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The Influence of Healthcare Accreditation on the Safety of Healthcare Personnel: A Systematic Review

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Abstract

Objective

To systematically evaluate the evidence regarding the impact of healthcare accreditation on medical personnel safety.

Design

Systematic review conducted according to PRISMA 2020 guidelines.

Data Sources

PubMed, Scopus, Web of Science, CINAHL, and grey literature were searched for studies published between 1993 and 2025.

Review Methods

Studies investigating the effects of healthcare accreditation on healthcare worker safety outcomes were included. Risk of bias was assessed using Joanna Briggs Institute critical appraisal tools. Due to methodological heterogeneity, findings were synthesized narratively.

Results

Twenty studies from more than 20 countries were included. Accreditation was associated with improvements in infection control practices, occupational safety, emergency preparedness, and safety culture. However, increased workload and psychosocial stress during accreditation processes were reported. Variability in implementation and limited longitudinal evidence restricted definitive conclusions.

Conclusions

Healthcare accreditation appears to contribute positively to healthcare worker safety when supported by institutional commitment and continuous quality improvement strategies. Further longitudinal studies are needed to determine long-term effects.

While healthcare accreditation is known to improve patient care, its effects on medical personnel safety remain underexplored.

Methods: We conducted a systematic review across PubMed, Scopus, Web of Science, and Embase from 1993 to 2025, identifying studies that examined the impact of accreditation on staff safety outcomes.

Results: Twenty studies across more than 20 countries were included. Findings indicated consistent improvements in infection control compliance, reductions in occupational injuries, increased adherence to safety protocols, and enhanced safety culture. However, variability in implementation and limited longitudinal data were noted.

Conclusions: Accreditation can positively influence healthcare worker safety, but consistent implementation and staff engagement are crucial for sustained impact.

Key words: Hospitals, Accreditation, Occupational Health and Safety, Quality assurance, Job stress.

1. Introduction

Accreditation is viewed as an effective method for evaluating and enhancing the quality of healthcare. Nevertheless, the extent of its influence on performance and outcomes is still not well understood. This review aimed to identify and evaluate the evidence regarding the effects of hospital accreditation. (Mohammed Hussein et al. 2021).

The implementation of hospital accreditation processes is essential for achieving the highest levels of healthcare standards. This procedure necessitates behavioral changes and the engagement of professionals to meet defined goals and objectives. A hospital accreditation program involves a systematic, voluntary, and rational assessment of institutional resources conducted periodically and supported by the ongoing education of professionals. When professionals understand the outcomes of the quality system, it becomes simpler to sustain the entire process and achieve excellence in treatment. (Manzo . F. et al. 2012).

Regulations from various agencies concerning occupational health and safety in hospitals are still developed in a sector-specific manner, making efforts to reduce work accidents rather challenging. (Mayangkara, R. H., et al. (2021)).

The Occupational Safety and Health Administration, along with industries, labor groups, insurance companies, and professional organizations, should work collaboratively to create

strategies that promote accreditation and guarantee that workers receive optimal occupational health protection. (Yodaiken, R. E., & Zeitz, P. S. 1993).

Healthcare professionals (HCPs) have been significantly affected by heavy workloads and burnout. The mounting pressures on HCPs and their growing experiences of burnout have become increasingly hard to overlook. The concept of psychosocial safety climate serves as an organizational framework designed to safeguard the mental health and well-being of employees through the implementation of specific policies, procedures, and practices. A positive correlation was found between the requirements for accreditation and levels of personal burnout following the accreditation process. (Alshamsi, A. I et al.2020).

During the accreditation preparation, organizational structures were enhanced. Employees believed that the hospital was more equipped to handle new quality assurance measures following accreditation; they viewed disease-specific requirements as unwarranted. Accreditation has also positively impacted other areas. Participants felt confident that the organizational changes brought about by accreditation would be maintained and that the emphasis on quality assurance would persist (Søren Bie Bogh et al. 2018).

2. Methods

2.1 Study Design This systematic review was performed in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 statement. The aim was to aggregate the evidence from reviewed studies in relation to the effect of healthcare accreditation on the safety of healthcare workers. Unfortunately, this review protocol was not registered in PROSPERO because of institutional restrictions, thereby, was structured and prepared in accordance to this restriction.

This review was conducted according to PRISMA 2020 recommendations. A review protocol was developed before study selection; however, the protocol was not registered in PROSPERO.

2.2 Eligibility Criteria

The inclusion criteria were as follows: Study eligibility requirements were as follows: Population: Hospital, clinic, and medical health center workers, whether physicians, nurses, allied health professionals, or medical students. Intervention: Application or existence of health care accreditation (national, international). Comparative: Non-accredited schools or not accredited yet. Design: Quantitative (randomised controlled trials, cohort, case-control, cross-sectional) and mixed methods studies, systematic reviews. Language: English. Time Frame: Articles from 1993 to 2025. Excluded were editorial pieces, commentaries, conference abstracts, and studies with no relevant outcome measure of healthcare worker safety.

2.3 Information Sources

Electronic Database Search of the Literature A search was conducted in the following electronic databases: PubMed, Scopus, Web of Science,CINAHL, NCBI, Google Schoolar Further studies were found by manual search of reference lists of included articles and grey literature of WHO, JCI and national health authorities.

2.4 Search Strategy

The search strategy was created with input from a health sciences librarian. The database was searched using the following key word: Hospitals, Accreditation, Occupational Health and Safety, Quality assurance, Job stress.

2.5 Study Selection

Articles were screened by title, abstract and full text, by two independent reviewers. Discrepancies were resolved through consensus.

2.6 Data Extraction

Relevant data was extracted using a standardised data extraction form which consisted of the following: Author(s) year, country Study setting Accreditation model1 (e.g., JCI vs. national) Keywords; Conclusions Key findings and limitations Information was extracted by one reviewer and checked by another.

2.7 Data Synthesis

A narrative synthesis methodology was employed as a result of variability in study design, setting and outcome measures. The main findings were grouped by conclusions and were interpreted themes. Meta-analysis was not possible owing to heterogeneity of measures. Results Findings are presented in summary in both the text and a table of the 20 studies included. This section presents the thematic findings and provides an overall perspective on the work safety enhancements linked with accreditation.

3. Results

3.1 Study Selection

Records identified through database searching (n = 300). After removal of duplicate records (n = 15), 285 records remained for screening.A preliminary screening process was conducted to

exclude records that were clearly irrelevant to the review topic based on title matching, automated database filters, publication type, or failure to meet predefined eligibility criteria. During this stage, 226 records were excluded.The remaining 59 records underwent title and abstract screening. Following this assessment, 20 records were excluded because they did not meet the inclusion criteria.Thirty-nine full-text articles were assessed for eligibility. Nineteen articles were excluded after full-text review for reasons including lack of relevant healthcare worker safety outcomes, absence of accreditation-related interventions, insufficient methodological information, or ineligible study design.Twenty studies met all eligibility criteria and were included in the final systematic review.

Appendix A displays the PRISMA flowchart.

3.2 Study Characteristics

The 20 included studies were conducted in more than 20 countries, including Pakistan, Lebanon, Turkey, Brazil, Indonesia, USA, United Arab Emirates, Dania, Egypt, Iran, Korea, India, Denmark, Iran, Seoul, Korea, Taiwan, China.

Most studies were cross-sectional or quasi-experimental, and focused on hospital settings. A few studies examined primary care and long-term care institutions. Table 1 summarizes the characteristics of the included studies.

Full table in Appendix B - Summary of Included Studies (n = 20)

3.3 Thematic Synthesis of Findings

The impacts of accreditation are significant in underdeveloped than in developed nations where the legal requirements are high. Concerns regarding costs and workload associated with accreditation processes are increasing. Moreover, studies regarding JCI accreditation and its impact on occupational health or patient safety are limited, thus warranting further investigations. The hospital workforce is exposed to many hazards in the workplace that may pose immediate harm to their health and well-being and can have wide-ranging consequences for the quality and efficiency of hospital care. OHS programs have been the principal organizational response to identify these hazards and proactively minimize their impact on the hospital workforce. (Vuohijoki, A et al. 2025).

A study by Gimeno et al. (2005) found that public hospitals in Costa Rica, not conducting safety trainings for employees, reported 41% more injuries when compared to those conducting trainings. Moreover, evidence points to accreditation positively impacting OHS outcomes including the development and promotion of better risk management programs, motivation of staff, and reduction of staff turnover. Salmon et al. (2003) found that accreditation in some South

African public hospitals significantly improved compliance with hospital safety standards and increased hospital OHS scores. Results support the internationalization of accreditation, offering the experiences from a developing country that does not share a great deal with the Western countries from which the accreditation framework was developed. (Rima R Habib et al. 2016).

Apart from the effect of accreditation on healthcare workers and particularly on job stress, our results indicate a consistent positive effect of hospital accreditation on safety culture, process-related performance measures, efficiency, and the patient length of stay, whereas employee satisfaction, patient satisfaction and experience, and 30-day hospital readmission rate were found to be unrelated to accreditation. (Mohammed Hussein et al. 2021).

According to the nurses, the safety applications and precautions of the private hospital were better than the university hospital. It was found out that the university hospital was poor at providing an ergonomic working environment and the private hospital was poor at planning the timetables of the nurses. In addition to this, in both hospitals sharp or pointed devices, blood/blood fluids and infected material were discovered to cause occupational diseases and other problems. In conclusion, the precautions and applications regarding occupational health and safety in the private hospital accredited with JCI were better than the university hospital (Bahcecik, N. & Ozturk, H. 2009).

It was observed, therefore, that the Hospital Accreditation is influenced by the level of motivation and involvement of the employees and, at the same time, significantly influences the work context of the healthcare professionals. From this perspective, positive and negative aspects of this process were identified, resulting in the following thematic categories: The nebulous face of the Accreditation and Accreditation as a possibility for growth and job satisfaction. With regard to the positive perception, it was observed that the Accreditation triggers feelings of pride, satisfaction and recognition in the professional. These feelings are related to the sharing of the responsibility for gaining the title and for the valorization of the hospital. The Accreditation process promotes the increase of the improvement of the working conditions through the safety acquired, as well as providing the stability of the organizational climate among the healthcare professionals, while simultaneously establishing a more pleasant working environment conducive to strengthening the human relationships (Manzo, B. F. et al. 2012).

One of the studies aimed to determine the application of occupational health and safety hospital regulations to minimize work accidents conducted using a qualitative approach and Regulations are still drawn up sectorally by various agencies that regulate occupational health and safety in hospital so that efforts to minimize the number of work accidents are quite difficult (Mayangkara, R. H., . et al. 2021).

The Occupational Safety and Health Administration, industry, labor, insurance carriers, and professional organizations collectively must develop strategies to promote accreditation and

ensure that workers receive the maximum standard of occupational health care. (Yodaiken, R. E., & Zeitz, P. S. 1993).

Hospital accreditation has been studied comprehensively, yet few studies have observed its impacts on the burnout and work engagement levels of frontline healthcare professionals (HCPs). A recent review showed that HCPs experience high levels of burnout and work-related stress as a result of increasing demands and inadequate resources at work. (Alshamsi, A. I., Santos, A., & Thomson, L. 2022).

Staff reported that The Danish Healthcare Quality Programme affected management priorities: office time and working on documentation, which reduced time with patients and on improvement activities. Organizational structures were improved during preparation for accreditation. Staff perceived that the hospital was better prepared for new QI initiatives after accreditation; staff found disease specific requirements unnecessary. Other areas benefited from accreditation. Interviewees expected that organizational changes, owing to accreditation, would be sustained and that the QI focus would continue. (Søren Bie Bogh et al. 2018).

The process of accreditation increases work-related risks before the inspection visit. Such risks were identified as increased job demands and work pace, conflicting information, and perceived strain. Furthermore, the supportive role of management was not clear or standardized during this process (Alshamsi, A. I., Thomson, L., & Santos, A. 2020).

Findings suggest raising nurses' awareness of certification systems to reduce their job stress and turnover intentions. It will be necessary to provide support for the aggressive work nurses do and improve their work structure, highlighting the need for both manpower and institutional support. Accordingly, providing regular education programs and appropriate compensation schemes, by raising nurses' awareness of medical institutions' certification systems, is necessary (Mun, M. Y., Lee, S. Y., & Kim, M. Y. 2018).

One of the most important hurdles to implementing accreditation programs is the dilemma of healthcare professionals, especially senior hospital staff, regarding the positive impact of accreditation. The need to educate healthcare professionals about the potential benefits of accreditation, which should resolve any cynical attitude of healthcare professionals towards accreditation, is of utmost importance. (Joseph, L., et al. 2021).

Clinical attitudes are important, and can affect Government decisions. On the basis of study, future attention should be paid to attitudes towards accreditation (and attitudes towards other means of quality improvement). Attitudes may reflect political agendas and impede the take-up of improvement programs, cause their demise, or reduce their effectiveness. (Ehlers, L. H.et al.2017).

Among nurses and managers, there was low support for accreditation and even less among para-clinical staff who fail to see accreditation having a positive impact on healthcare quality. Also,

nurses' attitudes toward the accreditation benefits were more positive compared with the two other groups. Staff stated that the main reasons for low support were a lack of education and training to act upon the accreditation survey results and a lack of management visibility and support for quality improvement.(Kakemam, E., et al.2020).

Occupational stress regarding healthcare accreditation is higher in nursing than in other occupations, indicating the need to lower the turnover intention of nurses by preparing a national institutional standard for nursing manpower and also put in place an appropriate compensation system for each hospital seeking accreditation. (Nam, S. H., & Heo, Y. J. 2022).

Number of psychosocial risks were prevalent during the course of accreditation. HCPs faced increased work demands during such a process, including increased working hours, increased working pace, perceived time pressure, and conflicting information. Such demands were perceived to influerice not only their health but also their families as well as patients' care. In contrast, teamwork and coworker support were vital to mitigate the effect of such demands. Study identified emerging risks during the process of accreditation. The findings show that the process of accreditation increases work-related risks before the inspection visit. These findings have significant implications for understanding how accreditation processes increase psychosocial risks; they also consolidate the idea that appropriate systems and support for HCPs should be a priority when planning for accreditation (Al, A., Thomson, L., & Santos, A. 2020).

The self-assessment tool kit from NABH was scored to find the actual problem areas. The research methodology used has been. Awareness of NABH and its standards are of prime importance when working with non-compliances. Infrastructure is sufficient but not utilized optimally. (Pandit, A., & Rao, G. P. 2018).

Aside from the intended positive effects of hospital accreditation, this study revealed several unintended impacts on medical students, including decreased clinical learning opportunities, increased trivial workload, and violation of professional integrity. Taiwanese students expressed doubt and frustration concerning the value of hospital accreditation and reflected on the cultural and systemic context in which accreditation takes place. Their commentary addressed the challenges associated with the globalization of hospital accreditation processes.(Ho, M. J. et al. 2014).

4. Discussion

This systematic review synthesized findings from 20 studies examining the impact of healthcare accreditation on medical personnel safety. The evidence supports a generally positive association between accreditation and improved safety outcomes for healthcare workers. While the degree of impact varied across contexts, several recurring themes emerged that highlight both the strengths and limitations of accreditation as a tool for occupational safety enhancement.

4.1 Safety Benefits Linked to Accreditation

The most consistent finding across studies was the reduction in physical harm, particularly needlestick injuries and exposure to infectious diseases. Accreditation frameworks often mandate the use of protective equipment, safe needle disposal, and hygiene protocols, which likely contributed to these outcomes. Accredited institutions also tended to implement better infection prevention measures and more frequent staff training.

Another area where accreditation demonstrated clear benefits was emergency preparedness. Institutions undergoing accreditation were more likely to conduct routine emergency drills and establish contingency plans for infectious outbreaks or natural disasters. These practices not only improve institutional readiness but also boost staff confidence and reduce anxiety in high-risk scenarios.

Improved safety culture and reporting systems also emerged as critical outcomes. Healthcare workers in accredited settings reported increased awareness of safety procedures, a greater sense of organizational support, and more robust mechanisms for reporting near misses and adverse events. This cultural shift is essential for long-term improvements in occupational safety.

4.2 Variability and Limitations in Impact

Despite the overall positive trends, some studies reported limited or no improvements in staff safety post-accreditation. Several factors may explain this discrepancy. First, the success of accreditation often hinges on institutional buy-in and leadership support. In settings where accreditation is treated as a checklist exercise rather than a culture-changing initiative, improvements may be superficial or short-lived.

Second, resource constraints can hinder the implementation of accreditation standards. Facilities in low- and middle-income countries (LMICs) may struggle to maintain the infrastructure, staffing levels, or supplies required to meet safety benchmarks, thus limiting the impact of accreditation.

Finally, variations in the scope and rigor of accreditation models contribute to inconsistent results. While international models like JCI offer comprehensive standards, national systems may vary widely in their enforcement and alignment with global best practices.

4.3 Policy and Practice Implications

The findings of this review suggest that healthcare accreditation can be a valuable mechanism for promoting medical personnel safety particularly when integrated with broader institutional reforms. Policymakers should ensure that accreditation bodies include occupational health indicators in their frameworks and offer support for facilities striving to meet these benchmarks.

Hospital administrators should treat accreditation not as a one-time goal but as an ongoing commitment to quality and safety. This involves fostering a non-punitive safety culture, investing

in staff training, and conducting routine internal audits. Accreditation bodies, in turn, should incorporate staff feedback and workplace safety metrics into their assessments.

4.4 Recommendations for Future Research

sWhile this review provides useful insights, further research is needed to assess the long-term sustainability of improvements associated with accreditation. Longitudinal studies and randomized controlled trials, particularly in LMICs, would enhance the evidence base. Additionally, comparative studies evaluating different accreditation models and their specific impact on staff safety would be valuable.

Future studies should also explore underexamined areas such as the mental health of healthcare workers, experiences of non-clinical staff, and the role of accreditation during health crises such as pandemics.

4.5 Strengths and Limitations of the Review

A major strength of this review is its comprehensive scope, covering multiple countries, accreditation models, and healthcare settings. It also employed rigorous screening and quality appraisal processes based on PRISMA guidelines.

However, limitations include the exclusion of non-English studies, which may have introduced language bias, and the heterogeneity of study designs, which prevented meta-analysis. The reliance on observational data also limits the ability to infer causality.

Conclusion of Discussion

Overall, healthcare accreditation appears to be a promising strategy for enhancing medical personnel safety. While not a panacea, it provides a structured framework that can drive meaningful improvements in occupational health when implemented with institutional commitment and sufficient resources.

5. Conclusion

This systematic review provides compelling evidence that healthcare accreditation contributes positively to the safety and well-being of medical personnel. The review identified consistent improvements in physical safety, infection control practices, emergency preparedness, and institutional safety culture in accredited healthcare settings. These benefits were most evident in organizations that demonstrated strong leadership, engaged staff, and sustained adherence to accreditation standards.

However, the variability in outcomes across different studies underscores the importance of contextual factors such as institutional readiness, resource availability, and the rigor of the accreditation model. Accreditation is not inherently transformative; its impact depends on how effectively it is integrated into the day-to-day practices and strategic goals of the healthcare institution.

To maximize the protective effects of accreditation, stakeholders must treat it as an evolving process rather than a one-time certification. Embedding accreditation principles into organizational culture, offering ongoing staff development, and continuously monitoring occupational safety indicators can enhance long-term outcomes.

In conclusion, while accreditation is not a standalone solution to occupational hazards in healthcare, it serves as a valuable catalyst for institutional change. Policymakers and health system leaders should leverage accreditation as part of a comprehensive strategy to ensure that the people who care for patients can do so in safe and supportive environments.

Future research should further examine the long-term effects of accreditation on medical personnel safety, particularly in under-resourced settings, and explore mechanisms through which accreditation fosters systemic improvements in occupational health.

Author Contributions

• Nona Magradze: Conceptualization, Methodology, Data Collection, Writing – Original Draft

• Otar Vasadze: Screening and Data Analysis, Writing – Review & Editing. Final Approval of the Manuscript

Conflict of Interest Statement

The authors declare no conflict of interest related to this work.

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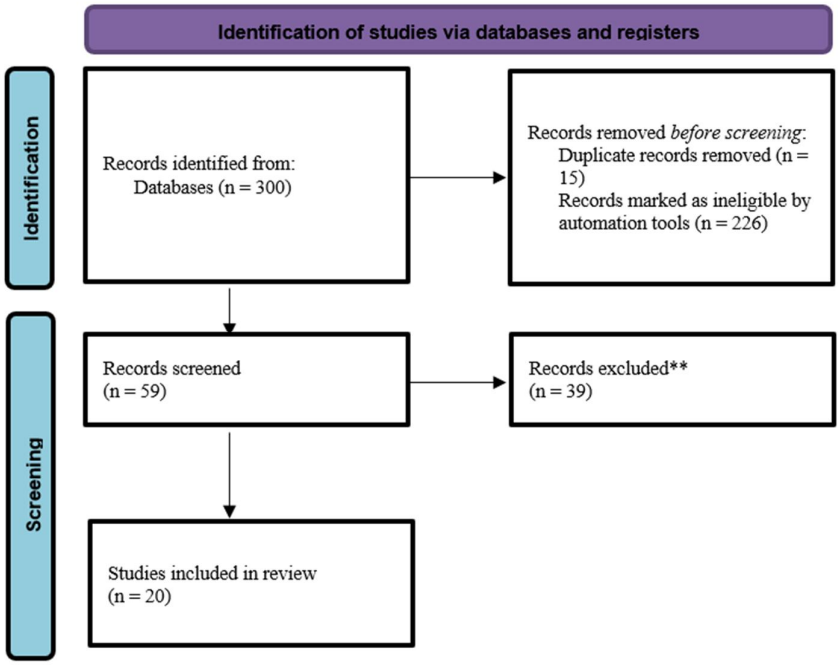
Appendix A.

- PRISMA Flow Diagram



Stage	Records
Identified	300
Duplicates removed	15
Remaining	285
Preliminary exclusions	226

Stage	Records
Title/abstract screened	59
Excluded after title/abstract screening	20
Full text assessed	39
Full text excluded	19
Included	20

Appendix B. Summary of Included Studies (n = 20)

Study ID	Author (Year)	Country	Setting	Accreditation Type	Keywords	Conclusion/Result
S1	Vuohijoki, A et al. (2025)	PAKISTAN	JCI-accredited hospitals	JCI	Hospitals , Accreditation, job satisfaction	The impacts of accreditation are significant in underdeveloped than in developed nations where the legal requirements are high
S2	Rima R Habib et al. (2016)	Lebanon	68 private Lebanese hospitals	National accreditation	Hospitals, Accreditation, Occupational health and safety, Lebanon	Strategies to fortify OHS performance include tying service reimbursement to OHS compliance and linking OHS standards with national labor legislation.

S3	Mohammed Hussein et al. (2021)	Various	systematically searched electronic databases	Various	Accreditation, Hospitals, Quality of health care, Health services	Positive effect of hospital accreditation on safety culture, process-related performance measures, efficiency, and the patient length of stay
S4	Bahcecik, N. & Ozturk, H. (2009)	Turkey	university hospital, private hospital	JCI	nursing, health and safety, hospital	The precautions and applications regarding occupational health and safety in the private hospital accredited with JCI were better than the university hospital.
S5	Manzo, B. F. et al. (2012)	Belo Horizonte, Brazil	mid-sized private hospital	National Accreditation Organization (NAO)	Hospitals; Accreditation; Health personnel; Quality of health care; Nursing; team	Hospital Accreditation program appears as a possibility to promote changes in the current scenario eroded by the technicist model of care

S6	Mayangkara, R. H., . et al. (201)	Semarang, Indonesia	Sultan Agung Hospital	Regulations	occupational health and safety, Sultan Agung Islamic Hospital, work accidents	Regulations are still drawn up sectorally by various agencies that regulate occupational health and safety in hospital so that efforts to minimize the number of work accidents are quite difficult.
S7	Yodaiken, R. E., & Zeitz, P. S. (1993).	USA	Hospitals, group practices, and private physicians	AAAHC	Accreditation, Occupational healthcare	The Occupational Safety and Health Administration, industry, labor, insurance carriers, and professional organizations collectively must develop strategies to promote accreditation and ensure that workers receive the maximum standard of occupational health care.
S8	Alshamsi, A. I., Santos, A., & Thomson, L. (2022)	United Arab Emirates	two public hospitals	Various accreditations	healthcare professionals, hospital accreditation.	The accreditation demands construct was positively related to personal burnout after accreditation

S9	Alshamsi, A. I., Thomson, L., & Santos, A. (2020)	United Arab Emirates	three public hospitals and a network of primary healthcare centers	Various accreditations	healthcare professionals, hospital accreditation	The impact of healthcare accreditation has been investigated widely over the past decades;
S10	Søren Bie Bogh et al. (2018)	Dania	Danish hospital	National	Accreditation; Quality assurance; Quality improvement.	Accreditation creates organisational foundations for future QI initiatives.
S11	El-moniem, A., et al. (2025)	Egypt	Kafr Shukr Specialized Hospital.	National accreditation	Hospital accreditation; Nurses; Organizational development	Training programs to enhance nursing staff's understanding of hospital accreditation
S12	Mosadeghrad, A. M., & Ghazanfari, F. (2021).	Iran	Iran national hospital	Iranian hospital accreditation system	Hospital accreditation	Accreditation as a system can improve the structure, process and results.

S13	Mun, M. Y., Lee, S. Y., & Kim, M. Y. (2018).	Korea	two tertiary hospitals	National	Accreditation, Job stress, Personnel turnover, Nurses	Accordingly, providing regular education programs and appropriate compensation schemes, by raising nurses' awareness of medical institutions' certification systems, is necessary.
S14	Joseph, L., et al. (2021).	India	hospitals located in the states as well as the union territories of India	National	hospital accreditation, healthcare services, patient safety, benefits of accreditation	The need to educate healthcare professionals about the potential benefits of accreditation,
S15	Ehlers, L. H.et al.(2017)	Denmark	hospitals in Denmark	accreditation and the Danish Quality Model (DDKM)	certification/accreditation of hospitals < external quality assessment, surveys < general methodology, quality culture < quality management	Future attention should be paid to attitudes towards accreditation (and attitudes towards other means of quality improvement).
S16	Kakemam, E., et al.(2020)	Iran	hospitals in three metropolises	hospital accreditation system in Iran	Accreditation, quality improvement, employees, surveys, Iran	Improving quality through means of hospital accreditation is a complex process with high demands for management and employees.

S17	Nam, S. H., & Heo, Y. J. (2022).	Seoul, Korea	188-bed specialized hospital	National accreditation	Accreditation; Occupational stress; Personnel turnover; Nursing; Quality of healthcare	Occupational stress regarding healthcare accreditation is higher in nursing than in other occupations,
S18	Al, A., Thomson, L., & Santos, A. (2020).	United Arab Emirates	Three public hospitals	National accreditation	Accreditation, healthcare professionals, psychosocial risks, work load, psychosocial health	Number of psychosocial risks were prevalent during the course of accreditation.
S19	Pandit, A., & Rao, G. P. (2018)	Hyderabad, India	Emergency Hospital	National Accreditation Board for Hospitals & Healthcare Providers (NABH)	HOSPITAL personnel attitudes; LEGAL compliance; HOSPITAL accreditation standards	Awareness of NABH and its standards are of prime importance when working with non-compliances. Infrastructure is sufficient but not utilized optimally.
S20	Ho, M. J. et al. (2014)	Taiwan, China	34 senior, clinical year students at 11 different medical schools	National accreditation	semistructured interviews	Medical educators must recognize the unintended negative effects of hospital accreditation on medical education and take into account differences in culture and health care systems amid the globalization of medicine.

Appendix C. Table. Risk-of-Bias Assessment of Included Studies

Study ID	Author (Year)	Study Design	JBI Tool Applied	Main Sources of Bias	Overall Risk of Bias
S1	Vuohijoki et al. (2025)	Cross-sectional	JBI Analytical Cross-Sectional	Self-reported outcomes; limited confounding control	Moderate
S2	Habib et al. (2016)	Cross-sectional	JBI Analytical Cross-Sectional	Potential response bias	Low
S3	Hussein et al. (2021)	Systematic review	JBI Systematic Review Checklist	Heterogeneity among included studies	Low
S4	Bahcecik & Ozturk (2009)	Comparative observational	JBI Quasi-Experimental	Single-center design; selection bias	Moderate
S5	Manzo et al. (2012)	Descriptive study	JBI Analytical Cross-Sectional	Small sample; limited external validity	Moderate
S6	Mayangkara et al.	Descriptive study	JBI Analytical Cross-Sectional	Insufficient methodological information	High
S7	Yodaiken & Zeitz (1993)	Descriptive/policy study	JBI Text and Opinion	Lack of empirical outcome assessment	High
S8	Alshamsi et al. (2022)	Cross-sectional	JBI Analytical Cross-Sectional	Self-reported burnout measures	Moderate
S9	Alshamsi et al. (2020)	Cross-sectional	JBI Analytical Cross-Sectional	Cross-sectional design; recall bias	Moderate
S10	Bogh et al. (2018)	Observational study	JBI Cohort Checklist	Residual confounding	Low
S11	El-Moniem et al. (2025)	Cross-sectional	JBI Analytical Cross-Sectional	Single-center study	Moderate
S12	Mosadeghrad & Ghazanfari (2021)	Observational study	JBI Cohort Checklist	Potential selection bias	Low

S13	Mun et al. (2018)	Cross-sectional	JBI Analytical Cross-Sectional	Self-reported job stress	Moderate
S14	Joseph et al. (2021)	Survey study	JBI Analytical Cross-Sectional	Response bias	Moderate
S15	Ehlers et al. (2017)	Observational study	JBI Cohort Checklist	Heterogeneity in accreditation implementation	Low
S16	Kakemam et al. (2020)	Cross-sectional	JBI Analytical Cross-Sectional	Self-reported perceptions; confounding	Moderate
S17	Nam & Heo (2022)	Cross-sectional	JBI Analytical Cross-Sectional	Occupational stress measured by questionnaire	Moderate
S18	Alshamsi et al. (2020)	Cross-sectional	JBI Analytical Cross-Sectional	Psychosocial outcomes self-reported	Moderate
S19	Pandit & Rao (2018)	Survey study	JBI Analytical Cross-Sectional	Small sample; reporting bias	Moderate
S20	Ho et al. (2014)	Qualitative study	JBI Qualitative Checklist	Limited transferability	Low

Abbreviations: JBI = Joanna Briggs Institute.

Overall assessment:

- Low risk of bias: 6 studies (30%)
- Moderate risk of bias: 11 studies (55%)
- High risk of bias: 3 studies (15%)