional General Hospital, Tondano, Indonesia	Cross-sectional	122 nurses	Purposive sampling
8	AlSadah (2025)	Riyadh, Saudi Arabia	Cross-sectional	344 nurses	Simple random sampling
9	Prnjak (2025)	Australia	Cross-sectional	228 healthcare professionals	Purposive sampling
10	Hasmarita (2026)	Dr. Zainoel Abidin Regional General Hospital, Banda Aceh, Indonesia	Cross-sectional	122 nurses	Proportional sampling

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Table 2. Literature Review of Factors Associated with Healthcare Professional Credentialing

Factor	Author (Year)	Research Findings	P-value
Individual Factors			
Knowledge	Talaohu et al. (2023)	Knowledge was associated with the role of the Nursing Committee.	0.017
Understanding of procedures	Elsayed et al. (2022)	A total of 15% of respondents did not understand credentialing policies, while 21% had limited understanding.	-
Age	AlSadah et al. (2025)	Respondents aged 46–55 years had a higher perceived benefit of certification.	0.049
Practice sector	Prnjak et al. (2025)	Working in the public and private sectors was associated with lower perceived benefits of credentialing.	0.011
Psychological Factors			
Work motivation	Ahsan et al. (2026)	Credentialing levels were not significantly associated with nurses' work motivation.	0.683
Perceived benefits of certification	AlSadah et al. (2025)	A total of 93.9% of respondents considered certification a validation of specialist knowledge.	-
Organizational Factors			
Management support	Asmeriyanty et al. (2024)	A total of 54% of nurses rated management support for the career ladder system as good.	-
Management support	Hasmarita et al. (2026)	Management support was associated with nurses' performance (OR = 2.286).	0.005
Human resource availability	Talaohu et al. (2023)	Human resource availability was not significantly associated with the role of the Nursing Committee.	0.511
Role of the Credentialing Subcommittee	Fasihi et al. (2024)	The role of the Credentialing Subcommittee was associated with hospital services.	0.003
Supervision and professional development	Prnjak et al. (2025)	Supervision and professional development were considered supportive of healthcare professionals' competencies.	-
Time constraints	Elsayed et al. (2022)	Limited time and access to training hindered the credentialing process.	-
Rewards and costs	AlSadah et al. (2025)	Lack of incentives (72.7%) and examination fees (64.8%) were identified as barriers to certification.	-
Policy- and Procedure-Related Factors			
Organizational policies	Talaohu et al. (2023)	Organizational policies were associated with the role of the Nursing Committee.	< 0.001
Administrative procedures	Elsayed et al. (2022)	Complex procedures were identified as a barrier to completing the credentialing process.	-
Emergency credentialing procedures	Boyle et al. (2023)	A total of 70% of facilities required emergency credentialing for teleconsultation services.	-
Clinical privilege evaluation	Herawati et al. (2022)	The implementation of clinical privileges was rated as good in 47.4% of cases.	-
Credentialing system	Hasmarita et al. (2026)	The credentialing system was associated with nurses' performance.	0.002

Note: A dash (-) indicates that the study presented descriptive findings without reporting a p-value for the respective finding.

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DISCUSSION

Individual Factors Associated with the Implementation of Credentialing in Hospitals

Knowledge and understanding of credentialing procedures are important individual factors associated with the implementation of credentialing in hospitals. Healthcare professionals are expected to understand administrative requirements, competency standards, and the procedures for determining clinical privileges before undergoing the credentialing assessment process. Talaohu et al. (2023) reported a significant association between knowledge and the role of the Nursing Committee in clinical governance. Similarly, Elsayed et al. (2022) identified inadequate understanding of credentialing policies and procedures as a barrier to completing ultrasound credentialing. Sugondo et al. (2023) emphasized that an adequate understanding of credentialing mechanisms is necessary to ensure alignment between professional competencies and the clinical privileges granted. Furthermore, Zhu et al. (2024) identified differences in knowledge regarding healthcare quality improvement training across professional groups and career levels. Collectively, these findings highlight the importance of continuous education and training to improve healthcare professionals' understanding of credentialing requirements and procedures.

Age and professional experience may also influence healthcare professionals' readiness to undergo competency assessments. Professional experience provides opportunities to develop clinical skills, strengthen professional judgment, and become familiar with established standards of care. AlSadah et al. (2025) found that nurses aged 46–55 years reported a higher perceived intrinsic value of specialist certification than their younger counterparts. Similarly, Stanzo et al. (2024) reported that certified nurses tended to be older and have greater professional experience than nurses who had not obtained certification. The study also identified differences in examination-related anxiety according to certification status. These findings suggest that age and professional experience may be associated with healthcare professionals' perceptions of competency assessment and professional certification. Nevertheless, their direct relationship with the successful implementation of hospital credentialing remains uncertain and requires further investigation.

Employment characteristics and individual perceptions of credentialing benefits also warrant consideration in healthcare workforce competency management. Prnjak et al. (2025) found that healthcare professionals working simultaneously in both the public and private sectors reported lower perceived benefits of credentialing than those working exclusively in one sector. Ray et al. (2023) similarly identified variations in nurses' perceptions of professional certification, including barriers associated with institutional support. Meanwhile, Elsayed et al. (2022) demonstrated that inadequate procedural understanding and limited individual readiness remained obstacles to completing credentialing. These findings indicate that professional characteristics and individual perceptions should be addressed through accessible information, appropriate guidance, and continuous competency development. However, findings related to professional certification should be interpreted cautiously, as certification and internal hospital credentialing involve different assessment mechanisms and cannot be considered entirely equivalent.

Psychological Factors Associated with the Implementation of Credentialing in Hospitals

Motivation and perceived benefits are important psychological dimensions that may influence healthcare professionals' willingness to develop their competencies and pursue professional recognition. AlSadah et al. (2025) found that most nurses perceived certification as a form of recognition of specialist knowledge and professional achievement. Similarly, Vital et al. (2025) reported that certified nurses perceived greater benefits from certification, particularly in relation to professional competence, self-confidence, and career advancement. These findings are further supported by Liu et al. (2025), who identified an association between self-efficacy and nurses' motivation to participate in continuing education. Collectively, these findings suggest that positive perceptions of professional development and recognition may encourage healthcare professionals to participate in competency development and professional assessment processes.

Examination-related anxiety represents another psychological barrier to competency assessment and professional certification. AlSadah et al. (2025) identified anxiety and fear of failure as barriers experienced by some nurses seeking specialist certification. Vital et al. (2025) also reported that discomfort associated with examinations was one of the obstacles to obtaining cardiovascular nursing certification. Similarly, Epstein et al. (2025) found that 66% of nurses who had not obtained certification felt uncomfortable taking examinations. The study also highlighted the potential role of study groups and professional recognition in encouraging certification participation. These findings emphasize the importance of providing appropriate guidance, preparatory support, and clear information regarding assessment procedures to improve healthcare professionals' psychological readiness and reduce examination-related anxiety.

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Nevertheless, the relationship between credentialing and work motivation does not consistently demonstrate a significant association. Ahsan et al. (2026) found no statistically significant association between credentialing levels and nurses' work motivation. This finding differs from those of AlSadah et al. (2025) and Vital et al. (2025), who reported positive perceptions of the benefits of professional certification. These differences may be explained by the distinction between the variables examined, as work motivation and perceived benefits of certification represent separate psychological dimensions. Furthermore, Sugito et al. (2023) reported that nursing credentialing results had not been optimally integrated into professional reward and development systems. This finding suggests that professional recognition through credentialing may need to be accompanied by meaningful career development opportunities and appropriate reward mechanisms. Therefore, although psychological factors appear relevant to professional competency development and certification participation, their direct association with the implementation of internal hospital credentialing requires further empirical investigation.

Organizational Factors Associated with the Implementation of Credentialing in Hospitals

Management support plays a fundamental role in establishing policies, allocating resources, and distributing responsibilities throughout the credentialing process. Asmeriyanty et al. (2024) reported that 54% of nurses rated management support for the professional career ladder system as good. Similarly, Hasmarita et al. (2026) identified a significant association between management support and nurses' performance, with an odds ratio (OR) of 2.286. In contrast, Agusnita et al. (2022) found that nursing re-credentialing continued to encounter several challenges, including difficulties in establishing ad hoc committees, differences in perceptions regarding assessment methods, and limitations in budget allocation and standard operating procedures. Nurhikmah et al. (2023) also emphasized the importance of developing operational procedures, establishing career development plans, and providing adequate information regarding credentialing. These findings demonstrate that management involvement is essential in ensuring organizational preparedness and providing the institutional support required for effective credentialing implementation.

Human resource availability must be accompanied by clear task allocation and effective coordination among relevant organizational units. Talaohu et al. (2023) found that human resource availability was not significantly associated with the role of the Nursing Committee in clinical governance. However, Sugito et al. (2023) identified overlapping responsibilities among Nursing Committee members and differences in understanding between the committee and hospital management as barriers to credentialing and re-credentialing implementation. Furthermore, Fasihi et al. (2024) reported a significant association between the performance of the Physician Credentialing Subcommittee and hospital service delivery ($p = 0.003$). Wei et al. (2023) also demonstrated that leadership support, professional mentoring, and an organizational culture that recognizes professional achievements may facilitate specialist nursing certification. Taken together, these findings indicate that effective credentialing requires clearly defined responsibilities, adequate coordination, and optimal performance of professional committees within hospital governance structures.

Administrative procedures and institutional readiness, including the availability of appropriate facilities and infrastructure, are also important organizational considerations. Elsayed et al. (2022) reported that time constraints, limited access to training, and complex procedures hindered the completion of ultrasound credentialing. Boyle et al. (2023) found that most hospitals required emergency credentialing before the use of teleconsultation services, although the administrative process could not always be completed promptly. Amalia et al. (2025) suggested that digital-based competency assessment systems have the potential to improve procedural efficiency and transparency. However, their implementation remains challenged by limited digital literacy, inadequate assessor readiness, and infrastructure constraints. Sugito et al. (2023) further reported that credentialing and re-credentialing were not conducted regularly and were insufficiently supported by systematic professional practice evaluations. These findings highlight the need to strengthen administrative systems, improve institutional readiness, and establish periodic evaluation mechanisms to support a more effective credentialing process without compromising the quality and objectivity of competency assessments.

Policy- and Procedure-Related Factors Associated with the Implementation of Credentialing in Hospitals

Hospital policies provide the regulatory and operational framework for determining credentialing procedures, allocating clinical privileges, and establishing competency assessment standards for healthcare professionals. Talaohu et al. (2023) found that organizational policies were significantly associated with the role of the Nursing Committee in clinical governance. Similarly, Kitta et al. (2022) reported that the implementation of Hospital Bylaws remained suboptimal due to inadequate understanding of internal regulations and the insufficient performance of Medical Committee functions. Olszyk (2024) emphasized the importance of clearly established policies, structured procedures, and continuous monitoring in credentialing and the determination of clinical privileges.

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Furthermore, Conner et al. (2025) demonstrated that the successful implementation of ultrasound credentialing policies was associated with stakeholder involvement, institutional readiness, and the alignment of policies with healthcare service requirements. These findings indicate that the availability of formal regulations alone is insufficient; effective implementation also requires adequate understanding, institutional commitment, and consistent application of established procedures at the hospital level.

Administrative procedures are another important determinant of the effectiveness of credentialing implementation, particularly during application submission, document verification, and competency assessment. Elsayed et al. (2022) identified procedural complexity and inadequate understanding of credentialing requirements as barriers to completing ultrasound credentialing. Boyle et al. (2023) also reported that most hospitals required emergency credentialing before providing teleconsultation services, although the process could not always be completed within a short period. Dawson et al. (2023) explained that credentialing and the determination of clinical privileges for hospital pharmacists require alignment with professional regulations, scope-of-practice requirements, and existing healthcare delivery systems. These findings underscore the importance of establishing clear, practical, and standardized administrative procedures that accommodate healthcare service requirements while maintaining the rigor and accuracy of competency assessments.

The determination of clinical privileges further requires standardized assessment criteria and clearly defined evaluation mechanisms to ensure that credentialing outcomes are appropriately applied. Herawati et al. (2022) emphasized the importance of periodic monitoring of the implementation of nurses' clinical privileges, whereas Sugito et al. (2023) found that credentialing and re-credentialing processes were not fully supported by regular professional practice evaluations. Sarawati et al. (2025) reported that document verification and the issuance of clinical appointment letters had been conducted in accordance with applicable regulations. However, competency assessment and the determination of clinical privileges remained suboptimal due to the limited availability of assessors and the absence of a white paper. Olszyk (2024) also emphasized that clinical privileges should be determined based on professional qualifications, clinical experience, and documented assessment outcomes. These findings highlight the importance of integrating credentialing procedures, competency assessments, and clinical privilege evaluations to ensure that credentialing implementation extends beyond administrative compliance and genuinely reflects healthcare professionals' qualifications and clinical capabilities.

CONCLUSION

The implementation of credentialing in hospitals is associated with four main categories of factors: individual, psychological, organizational, and policy- and procedure-related factors. Individual factors include knowledge, understanding of procedures, age, and professional experience, while psychological factors encompass motivation, perceived benefits, and anxiety related to competency assessment. Organizational factors comprise management support, human resource availability, interdepartmental coordination, and facility readiness. Policy- and procedure-related factors include regulatory clarity, administrative mechanisms, competency assessment standards, and clinical privilege evaluation. Efforts to strengthen credentialing implementation should focus on improving healthcare professionals' understanding, enhancing organizational support, simplifying administrative procedures, and conducting regular competency evaluations to ensure that clinical privileges are aligned with professional competencies and hospital service needs.

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